



Breast reconstruction using your own tissue: your stay in hospital

Information for patients

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Having consulted your physician, you have decided to proceed with a breast reconstruction using your own tissue. This brochure provides a brief description of what will happen during your stay in hospital. It provides details of what happens on the day of admission, the day of the operation and the days after (postoperative) the operation. We also briefly cover the most frequently asked questions.

The brochure has been compiled by all the care providers – including doctors, nursing staff and case supervisors – with experience in providing care specifically for women undergoing breast reconstruction. Members of EnVie, the fellow patient group for women affected by breast cancer in Oost-Brabant, have also added their experiences, which are detailed in the green boxes.

Tip: Feel free to use this brochure as a kind of manual. We don't all need the same amount of information, so please skip any sections you consider too stressful.

WHAT WILL HAPPEN BEFORE YOUR ADMISSION TO HOSPITAL?

The doctors at the Multidisciplinair Borstcentrum (MBC – Multi-discipline Breast Centre) will have jointly decided upon a date for the reconstruction. It is important to observe this date to ensure that your body has recovered sufficiently from your treatment. The doctors will also indicate on your follow-up card which preliminary examinations are necessary, maximum two months before the reconstruction. These are individual rather than standard examinations. Please do not hesitate to talk about this to the doctor in charge of your treatment.

WHAT SHOULD YOU BRING TO THE HOSPITAL?

Use the following checklist to prepare for your admission:

- ✗ Your daily care products
- ✗ Towels and facecloths
- ✗ Nightwear: it is advisable to wear loose fitting outer garments with buttons at the front to make it easy for the nursing staff to check the breast.
- ✗ Knickers or shorts: high-waisted knickers would be best to ensure that they cover the scar on your abdomen – making it more comfortable.
- ✗ Tracksuit type or other comfortable clothing for days when you feel better.
- ✗ Well fitting slippers / shoes

- Medication you use daily.
- Close -fitting top, e.g. with spaghetti straps, instead of a bra
- Book, games, etc.
- Identity card, hospitalisation insurance documents
- Valuables are best left at home. Your room will be equipped with a computer screen and internet connection.

HOW CAN YOU ENSURE THAT YOU ARE PROPERLY PREPARED?

- If you have hospitalisation insurance, it is advisable to notify your insurer before your admission to hospital.
- Your underarm and genital area will be shaved in hospital. It is advisable to no longer do this yourself from seven days before the operation.
- Try to include a daily half hour walk in the days before the operation as a healthy condition will have a positive impact on your recovery.
- Remove any jewellery and nail polish from your hands and feet before you come to the hospital. Artificial nails must also be removed.
- If you have any questions concerning childcare, home care or financial arrangements for a reconstruction, you can contact the case supervisors on 016 34 29 18.
- Organise assistance at home for after the operation, for example, because you won't be able to lift heavy loads.

WHAT WILL HAPPEN DURING YOUR STAY IN HOSPITAL?

DAY -1

DAY OF ADMISSION: DAY BEFORE THE OPERATION (PREOPERATIVE CARE)

- ✓ You will be asked to come to the hospital on the day before the operation. Admissions are usually conducted in the afternoon. There's no need to fast. You will be met at the ward and taken to your room. First you will be given some practical information and then you will have plenty of time to unpack your luggage and personal items. It is advisable to put regularly used items (creams, mobile charger, etc.) in your bedside cupboard, because you will have to stay in bed for the first two days. Practise operating the bed, because you will be glad and more comfortable to lie with your legs elevated after the operation. Upon arrival you will also be given the telephone numbers of the recovery room and ward, making it easier for your family to make contact.
- ✓ The doctor, surgeon or their assistant, will visit you in your room. Often indications will be made on your body with a black marker, with an arrow pointing to the operating site on the chest area. This is part of the protocol and the need for patient safety. Don't wear your best or newest nightwear, because the marker could mark your clothing and this cannot be washed out.
- ✓ The nurse will visit after the evening meal to prepare you for the operation:
 - Your parameters (pulse, blood pressure and temperature) will be checked.

