

Specialist Surgery Inpatients

Breast Reconstruction Surgery

Information for patients



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:

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Your Breast Reconstruction Nurse is:

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Your surgery date is:

.....

Preparation for your surgery

You are likely to be in hospital for 5-7 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 take between 5-12 hours, depending on what type of reconstruction you are having.

If you are taking tamoxifen, this will need to be stopped 3 weeks before your surgery date. You will start taking it again 2 weeks after you are discharged from the hospital. One of the Breast Reconstruction Nurses will call you to tell you when to stop the tamoxifen.

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.

What to bring in to hospital with you:

- pyjamas/nightie that opens up at the front
- dressing gown
- slippers with rubber soles
- fan – desk top kind
- bras – not underwired, preferably front fastening or vest top with hidden support. Preferably black and don't spend a lot of money, as your size will change as the swelling decreases.
- electronic devices, such as phones, tablets, laptop
- books, magazines
- squash/juice, etc. We have a fridge for patients. You can bring in food, but it will need to be reheated by family or friends. We have a microwave on the ward where they can do this.
- toiletries – shower gel, lip balm, facial sprays or wipes.

Admission

You will be admitted to either the Specialist Surgery Inpatient Ward the day before your operation at 4.00pm, or the Lichfield Day Unit at 7:30am on the morning of your operation. This will depend on which surgeon is performing your surgery. Both wards are at the West Wing of the John Radcliffe Hospital, on level 0.

You will be seen by your surgeon either the evening before or on the morning of your operation. The surgeon 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.

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, or juice without bits up until 4 hours before your arrival time. 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 the chlorhexidine pink wash that will be given to you during your pre-op assessment visit. You will also need to apply the nasal ointment, following the instructions provided. This is to help minimise the risk of MRSA. Please ask for our leaflet about MRSA, if you would like to know more information.

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 good. This is done using a Doppler, which is a small hand-held device that is pressed on the flap 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 5 days after your operation.

You will have a urinary catheter in place, as you will not be very mobile for the first few days, so won't be able to get up to use the toilet. The catheter will be removed when you are able to walk to the bathroom.

Your bowels will most likely return to normal after 4-5 days, but if you are feeling constipated we have laxatives to help you.

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

Pain

You will 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.

You will also have another small tube near your breast, which goes under your skin and between your ribs. This will give you painkillers to numb the area around your breasts. It will be removed about 3-5 days after your operation.

We will also give some painkillers to take by mouth. The anaesthetist or pain team will come to see you every day, to see how your pain is being treated.

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 stitch line across your lower abdomen or across your back, as well as stitch lines on your breasts. The stitches are dissolvable and will be covered with tape, which will remain in place for a few days. After you shower, the tape will be changed.

The tapes around your belly button will be removed before you are discharged from hospital. You will go home with the remaining tapes in place.

Wound drains

You will have several drains, depending on which operation you have had. The drains will be kept in place until they stop draining fluid from your wounds. By the time you are ready to go home, most of the drains will have been removed. If you still have a

drain 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.

If you are being admitted on the morning of your operation, you will have to give the injection to yourself the evening before you come to hospital. You will be shown how to do this.

You may 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 may get you to stand for a few minutes. The day after this, we will encourage you to sit in the chair by your bed. The nursing staff will help you with this, along with the physiotherapist. After a few days, you are likely to be able to get to the shower and start moving around more, as we remove drips, drains and the catheter.

After your discharge from hospital

You will be seen in the Outpatient department a few weeks after your surgery by the Breast Reconstruction Nurses, your consultant and the physiotherapist, to monitor your recovery. You may also be given an appointment with your breast surgeon. We will give you your appointment details before you leave the hospital, along with a discharge leaflet.

How to contact us

Sarah Jackson (Macmillan Breast Reconstruction Nurse)

Tel: **07796 155 127** or **01865 234 193**

(7.00am to 5.00pm, Monday to Friday)

Email: sarah.jackson@ouh.nhs.uk

Consultant's secretaries:

Tel: **01865 231 056**

Tel: **01865 231 065**

(8.00am to 4.00pm, Monday to Friday)

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

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Oxford University Hospitals NHS Foundation Trust
Oxford OX3 9DU
www.ouh.nhs.uk/information

