

Breast Reconstruction Surgery at St John's Hospital

Information for patients for immediate or delayed abdominal reconstruction

Introduction

This leaflet has been designed to let you know what to expect when you have breast reconstruction surgery at St John's Hospital.

Today you are attending the Preoperative Assessment Clinic. The purpose of this visit is to get everything ready for your forthcoming operation.

You will be able to eat and drink as normal on the day of your assessment but will be given "fasting" instructions for the day of your surgery.

General

A pre assessment nurse will:

- complete the paperwork relating to your admission
- arrange any tests which might be required including blood tests and possibly an ECG (heart tracing).

An Anaesthetist will see you to:

- assess your general level of health
- discuss the risks of having an anaesthetic for this type of operation specific for you
- discuss the process of putting you to sleep and looking after you during your operation
- discuss the postoperative pain relief which you will take
- answer any questions you may have.

The Breast Care Nurse will see you to:

- Discuss the practical aspects of your stay and go over the potential surgery risks and complications and the recovery process. We will also discuss underwear following your operation.

Day prior to Surgery

On the date you have been allocated you will attend Ward 18 at St John's Hospital, where your admission paperwork will be completed. You will be given advice on eating & drinking prior to surgery. Consent for surgery will be taken then or on the actual day of surgery, if not previously done so by your Surgeon. An Anaesthetist will also try to see you to discuss your anaesthetic, but this may be done on the morning of surgery.

Day of Surgery

On the day of surgery, in Ward 18, the nurses will ensure everything is ready for theatre. In preparation for the surgery, the surgeons will visit you and complete any skin marking that is required.

Postoperative Course

Patients will return to ward 18 postoperatively although occasionally patients will be cared for in high dependency for the first and possibly second post-operative night. Most people will be expected to be in bed for the first night postoperatively, but thereafter you will be expected to move gently around your bed area and then the ward, in the few days thereafter. The ward nurses and physiotherapists will advise you throughout your time on Ward 18 and you will be visited regularly by the pain nurses to optimise your pain relief however some pain after surgery is to be expected.

Postoperative Pain

The inpatient pain team will review you throughout your admission. You will be given strong pain relief in theatre and then you will be started on strong, long lasting pain relief tablets which will gradually be reduced and stopped before you are discharged. You will also have access to extra doses if you feel this is required in the first few days via nursing staff on request.

During your operation your surgeon may inject local anaesthetic into the area around your wound to help keep it numb during the initial post-operative period.

Throughout your stay you will also be prescribed regular Paracetamol and Ibuprofen (please let staff know if you cannot take these).

Physiotherapy

During your stay in hospital you will be seen by the physiotherapy team. The aim would be to sit out of bed on day 1 and to start walking short distances with this increasing over a few days. You will receive a specific information sheet to guide you on exercises to commence after surgery.

Information about your recovery and continuing care

The following information is about what to expect from discharge and recovery, possible complications and some contact numbers and links that you may find useful.

Wound care/underwear advice

You may still have wound dressings on when you are discharged. You will be given an appointment to be seen in the plastics dressing clinic one week after discharge to have your wounds checked. The ward nurse will discuss this with you when you are leaving hospital.

The wound dressings are generally shower-proof but you may be given some replacement dressings home with you. You can wash as normal using gentle soap and running water over

your wound area, ensuring you rinse the area thoroughly and pat dry using a clean towel. It is better to shower rather than having a bath.

Avoid using spray deodorants, talcum powder or perfume near your wound as these can cause infection. Shaving your underarm should ideally be avoided until your wound is fully healed. If this is unavoidable you should do this without disturbing the wound.

If you have had **all** of your lymph nodes removed (an axillary node clearance), you should avoid shaving your underarms permanently to avoid nicks in the skin which can lead to infection. You can use a mild hair removal cream or electric razor as an alternative.