- Your underarms and genital area will be shaved using a hospital razor. Please do not shave beforehand at home as even small wounds could present a risk of infection.
 - If you have not already done so, any nail polish will be removed from your fingers and toes. Rings, earrings and piercings must also be removed.
 - The nurse will give you a subcutaneous injection to prevent thrombosis, because after the operation you will be less mobile than usual, which could lead to thrombosis (or a blood clot).
 - You will be given a mild enema, a so-called 'fleet'®. This will make you open and empty the last part of your bowel. This is done to make you as comfortable as possible and will ensure that you don't have to empty your bowel during the first day after the operation. Your intestine will be less active as a result of the operation, making visits to the toilet rather uncomfortable.
 - You must remember to discuss any medication you take at home with the nurse again.
 - If you have any questions, they will be dealt with.
- ✓ You can, if you like, ask for a mild sleeping tablet. You must fast after midnight, i.e. you cannot eat, drink (not even water) or smoke.

“*‘Is this really necessary?’ ‘What am I doing to my body after all it already had to go through during the very demanding treatment?’ ... I struggled with feelings of guilt that I couldn’t really shake off just before the operation. The surgeon assured me that these feelings were not abnormal. Even after the operation the guilt didn’t disappear immediately. However, eventually it was replaced by a feeling of pride and satisfaction.*

THE DAY OF THE OPERATION

The morning of the operation

- ✓ You will be woken around 06.00 hrs. Because the operation takes several hours, it usually starts early and patients are frequently taken to the operating theatre at 07.15 hrs.
- ✓ You will have time to freshen up or have a quick shower. You will be given a hospital gown, similar to a long shirt with fastenings at the back. You must not wear anything underneath.
- ✓ The nurse will check your temperature and run through the operation checklist with you.
 - They will check that you are not wearing jewellery, piercings, nail polish or using dentures. Contact lenses must also be removed.
 - You will be given an armband indicating your surname, first name and date of birth. This data will regularly be checked with you during your stay in hospital.
- ✓ If necessary, the doctor may prescribe a sedative, i.e. pre-medication.
- ✓ You will be taken to the operating theatre in your bed by one or two hospital porters.
- ✓ You will notice that it is quite chilly in the corridor and preparation area leading to the operating theatre.
- ✓ The nurse will check your name and date of birth again in the preparation area. Safety/certainty is vitally important before an operation. They will also insert a drip in your arm or foot.

- ✓ You will then be taken to the operating theatre, where everyone wears green clothing, including a hat and mouth mask, in order to maintain proper hygiene. The anaesthetist and nurse will make you comfortable on the bed. In some cases it may be necessary to secure your arms. The anaesthetist will tell you when they are injecting the anaesthetic; they will also put an oxygen mask over your mouth and you will quickly go to sleep.

During and immediately after the operation

- ✓ Your family can contact the ward at any time. The nurses can let them know whether the operation is finished or not; if necessary they can call the PAZA, post anaesthesia care unit. The intention is for only one member of your family to call for information, not everyone who knows you. In order to maintain privacy and professional confidentiality, the nurse will always verify the identity of who they are talking to before passing on any information. Information will be limited (e.g. "Everything went according to plan").
- ✓ In the evening you will be allowed a brief visit at the PAZA unit. Only 15 minutes and maximum two people over the age of 16. It is advisable to tell them that this unit uses a lot of technical equipment and that you will be connected to various tubes and monitors.

Night at the PAZA (Post Anaesthesia Care) unit

- ✓ You will spend the night at the post anaesthesia care unit because a number of hourly checks are necessary. Your pulse, blood pressure, temperature and oxygen saturation will be monitored and – a very important aspect – your new breast will be checked.
 - The temperature of the breast will be checked, i.e. the nurse will place the back of their hand against the breast to check whether it is hot or cold.
 - The blood supply and discharge will be checked: when the skin is pressed the area will become lighter in colour; as soon as the pressure is released the colour of the skin will return to normal. The nurse will use the back of a pair of scissors or a finger to do so. You won't feel anything because the skin graft has no sensation.
 - The skin tone of the breast will be monitored: has the breast got a normal skin tone? Depending on the colour of the skin used to reconstruct the breast – e.g. the abdomen, back or groin all have a different skin tone. Also: is the breast blue, red or very white?
 - The breast will also be 'Doppler' tested. The term 'Doppler' will be used frequently and you will soon become familiar with it. A 'Doppler' is a type of mini ultrasound unit. Some blue gel will be applied to your breast and a probe will be used to listen to the heartbeat in the veins in the breast.
- ✓ When you wake up you will notice that your body is connected to a number of wires and tubes.
 - Initially a deep vein catheter will still be inserted in your neck.



