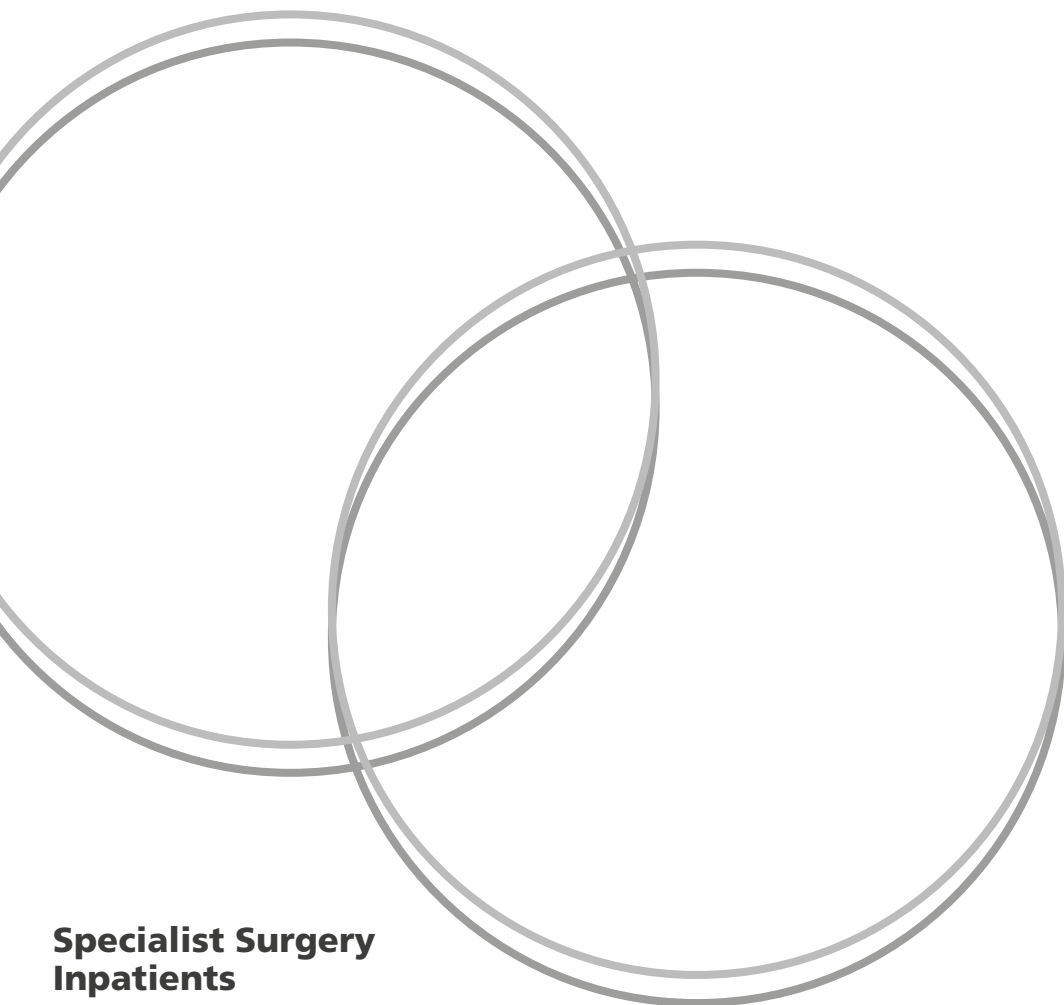




Oxford University Hospitals  
NHS Foundation Trust

# Breast Reconstruction Surgery

**Information for patients**



**Specialist Surgery  
Inpatients**

## **Your hospital stay**

This leaflet has been written to give you information about your surgery and what will happen during your stay in the hospital.

Your consultant is:

.....

Your Breast Reconstruction Nurse is:

.....

Your surgery date is:

.....

## **Preparation for your surgery**

You are likely to be in hospital for 3-5 days, depending on the surgery you are having and how quickly you recover from your operation.

You will have a general anaesthesia, which means you will be unconscious during the procedure. The operation will usually take between 6-10 hours, depending on what type of reconstruction you are having.

There are some medications that we ask you to stop taking before your surgery as we know that they can increase your risk of developing a blood clot after surgery.