You will have been given a front fastening bra on discharge and we recommend you wear high-waisted pants that do not rub along your abdominal wound or umbilical wound with a little support in them. You can progress into a well-fitting non wired sports type bra after 3 to 4 weeks, and in time as things settle go back to wearing what you prefer.

If there is asymmetry you may benefit from a shell prosthesis until the next surgical intervention, please contact your local breast care nurse to discuss. Use an underwire bra with some caution as these can irritate the scar while it is healing.

If you need advice on bras, please call your local Breast Care Nurse.

Post-operative complication

Haematoma

This is when a small blood vessel has leaked and bled into the wound. Signs of a haematoma include swelling, pain or bruising and leakage of blood from the scar. This can potentially be a serious complication if left untreated, so it is important that you contact Ward 18 immediately to return for urgent review.

If you think you have a haematoma call Ward 18 immediately on 01506 524118 or NHS24 or if out of area contact your local breast care unit.

Infection

Monitor your wounds every day for the first month to check for infection. Signs of infection include redness, heat, swelling, pain and discharge. Ensure your hands are clean before you check your wounds. A short course of oral antibiotics from your GP is usually all that is needed to help treat a wound infection.

If you think you have an infection you should contact your GP within office hours. Contact NHS 24 out of hours or if recently discharged contact Ward 18 on 01506 524118, if out of area contact your local breast care unit.

Seroma

This is a collection of fluid under your wound which usually happens more commonly in the abdominal scar line. It is not harmful and in most cases the fluid reabsorbed into your body naturally. However, if it persists and causes you discomfort, it is possible to have the fluid drained. This is a simple procedure which is done using a small needle under ultrasound guidance. It is carried out at the outpatient clinic/x-ray department at St John's Hospital or with the plastic surgery nurse specialist in Raigmore Hospital (Inverness) for patients in that area.

Cording

If you develop cording you'll often be able to see and/or feel a web of thick, rope like structures under the skin of your inner arm. In some cases, you may not see or feel the cords, but sensations of pain and tightness will tell you they are there. You may first notice them when you're doing something that involves raising your arm to shoulder level or above your head. If it

happens, cording typically occurs anywhere from several days to several weeks after your surgery.

The cords tend to be painful and tight, making it difficult for you to lift your arm any higher than your shoulder or extend the elbow fully. This pain and limited range of motion can have a major impact on your day-to-day life. Cording can be especially problematic if it happens before or during radiation therapy, since this therapy typically requires lifting your arm above your head.

Cording sometimes develops as a side effect of sentinel lymph node biopsy (SLNB) or axillary lymph node dissection (ALND). Both procedures involve removing lymph nodes from your underarm. Most people with breast cancer need to have at least one of these surgeries. Breast surgery and reconstruction can also contribute to cording.

If you think you're having cording, please contact your local Breast Care Nurses for advice.

Lymphoedema

Lymphoedema is a swelling caused by a build-up of lymph fluid in the surface tissue of the body. It most commonly occurs due to trauma/damage caused to the lymphatic system because of surgery and/or radiotherapy. It is normal to expect a degree of swelling in the arm, breast, or chest area immediately after breast surgery. This is part of the healing process and should settle on its own within a short time. Lymphoedema normally occurs after treatment is complete, and can even happen many years after surgery and treatment is finished. It is very important that you are aware of risk reduction strategies and self-management techniques to minimise your risk of developing lymphoedema. If you do develop lymphoedema, you can be referred to a specialist team who are experts in managing lymphoedema.

You should have received a booklet on reducing the risk of lymphoedema from your own breast care nurse and had this discussed with you pre op. If not, this can be found on the **Breast Cancer Now** website: www.breastcancernow.org - search 'lymphoedema' on the website or scan the QR code:



Returning to normal activities

A gradual increase in your daily activities is advisable. Avoid heavy lifting for 6 weeks. You are likely to feel tired easily.

