



Rapides Regional Physician Group

TRAM BREAST RECONSTRUCTION POST OPERATIVE CARE

CARE OF SURGICAL INCISION SITE

When you wake up from surgery you will be in the recovery room where the nurses will be taking good care of you. You will have a large clear plastic bag dressing (Opsite) over your lower abdominal incision and another clear plastic dressing (Opsite) over the breast mound. There will be two drains, coming out of the same side of the incision in your lower abdomen. There will also be a drain coming from the breast mound. Each drain will be connected to a small bulb. The bulbs will resemble a large, opaque egg. When you are discharged from the hospital, you will need to empty each bulb several times a day and keep a record of the drainage emptied from each bulb. When you return for your post-operative visit with Dr. Maguire, you will need to bring your drainage records with you. When the drainage reaches less than 30 cc's in a 24 hour period, Dr. Maguire will remove the drain in clinic. It is not uncommon to keep the drain in from 7 days to 3 weeks depending on the amount of drainage you have. You also need to "milk" the drains several times a day to keep clots from closing up the drainage holes. Instructions on how to do this can be found later in the post-operative care instructions.

In the recovery room, you will be positioned with the head of the bed at 45 degrees and your knees bent to keep excess tension off your abdominal incision. When you get home, continue to sleep with the head of the bed elevated and your knees bent for the first 24 hours. You can elevate your head by using 4-5 pillows under your upper body. You may get up to use the bathroom but stay in a bent position as you walk for the first 24 hours after surgery. After 24 hours, you can start standing straighter as your body allows.

The day of the surgery is surgery day 0 and you count forward from there. The dressing to the abdomen and breast mound will be removed on day #5 after surgery and you may resume showers at that time. We recommend that you let the water run over your incisions, but do not scrub. Be careful when drying and "pat" your incision dry. Please refrain from putting any ointments, lotions, or powders on the incisions. You will not need to place another dressing over the incision sites once the original dressing is removed. However, the incisions may ooze a little so you may want to keep the bandage over them to protect your clothing. Once the drains are removed you may want to place gauze over the drainage sites to keep your clothes from getting stained by draining fluids as well. After the drains have been removed, it is not unusual to have an accumulation of fluid in the lower abdomen. The fluid may cause your tummy to extend and feel "slushy". Do not be alarmed, call our office and we will schedule a time for you to come in to have the excess fluid removed. This fluid can be removed in clinic using a syringe and is not a painful process. You may continue to develop fluid in your lower abdomen for several weeks after surgery, but this will subside as your incision heals.

After you shower on post-operative day #5, you may begin wearing a surgical bra. It is recommended to wear a surgical garment day and night for 2 weeks. Many styles are available in our office for purchase. Placing a thin layer of Neosporin over the incisions will help the final appearance of the scars. Do not immerse yourself in a bath, swimming pool, or hot tub until the incisions are completely healed. This usually takes 3-4 weeks.

HOW TO STRIP YOUR DRAINS

When you go home from your surgery, you will keep a record of the amount of drainage coming out of each drain. You will release the suction on the bulb attached to the drain. Record the amount of fluid in the bulb. Then empty the drainage from the bulb into the toilet. Squeeze the bulb flat and replace the cap, this will re-create the suction on the drain in your incision. Carefully hold the tube in place at the incision site with your thumb and first finger. Open alcohol prep and wrap it around the tubing and hold it in place with the other thumb and first finger. Slowly work your way down the tubing, holding constant pressure, little by little until you have gone the link of the tubing. This will milk the drain and keep a clot from obstructing the drain. Record the drainage from each drain 3 times a day. A good way to remember that is to record the drainage when you wake up, mid-day, and before you go to bed at night. Bring this record with you when you go to your post-operative visit.

Rapides Regional Medical Center • 211 Fourth Street • Alexandria, LA 71301

Rapides Women's & Children's Hospital • 501 Medical Center Dr. • Alexandria, LA 71301

PAIN AND DISCOMFORT

At your pre-op appointment you will be given three prescriptions. The first prescription will be a non-steroidal anti-inflammatory drug (Mobic). This medication will help reduce post op swelling and edema. The second prescription is for pain. We recommend that you take the pain medicine as directed. The third prescription is an antibiotic. You may start the antibiotic on the evening after your surgery. Be sure to take the antibiotic as directed until the bottle is empty to prevent postoperative infection. If you opt to have a pain pump, then when you wake up from surgery you have a small round bulb taped to your abdomen attached to two very small catheters. The catheters are placed into the subcutaneous space of your abdomen. This bulb is filled with Marcaine, a numbing medication. The bulb slowly dispenses the Marcaine throughout the surgical site for 3-4 days to numb the area and minimize the pain. Once the bulb is empty, simply pull the two catheters out and discard into the trash.

NAUSEA AND VOMITING

A few patients react to the anesthetic after surgery with nausea and vomiting. This usually lasts less than 24 hours and should be treated with lots of fluids and rest. If you have a history of severe post-operative nausea and vomiting, please request a Phenergan prescription.

SUTURES

The suture selected by your surgeon is absorbable and does not require removal. Some patients experience discomfort where the suture is tied. If you experience this, the knots can be removed 2 weeks after surgery in clinic.

THE APPEARANCE OF YOUR INCISION

When you remove the dressings and look at your incision for the first time after surgery, do not be alarmed. The incision will be quite wrinkled and puckered, and will look quite ugly. This is exactly what they are supposed to look like. It takes 2-4 months for the incision to heal (inside and outside). The puckering of the incisions will smooth out over several months, but the scar will remain wide and red anywhere from six months to one year after surgery. Once the scar has matured, the redness will go away.

ACTIVITY/EXERCISE

You will need to be off work for a minimum of 4-6 weeks following TRAM Reconstruction. Do not lift anything heavier than a jug of milk for the first two weeks and nothing over 10 pounds for the next four weeks. If you have small children, do not lift them up, or hold them in your lap for at least 3-4 weeks after your surgery. Take it easy for the first 3-4 weeks following your surgery. We want you to drink plenty of fluids and rest. We do want you up and walking around after surgery, but no exercising. You may start brisk walking around week 4, but absolutely no running. Dr. Maguire will let you know when we can resume a full exercise regimen. This is a big surgery and it takes a minimum of 6-8 weeks for the incision to heal.

IMPORTANT

The outcome of your surgery may be compromised if you fail to return for any scheduled post-op visit, or fail to follow the pre-and post-operative instructions.

If you have any questions or concerns please contact the office 318-442-5800 during business hours (8 AM to 5 PM) and ask to speak with Dr. Maguire. We look forward to making this journey with you!