

Plastic and reconstructive surgery

Having an autologous breast reconstruction

Information for patients, relatives and carers

Introduction

This leaflet is designed to give you information about having a breast reconstruction using your own tissue (autologous). We hope it will answer some of the questions that you or those who care for you may have at this time. This leaflet is not meant to replace the consultation between you and your medical team but aims to help you understand more about what is discussed. If you have any questions or concerns then please contact your clinical nurse specialist (CNS).

What is an autologous reconstruction/flap surgery?

An autologous reconstruction or flap is the process of taking living skin, fat, and the blood vessels supplying it, and transferring it to the chest area to reconstruct the breast. The decision regarding which area of the body we use (donor site) is made following a physical examination and medical assessment in the clinic. The three donor sites commonly used are the abdomen (stomach), inner thigh and buttock.

What is a DIEP flap?

A DIEP (deep inferior epigastric perforator) flap is a type of breast reconstruction. It involves the surgeon taking skin, fat and blood vessels from your abdomen (stomach) and moving it to your chest area to make the new breast shape. It is the most common site we use to perform this operation but if the area is not suitable surgically other options include the inner thigh (TUG Flap) or buttock (SGAP Flap). The operation is performed under a general anaesthetic and the decision of which site to use is made in clinic at your first assessment.

What is a TUG flap?

A TUG (transverse upper gracilis) flap is a type of breast reconstruction which involves the surgeon taking skin, fat and blood vessels from your inner thigh and moving it to your chest area to make the new breast shape.

What is a SGAP flap?

A SGAP (superior gluteal artery perforator) flap is a type of breast reconstruction which involves the surgeon taking skin, fat and blood vessels from your buttock and moving it to your chest area to make the new breast shape.

What happens before the operation?

Before the operation, you will see the surgical team in person and be invited to attend a seminar to discuss the different options for breast reconstruction. You will also have been given a general leaflet on breast reconstruction. If you do not have this and would like a copy, please ask a member of your team.

We will invite you for a pre-assessment clinic appointment to make sure that you are healthy enough for the operation. It can involve some tests, such as a blood test, skin swab test, chest x-ray, a heart tracing (ECG) and any other tests that may be specific to your case. It is essential that you come to this appointment, if not your operation may be cancelled.

Is there anything I need to do to prepare for the operation?

- If you take blood-thinning medications (such as warfarin, clopidogrel, aspirin or apixaban) please make sure your team are aware. They will ask you to temporarily stop taking them several days before your operation.
- You must not eat anything for six hours before your admission time. This includes milk, sweets and chewing gum. You can drink water up to two hours beforehand
- Unless you have been told otherwise, you should take your usual drugs and medicines as normal, with a sip of water if necessary.
- If you are allergic to any medications or any other material such as latex, please let your hospital doctor or the ward staff know before you have your operation.
- Please bring nightwear, a dressing gown, slippers, a towel and toiletries with you. We recommend leaving cosmetics, jewellery and other valuables such as credit cards at home, as the hospital cannot accept responsibility if anything is lost or stolen.
- You should bring a support bra (sports-type with minimal seams and no wires) and a pair of tummy control pants, as you may feel more comfortable wearing these for a few days after your operation.

You will be told by your team if there is anything else specific to you that you need to do to prepare for the operation and CNS's contact details will be provided to you. If you feel unsure about what you should or shouldn't be doing to prepare for your operation then please check with your Breastcare CNS who can be contacted via the Macmillan Navigator number they will have given to you when you were first diagnosed.

What happens on the day of the operation?

If you feel unwell on the day of your surgery, please contact the ward before you arrive at the hospital.

We will tell you where to go before you come into hospital so you can make travel arrangements/plan your journey.

You will usually be admitted early on the morning of your surgery unless your hospital doctor recommends otherwise.

After admission

Your temperature, pulse, blood pressure, breathing rate, height and weight will be taken and your urine will be tested. We will give you special stockings to wear and start you on a course of heparin injections. This is to prevent blood clots (also called deep vein thrombosis or DVT) from forming in your legs following surgery. Your doctor will discuss this with you beforehand.

When it is time for your operation, we will ask you to undress and put on a gown and one of the nurses will take you to the operating theatre.

Consent

No medical treatment can be given without your consent, so before your treatment begins you will be asked for your permission (consent) for the procedure. The surgeon and the anaesthetist (a specialist doctor responsible for providing the general anaesthetic and pain control) will visit you before you are going to theatre, explain the procedure, and ask you to sign a consent form. If you do not understand what they have said please let the doctor know straight away, so they can explain more clearly.

What happens after the operation?