During the first 48 hours this is necessary to systematically – i.e. every 6 hours – administer pain medication. To ensure that you are properly hydrated the catheter will also be used to administer 2 litres of fluid every 24 hours. You won't be allowed to drink during the first few hours.



- A peripheral intravenous catheter will be inserted in your hand, as an additional method of administering sufficient fluids.
- You will also be fitted with a bladder catheter to prevent you from urinating. If you do have an urge to urinate, ask someone to check the line as there may be a kink in it preventing the urine from discharging. The body will often initially retain fluids, which may result in minor swelling of mainly the face, fingers and hands. Later on fluid will be released quite frequently and the nurse will regularly have to empty the urine pouch.
- You will also be fitted with drains, i.e. silicone tubes that discharge wound secretions: 1 or 2 in the breast and 1 to 3 at the location where the tissue was removed



for reconstruction of the breast, i.e. the abdomen, buttocks or back. The drains are connected to Redon bottles, vacuum bottles that draw off and collect wound secretions. To view a video clip on this subject visit www.uzleuven.be/node/15564.

- You may possibly have been fitted with a gastric tube and/or nasal cannula to deliver oxygen.

“

You almost don't recognise your partner when they visit, wearing an apron, mask and cap.

The night at the recovery unit seems very long. You may even wonder whether the wall clock is actually working. Every now and again I briefly dropped off.

I was provided with earplugs, which helped to reduce sound of the beeping noises and alarms.

”

A stay at the PAZA unit is often quite daunting, as you will be surrounded by monitors and other equipment emitting various beeping sounds. However, there will always be a nurse close at hand and you should not hesitate to tell them that you have questions, are in pain, or that you are frightened or anxious.

DAY 1

DAYS AFTER THE OPERATION (POSTOPERATIVE)

Morning

- ✓ With the doctor's permission you can return to your room. Nursing staff from the ward will come and collect you. They will be briefed by the PAZA nursing staff and together they will carry out the necessary inspections of your breast.
- ✓ Back in your room check-ups will be repeated every 2 hours: parameters, ('Doppler') testing of the new breast and inspection of the wound secretions in the Redon bottles.

- ✓ Breathe in and out deeply at regular intervals to prevent mucus from accumulating in the lungs, as having to cough it up may be painful.

During the day

- ✓ Today you will rest and stay in bed.
- ✓ If you feel ok and not nauseous you could eat some soup with a piece of toast at lunchtime. A light sandwich based meal will be provided in the evening.
- ✓ You will be able to receive visitors but you may still feel very tired.

During the night

- ✓ If you haven't slept much the previous night you could ask for a sleeping tablet in the evening.
- ✓ You will, however, still be woken up twice for check-ups.



- ✓ In the morning you will be given your breakfast in bed.
- ✓ There will be extensive checks-ups during the morning. You will be checked every 4 hours throughout the day: parameters and ('Doppler') testing of the new breast.
- ✓ Bandages will be removed together with the doctor and initial wound care will be provided. The wounds will be disinfected and covered with a special spray, which has an unpleasant smell and will feel cold. It puts a protective layer on the skin, thus preventing the need for a bandage.
- ✓ The drain insertion points will be cleaned and covered with a small adhesive bandage. The peripheral catheter will be removed from your hand.
- ✓ You will be able to inspect your new breast for the first time. This may take some getting used to as it will initially feel quite strange. Sometimes the new breast appears to be larger. You should be aware, however, that this kind of swelling is quite normal. The 'droop' of your breast will change over the next six weeks.
- ✓ You will then be washed in bed. This may not always be easy, but you will feel better and will then be able to put on your own nightwear again. Because the breast will regularly be inspected it is useful to wear a nightshirt or pyjama top with front closure during the first few days.
- ✓ You will be allowed out of bed today. Although it may seem impossible, we recommend that you get out of bed for a short time. A few minutes, or even a bit longer, in an arm-chair will benefit your body. After all, you will have been lying in bed for two days. The nurse will explain step by step what to do to make it easier.
- ✓ The bladder and neck catheters will remain in place for another day.