Avoid driving until you have a full range of movement in your arm for turning the wheel and completing manoeuvres. You must be able to do an emergency stop. This could take several weeks, although most people are able to drive after six weeks if your wounds are fully healed. It is advisable to discuss this with your insurance provider.

Always wear a seat belt. You may find it more comfortable to use a small cushion or towel to protect your wound in the event of an emergency stop.

Returning to work will depend on what type of surgery you have had, what type of job you do and how well you feel you are recovering. We advise you to wait until after your **six week** follow up appointment and ask for guidance - recovery for this surgery is approximately **12 weeks**. Your GP can give you guidance and any necessary sick certificates. The nursing staff on the ward can provide you with a certificate to cover the time you are in hospital. A gradual return to work may be advisable if possible.

Thrombo-Embollic-Deterrent (TED) stockings

These can be removed on discharge as long as you are mobile and have no history of clotting problems (for example Deep Vein Thrombosis (DVT))

You will receive a daily blood thinning injection called Dalteparin from the day of admission and for a total of 10 days. You may be discharged home before these end and thus will continue at home.

Medication and your operation

Continue with your usual medication after your operation, this includes the pain relief prescribed by the hospital pain team.

Pain relief

Most patients are discharged with a combination of the following pain medication depending on what you have needed whilst in hospital:

- Paracetamol to take regularly
- Ibuprofen or Diclofenac to take regularly
- Dihydrocodeine or Tramadol to take when required for pain.

We would suggest you **reduce** your pain relief tablets slowly over the course of a few days/weeks starting with the strongest (Dihydrocodeine or Tramadol).

YOU SHOULD CONTINUE ON REGULAR PARACETAMOL WHILE YOU REDUCE YOUR STRONG PAIN KILLERS. WHEN YOU HAVE STOPPED YOUR STRONGER TABLETS YOU CAN REDUCE YOUR PARACETAMOL.

It is not a good idea to stop all pain relief at once unless you think they are causing side effects.

If you require further prescriptions of your pain relief or have any questions about your pain please contact your GP following discharge from hospital.

Scars

When your wounds are healed, we advise that you massage the scars with a non-perfumed moisturising cream such as E45, Nivea, Bio-Oil etc. It is recommended that you do this 2-3 times per day for approximately 3 months. It is very important to wear a high factor of sun protection if the scar is being exposed.

Continuing care

You will see a member of the plastic surgery nursing team approximately one week after your discharge for a wound check. This will be at St John's Out-Patient Department 2 (OPD2) or with the plastic surgery nurse specialist in Raigmore Hospital if you are from that area.

If you have had immediate reconstruction you will also be given an appointment to see your local breast surgery/oncology team approximately two weeks after your surgery. This appointment takes place at your local hospital. At that appointment you will be given your pathology results (information about your cancer) and you will be advised if any further treatment is recommended this may include further surgery, radiotherapy, chemotherapy and/or endocrine tablets. Your individual needs will be discussed with you in detail.

You will have further follow-up with the plastic surgeon at approximately 6 weeks, and then 3 months after your surgery.

Patient Reported Outcome Measures (PROMS) assess the quality of care delivered to our patients from the patient perspective. You will get a PROM before and after surgery.

Your local hospital has a team of Breast Care Nurses (BCN), who are available to provide you with support and information.

St John's Hospital:	03001231600
Western General Hospital:	03001231600
Fife:	01383 627091
Inverness:	01463 705605
Dumfries:	01387 241489
Borders:	01896 826830

Other useful numbers at St John's Hospital:

Pre-assessment Clinic:	01506 523070
Ward 18:	01506 524118
Plastic Surgery Secretaries:	01506 523000 and ask for your surgeons secretary.
Waiting list co-ordinator	01506 523388

Useful Links

Breast Cancer Now
www.breastcancernow.org



Maggie's
www.maggiescentres.org



Macmillan Cancer Support
www.macmillan.org.uk



**South East Scotland
Cancer Network (SCAN)**
www.scan.scot.nhs.uk