On the day of the surgery

After surgery, which will usually last 6-8 hours to reconstruct one breast and 10-12 hours if both, you will wake up in the recovery room and will probably feel drowsy due to the effects of the anaesthetic. The nurses on the ward will closely monitor your reconstructed breast using an ultrasound machine, to ensure that blood is flowing through it.

It is important that you keep warm to increase blood flow for the first 24 hours and we will give you a special warming blanket to bring heat close to the body to help the blood flow in the reconstructed breast. . Your blood pressure and temperature will be checked regularly and you will be given fluids through one of your veins to ensure good blood circulation, good hydration and maintain arterial pressure.

To help you feel comfortable, we will give you regular pain relief tablets but please tell the nurses if you still feel uncomfortable or sick.

A catheter (thin plastic tube) will be inserted into your bladder. This is done to prevent bladder distention or incontinence during the surgery, as well as facilitate the accurate measurement of urine output during and after the surgery.

You will also have a number of wound drains (plastic tubes attached to a vacuum bottle) in the breast and donor site area (abdominal/ inner thigh or buttock). Drains will remove excess fluid and traces of blood which would otherwise collect around the surgical site and cause discomfort, and are used for many types of operations. You may also have dressings around your reconstructed breast and your donor site.

Once you feel well enough, you will be able to eat and drink but you will stay in bed for the rest of the day to recover.

The days after your operation

Day 1

On the day after your operation you will be able to sit in a chair. You will still need the warming blanket and we will continue to monitor your reconstructed breast regularly. At this stage you will be drinking plenty of fluids and eating a normal diet.

Day 2

On the second day you will be able to walk around and once you can get to the toilet, we will remove the catheter. We will remove some of the drains and the nurses will monitor your reconstructed breast less frequently.

Days 3 to 5

Usually you will be able to go home around now. Try to walk around the ward as much as possible to prepare you for going home. The physiotherapist will see you and give you some exercises to do. Please ask the nurses who will get in touch with physiotherapist if you have not seen them prior to your discharge home

It is common to go home with the drains in place. The nurses will show you how to look after these at home. You will need to come back to the plastic surgery dressing clinic within a week to have these removed and we will give you an appointment for this before you leave the hospital.

What are the possible risks involved in having this operation?

Risks specific to this operation include:

Flap failure

It is possible that the blood flow to the flap can be interrupted and the flap fails which will require further surgery. Flap failure is rare in this hospital, occurring in less than 1 per cent of cases. Your plastic and reconstructive surgeon will give you more information about this and can answer any questions you have.

Wound bleeding

Sometimes a collection of blood (haematoma) can form under the wound. If this occurs, you may need to go back to theatre. To help reduce this risk, drains will be placed in the wound during the operation and will remain there until the fluid drainage is minimal. This is usually between two days and one week.

Infection

If you develop an infection, antibiotics will usually be given through a drip. With severe infections, the wound may open, in which case, dressings or a skin graft may be needed to heal the area.

Seroma

You may experience a swelling around your reconstructed breast, which feels as if it is full of fluid. This is called a seroma and may require drainage which can be done quite easily in the dressing clinic.

Numbness and loss of feeling

Feeling will be reduced in the new breast and over the donor site area, but the feeling will increase over several months. The extent of recovery varies and there will be some permanent loss of sensation, particularly over the whole breast.

Fat necrosis

Occasionally, you may develop small lumps or nodules in the reconstructed breast tissue. This happens when the blood supply to a small area of fat reduces and the fat breaks down into either a fluid collection or scar tissue. Usually this is not a concern but if you are worried please speak to your team.

Smoking

It will increase the likelihood of a successful operation and smooth recovery if you stop smoking before your operation. If you continue to smoke, you are much more likely to suffer from the following:

- higher rates of infection
- wound breakdown
- skin death due to poor oxygen supply; areas of skin may die and need to be removed surgically or treated with dressings
- flap failure
- chest infection

If you would like further advice about stopping smoking you can speak to your GP, practice nurse or CNS. For help to stop smoking visit www.smokefree.nhs.uk

- It is not always advisable to use nicotine patches or electronic cigarettes before this type of operation so please discuss this with your surgeon before your admission.

The following are risks involved in having any type of operation:

Chest infection

You can help to avoid this by practising deep breathing exercises and following the instructions given to you by the physiotherapist.

Thrombosis (blood clot in the leg)

Major surgery carries a risk of a blood clot in the leg. To help prevent this, a small dose of blood thinning medication will be injected under your skin once or twice a day until you go home. You can help by moving around as much as you are able and regularly exercising your legs. We will give you support stockings to wear for your stay in hospital.