DAY 3

You get that 'wow' feeling when you notice a curvature where there used to be an indentation/empty space. An amazing feeling.

My breast was reconstructed immediately, but seeing a breast without a nipple takes some getting used to

Finally, being able to get out of bed ... Lying on my back all the time: drives me to distraction!

- ✓ This day will be less hectic than the previous day. There will still be check-ups every 4 hours. You will also still be assisted with washing in bed. Bandages will be checked and drain insertion holes disinfected daily and covered with a sterile bandage.
- ✓ Once you can easily get out of bed to visit the toilet, the bladder catheter will be removed.
- ✓ The nurse will take blood samples. Providing the blood values are satisfactory the neck catheter will also be removed. Sometimes additional blood samples are required.
- ✓ You can now get out of bed with the necessary assistance. It is important that you should try to walk around several times a day. Your body needs to be exercised to promote recovery.

You don't sleep much, the pain doesn't go away, getting out of bed is difficult: sometimes you really feel miserable.

Hearing a heartbeat in my new breast did make me feel a bit better when I felt upset.

DAY 4

- ✓ Each day you will feel a bit better and able to do more. You will be able to visit the toilet and bathroom independently again, and take a walk down the corridor.
- ✓ Check-ups will still happen regularly, but less frequently, and you will no longer be woken up for them during the night.
- ✓ Drains will be removed one by one in consultation with the doctor.
- ✓ 'Going home' will be on the agenda.

**FROM
DAY 6**

- ✓ You will be able to go home after about six days.
- ✓ Usually most drains will be removed by then, in some cases 1 or 2 drains will be left in place when you go home. In such cases home care will be arranged.

“

Happy and scared at the same time: glad to go home but also somewhat anxious that it will be a difficult journey.

Going home with my new body: being whole again was a wonderful feeling.

”

It is important that the following aspects should be taken into account when you go home:

- You must not wear a bra for the first 6 weeks. A close fitting summer top, e.g. with spaghetti straps, is ok.
- As long as any drains are in place you should not shower.
- You must not lift anything heavier than 1 kg.
- Sports should be approached with caution during the first few weeks. Walking is fine, but cycling, fitness or other sports should be discussed with your doctor first.

- ✓ Once you leave the hospital your body will continue to recover and your new breast will change shape. Sometimes the breast needs to be adapted during a minor operation as a day patient, to ensure that both breasts look similar. The scar will gradually fade.
- ✓ The nipple can be reconstructed after approximately six months, again during a procedure as a day patient. Once the nipple has healed properly you could opt for a nipple tattoo, during which the original colour of the areola is reapplied.



If you are having a prophylactic mastectomy, it is advisable to take a close-up photograph of the nipple to ensure that a subsequent tattoo can be adapted to the original colour and shape of the areola.

“Yes, it was definitely worth it. I soon forgot the demanding surgery.

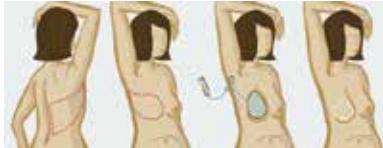
I am now a happier version of my earlier self between the amputation and reconstruction. Greatly relieved as well!

TYPES OF BREAST RECONSTRUCTION

USING A BACK MUSCLE (LATISSIMUS DORSI-FLAP)

The surgeon will use a back muscle to reconstruct the breast.

During the breast reconstruction procedure the patient's back flap



is removed. In most cases the back muscle flap is [combined with a tissue expander or implant](#) to create a better aesthetic result. The flap consists of soft tissue that can create a more natural breast shape than a mere implant. The scar on the back may be diagonal or horizontal, depending on the woman's body shape. It can often be hidden underneath a bra strap.