This includes:

- tamoxifen
- oestrogen containing contraceptives and hormone replacement therapy (HRT)

You will need to stop taking these medications 4 weeks before your surgery date. You will be able to restart then 2 weeks after you are fully mobilising after your surgery. We advise you to make a note of this in your calendar so you remember to stop taking these medications at the right time.

## Pre-assessment clinic

You will be asked to come for an appointment at the pre-assessment clinic, a few weeks before your surgery date. At this appointment, the nurse will check your weight and blood pressure. They will also ask about your medical history and any medications that you are taking, including over the counter and herbal medicines. You will have blood tests and may also have an ECG (heart tracing). This is to properly prepare you for your surgery and assess that you are fit and well.

Before your surgery you will also be invited to an appointment with your Breast Reconstruction Nurse. At this appointment you will have the opportunity to ask questions about how to prepare for your surgery and planning for your convalescence afterwards. You will also be able to speak to your Breast Reconstruction Nurse about other things that may be concerning you.

Some suggestions of what to bring in to hospital with you include:

- pyjamas/nightie that opens up at the front
- dressing gown
- slippers with rubber soles
- fan – desk top kind
- long phone charging cable so you can reach your phone from your hospital bed
- Post Op bra – not underwired, preferably front fastening or vest top with hidden support. We would recommend getting a black bra as it may get marked. Do not spend a lot of money on a bra as your bra size will change as the swelling after your surgery will gradually decrease
- electronic devices, such as phones, tablets, laptop
- books, magazines
- squash/juice, etc. We have a fridge for patients food, although we cannot reheat food for you
- toiletries – shower gel, lip balm, facial sprays or wipes

## Admission

You will be admitted to the **Day Surgery Unit at 7:00am** on the morning of your operation. The ward is located in the **West Wing of the John Radcliffe Hospital, on level 0**. When you have had your operation you will be moved to the Specialist Surgery Inpatient (SSIP) ward on the same level of the hospital.

You will be seen by your surgeon on the morning of your operation. They will go through the details of your particular operation with you, including risks, before asking you to sign the consent form. The surgeon will also draw marks and measurements on your skin, to help plan your operation.

Depending on your consultant and anaesthetist you may be seen in clinic in the weeks before your surgery to go through these details and sign the consent form. You will still see both of them the morning of your surgery.

The anaesthetist will also see you and explain the anaesthetic to you. They will discuss with you how your pain will be treated after the operation.

You will need to fast (have nothing to eat) from midnight the night before your operation, although you can have sips of clear fluid, such as tea or coffee without milk up until 6.00am. You will be given more detailed information about fasting when you come for your pre-operative assessment appointment.

You will need to have a shower the evening before and on the morning of your operation using your normal shower gel or soap.

## After your operation

You will wake up in the recovery area next to the operating theatre. The recovery room nurses will monitor your pulse, blood pressure, temperature and pain levels, as well as the areas where you have had surgery. As soon as you are awake and they are happy with your recovery, you will be taken to the ward.

You will have a 'drip' in your arm, which will give you fluid into a vein until you are able to drink. You will also be given some oxygen through a mask, to help you recover from the anaesthetic. When you are fully awake, this will be changed to a small plastic tube that sits in your nose. The nurses will monitor you very closely throughout your stay, especially in the first 24-72 hours.

The nurses and doctors will check your new breast reconstruction very frequently; to make sure that the blood supply to your new breast(s) is working well. If you have had tissue moved from another part of your body to create your breast reconstruction, a Doppler will be used, which is a small hand-held device that is pressed on the flap (the tissue that has been moved) and picks up the sound of the blood as it is circulating.

You may also have a small wire (placed under your skin whilst you were in theatre) which can be connected a small machine that picks up the sound of the blood vessels. This will be removed around 3 days after your operation.

You will have a urinary catheter in place, as you will be less mobile for the first day, and may find it difficult to get to the toilet. The catheter will be removed when you are able to walk to the bathroom.

Your bowels are usually a little slow to return to normal after your operation, but we will give you laxatives to prevent you from becoming constipated.

You will have a Bair Hugger placed under the sheets to keep you warm. This is a thin blue sheet that is filled with warm air. It is very important to keep your new breast warm, as this will encourage a good blood flow.