Pulmonary embolism (blood clot in the lungs)

Rarely, a blood clot from the leg can break off and become lodged in the lungs. This is treated with anticoagulant (blood thinning or clot dissolving) medication. Your doctor will explain more if this rare event occurs.

Bleeding

If you lose a lot of blood during the operation, a blood transfusion may be needed. Very rarely, further surgery may be required to stop the bleeding. If you are unable to receive blood products, please discuss this with your medical team before your admission date.

Going home after your operation

Support bra

Avoid wearing a wired bra and instead wear a support bra for six weeks. Some women find it more comfortable to wear a support bra at night as well as during the day. It is safe to remove it while you wash and, in most cases, you will be able to shower. The nurses will advise you on caring for your wounds before you go home.

Follow-up appointment

Before leaving the hospital we will give you an appointment for about a week later to go to the plastic surgery dressing clinic where a nurse will check your wounds. If you still have drains attached, your appointment will be within a week. You will also get an appointment to see a doctor in the outpatient clinic within three months, who will check your reconstructed breast and recovery.

Scars and healing

Your wounds will continue to heal, but you will have scars from the operation on your breast (which your bra should cover) and your abdomen, inner thigh or buttock. Your wounds may need dressings until they have healed completely. Once healed, you can massage the scars gently with a moisturising cream or oil to soften the scar tissue.

It is possible that one breast may be a different size or shape to the other; this is called breast asymmetry and further operations can be carried out to change this. Until then, you can wear a prosthesis (soft padding) if you'd like to, your breast care nurse will be able to give you advice about this.

Medication

You may be given medicines to take home with you, such as painkillers. The ward nurses will explain how and when you should take them.

Physical activity

If you have been given exercises, it is very important that you continue to do them as you were shown. For at least six to eight weeks you should avoid strenuous lifting, repetitive movements and putting your full weight on your arm. When you do lift, it is important you do it correctly by placing your feet apart, bending your knees, keeping your back straight and tightening your tummy muscles. Hold the object close to your body and lift by straightening your knees.

When can I return to normal exercise?

You will probably feel tired when you go home and you may need extra sleep and rest during the day. Your energy levels and what you feel able to do will increase with time. Your body will tell you what you can and cannot manage.

Start with gentle activities such as walking, and avoid aerobic exercise, such as jogging and swimming until your hospital doctor tells you otherwise. You should avoid strenuous lifting, repetitive movements and putting your full weight on your arm for at least 6 weeks, after which you can gradually return to your normal activities.

When can I start driving again?

In most cases you will not be able to drive for at least six weeks after your operation as you must be able to wear a seat belt and do an emergency stop. However, this depends on the type of operation you have had and your individual recovery, but remember that painkillers can make you drowsy and affect your concentration.

Tell your insurance company that you have had an operation to ensure that you are covered in the event of an accident.

When can I return to work?

You may return to work four to six weeks after surgery but this will depend on the type of work you do and your individual recovery. We can provide a statement of fitness for work during your hospital stay, which you can show your employer to prove that you cannot work during that time. You will need to see your GP for further certificates.

When can I have sex?

Unfortunately, there is no straight answer to this question. It all depends on how fast your body is healing. Some people might be able to have sex after few weeks, whereas others will want to wait for months. Please pay attention to your wounds- they are prone to infection and bleeding if not properly taken care of. Waiting to have sex until they healed can considerably reduce the risk. More information can be obtained from www.cancer.org site or you may wish to speak with Plastic surgery clinical nurse specialist.

How do I get in contact?

Please contact the ward which you were discharged from (Riverside_ward –020 3313 8881/020 3313 8897 or 10 South ward 020 3311 1958) if you have any questions or concerns after you have been discharged, or if you experience any of the following:

- redness, swelling or pain around your wounds
- ooze or pus from your wounds
- a high temperature or fever

If you cannot get through to the ward you also can contact us on any of the numbers below:

Plastic dressing clinic: 08.00-16.00, Monday to Friday (except bank holidays: 020 3313 0980

Plastic surgery clinical nurse specialist: 08.00-16.00, Monday to Friday (except bank holidays: 020 3313 2558

If you wish to make or change an appointment please call 020 311 1243

If you need urgent medical advice please dial 111 in order to speak to a member of the NHS 111 Service.

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department: Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street London W2 1NY

Email: ICHC-tr.Complaints@nhs.net Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:

imperial.communications@nhs.net

Wi-fi

We have a free wi-fi service for basic filtered browsing and a premium wi-fi service (requiring payment) at each of our five hospitals. Look for WiFiSPARK_FREE or WiFiSPARK_PREMIUM