You will qualify for this type of reconstruction:

- ✗ if you are slim and have small volume breasts;
- ✗ if you have excess back tissue;
- ✗ if you previously received radiation treatment and are undergoing an implant reconstruction;
- ✗ if you do not qualify for other types of breast reconstruction using own body tissue;
- ✗ if you are undergoing a partial breast reconstruction to correct an imperfection following a tumorectomy (tumour removal combined with radiotherapy);
- ✗ if your skin is thin and needs extra covering for an implant;

- X** if you desire a more natural looking reconstructed breast than can be achieved with an implant on its own.

USING ABDOMINAL TISSUE (DIEP-FLAP / SIEA-FLAP / TRAM-FLAP)

The surgeon uses abdominal tissue to reconstruct the breast shape. Because the patient's **own tissue** is used, the reconstructed breast will have a very natural appearance. The scar will be located low down on the lower abdomen and will run from the left to the right hip.



You will qualify for this type of reconstruction:

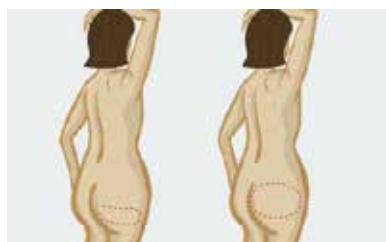
- if you want your own tissue to be used for the breast reconstruction;
- if you don't want an implant reconstruction or you do not qualify for this type of technique;
- if you have sufficient lower abdominal tissue to reconstruct one or two breasts;
- if you have had no previous abdominal operations;
- if you previously underwent chest wall radiation therapy;
- if you previously had a failed implant reconstruction;

- if you are undergoing an immediate reconstruction at the time of a skin-sparing mastectomy;
- if you are undergoing a delayed reconstruction following a mastectomy.

If abdominal tissue cannot be used due to a lack of tissue or because of earlier abdominal operations, more than enough tissue can be taken from other parts of the body to achieve a breast reconstruction using own tissue.

USING TISSUE FROM THE BUTTOCKS (SGAP-FLAP)

The surgeon will transplant skin and adipose tissue from the buttock to the breast. The scar will run from one side of the buttock to the other side, but it can be covered with normal underwear. The shape of the buttock may change slightly. Adipose tissue in the buttocks is slightly more rigid than that in the abdomen, as a result of which the reconstructed breast may feel less supple and it may be more difficult for the surgeon to reconstruct an ideal breast shape. In most cases the initial operation is followed six months later by a secondary operation to correct the shape.



USING TISSUE FROM THE THIGH (TMG-FLAP)

During this type of operation skin and adipose tissue is transplanted from the inner thigh to the breast. Part of the gracilis muscle (a secondary thigh muscle) is included in the flap, including its blood vessels to supply the muscle. The scar will be located on the inner thigh and will run from the groin at the front to the buttock fold at the back. It can be covered with normal underwear.



PRACTICAL INFORMATION

Should you have any questions when reading this brochure or afterwards, please do not hesitate to contact a member of staff at E 631 or one of the case supervisors.

- ✗ Case Supervision, tel. 016 34 29 18
- ✗ E 631, tel. 016 34 63 10

FELLOW PATIENT GROUPS

To contact or arrange a personal meeting with a fellow patient, please contact EnVie, the breast cancer fellow patient group in Oost-Brabant:

- ✗ E-mail: envieleuven@gmail.com
- ✗ Tel.: 0472 673 509 Mondays and Tuesdays between 09.00 and 11.00 hrs, Wednesdays between 15.00 and 17.00 hrs and Thursdays between 19.00 and 20.00 hrs.
- ✗ Website: www.borstkankerenvie.be
- ✗ Facebook: www.facebook.be/borstkankerenvie

For a summary of all existing fellow patient groups visit the website of Kom op tegen Kanker (Stand up to Cancer)):
www.komoptegenkanker.be/lotgenotencontact

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Design and Production

This text was composed by the reconstructive and plastic surgery department in conjunction with the Communications Department.

This brochure is also available at www.uzleuven.be/en/brochure/700844.

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