## **Pain**

You will usually have a PCA (patient controlled analgesia) machine for your pain, which you can control by pressing a hand-held button. The machine then delivers the painkiller medication through a drip in your vein. The machine is set with a limit, so you can't give yourself too much medication. This will usually be in place for the first day, at which point you will be switched to painkillers that you can take by mouth.

You may also have another small tube near your breast and/or your tummy, which goes under your skin and gives you local anaesthetic painkillers to numb the area. It will usually be removed the day after your surgery.

You will have pain killers prescribed for you to take by mouth and your nurse will be checking you regularly to ensure your pain is well controlled.

## **Tiredness**

For the first day after your operation you will feel quite tired. This will improve as the days go by and you start to move around more. You can warn family and friends that you will be feeling this way and that you may not feel like having many visitors.

## **Wounds**

Depending on your surgery, you will have a wound that has been stitched across your lower abdomen or across your back, as well as on your breasts. The stitches are dissolvable and will be covered with tape which will remain in place for a few days. The tape will be changed before you go home, and then again at your follow up appointment with the Breast Reconstruction Nurses in clinic.

You may have non-dissolvable sutures around your belly button if you have had a breast reconstruction using the tissue from your tummy. If you do these will be removed by one of the nurses before you go home.

## **Wound drains**

You may have several drains, depending on which operation you have had. The drains will be kept in place until the fluid that is draining is reducing. By the time you are ready to go home, it is likely that most of the drains will have been removed. If you still have drains in place in when it is time for you to go home, we will teach you how to look after it and how to measure the amount of drained fluid.

## **Deep vein thrombosis (DVT)**

A DVT is a blood clot that forms in one or both legs. We take every precaution to try to prevent this from happening. Before you come in for your surgery we will give you a drug called dalteparin, which is injected into your thigh. This thins the blood. You will also be fitted with special compression stockings whilst you are in hospital. These both reduce the risk of clots forming.

You will have to give the injection to yourself the evening before you come to hospital. You will be shown how to do this. If you are worried about doing this for yourself we suggest asking a friend or relative who feels comfortable giving it to you. Alternatively you can contact your GP practice and ask the nurse if she can administer it for you.

You will also have special boots on your calves after the operation. These are like blood pressure cuffs, which mechanically squeeze your legs to help blood circulation.

## **Deep breathing and coughing**

After your operation it is very important that you do deep breathing and coughing exercises, to prevent you from developing chest complications. The physiotherapist will see you the day after your operation, to show you how to do these exercises.



## **Moving**

We will encourage you to get out of bed as soon as possible, as this will help your recovery and prevent complications. The day after your operation, we will help you sit at the side of the bed and support you to stand and walk to your chair. We will do this in the morning and afternoon. We will encourage you to mobilise each day and sit out at breakfast, lunch and dinner. The nursing staff will help you with this, along with the physiotherapist. You will be able to get to the shower and start moving around more, as we remove drips, drains and the catheter.

The physiotherapist on the ward will also give you exercises to do following your operation to optimise your recovery.

## **After your discharge from hospital**

You will be seen in the Outpatient department two weeks after your discharge from hospital by the Breast Reconstruction Nurses, to monitor your recovery. Your consultant will usually see you in clinic approximately 6 weeks after your operation. You should also expect an appointment with your breast surgeon if you have had a mastectomy at the same time as your reconstruction. We will give you your appointment details before you leave the hospital, along with a discharge leaflet.

## **How to contact us**

### **Macmillan Breast Reconstruction Nurses**

Tel: **01865 234 193**

(8.00am-4.00pm, Monday to Friday)

Email: [breastreconstructionnurses@ouh.nhs.uk](mailto:breastreconstructionnurses@ouh.nhs.uk)

### **Consultant's secretaries:**

Tel: **01865 231 065**

(8.00am to 4.00pm, Monday to Friday)



## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Authors: Macmillan Breast Reconstruction nurses  
March 2023  
Review: March 2026  
Oxford University Hospitals NHS Foundation Trust  
[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



*Making a difference across our hospitals*

[charity@ouh.nhs.uk](mailto:charity@ouh.nhs.uk) | 01865 743 444 | [hospitalcharity.co.uk](http://hospitalcharity.co.uk)

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

