**Post operative treatment plan after mastectomy and reconstruction**

Following mastectomy and reconstruction with a TRAM flap or latissimus dorsi flap your anticipated length of hospital stay will be between 5 – 7 nights. If your reconstruction is with implants and/or acellular dermal matrix, your anticipated hospital stay is going to be less at 4 – 5 nights.

1. **What to expect - drains**

There will be 2 or possibly even 3 plastic tubes called drains which will be placed under your arm or chest wall / breast. There will also be a drain in the abdominal area in the case of a TRAM reconstruction.

The purpose of the drain is to remove excess fluid that would otherwise accumulate and speed up the healing process. The drains are expected to remain in for 5 – 10 days once the drainage has subsided sufficiently for them to be removed. The drains will be removed by the Practice Nurse or the surgeon at the rooms. Prior to discharge the hospital nurse will provide you with instructions explaining drain management once you have left the hospital during the recovery phase at home.

If the drain accidentally falls out while you are at home you need to place a bulky dressing over the area where the drain was, apply pressure and tape the dressing and then contact Practice Nurse for further advice during office hours, and after hours contact the surgeon for further advice.

If the area around the drain begins to leak fluid then it should probably be removed as it is most likely blocked. If either of these problems occur, please ring the rooms during the day, or if it is after hours please call the surgeon on his cell phone.

Please don’t hesitate to call the rooms or the surgeon if you are at all concerned.

**2. Pain control and relief**

If you are experiencing pain once you are discharge you should take the following:

Panadol/Panadeine – take 2 tablets every 4 hours to a maximum of 4 doses over a 24 period of 24 hours. You should continue this medication until the pain subsides and you are able to manage without analgesia.

If the Panadol/Panadeine is insufficient for pain control the surgeon could recommend that you take Tramadol or an anti inflammatory such as Tilcotil. Both of these are prescribed medicines that you should be given a prescription for at discharge.

Please always follow instructions on the front of the box.

If the pain relief is not working to the extent you feel that it should, please contact the rooms of either surgeon.

**3. Dressings**

When you leave the hospital you are likely to have a plastic (waterproof) dressing over the reconstructed breast area. You may have a short shower with this dressing on and since it is waterproof it should stay in place when it gets wet. Once out of the shower pat the dressing dry, but do not rub the area or take the dressing off.

If however the dressing inside the plastic does get wet and loosen just remove it.

You will find paper “steristrips” underneath and these can also get wet and patted dry.

You need to keep the wound clean and dry and it is recommended that another dressing is applied if the wound is still ‘fresh’. If you are not sure whether or not the wound should be redressed please contact the Practice Nurse for further confirmation.

Your next appointment at the practice will be 2-3 days following discharge and your wound dressings will be assessed by the Practice Nurse and the surgeons at this appointment.

**4. Complications**

Wound infection

If your wound becomes infected you will notice the following signs and symptoms:

Redness, heat, swelling or pain at or in close proximity to the area which you were operated on. You may also feel unwell in yourself. If this does eventuation please contact the practice or the surgeons at the earliest opportunity.

Bleeding

Bleeding or a haematoma can occur up to 14 days post op. If this does occur it is likely to be near to the surgical site. The area may become tight, swollen and painful and you need to ring the surgeons after hours or the practice during the week at the earliest opportunity to report these changes.

Fluid

Sometimes after surgery the lymphatic system does not work as well as it did before the operation and fluid accumulation can occur. Fluid can build up under the arm, in the abdomen (after a TRAM flap) or on the back (after a latissimus dorsi flap).

The accumulation of fluid is called a seroma. A seroma is not dangerous, but can become quite uncomfortable over time. If you think that this is happening you need to contact the practice or the surgeons, who will decide, following assessment, whether or not the fluid needs to be removed.

**5. General information**

Once you have seen the surgeon and your wounds are healing you will be advised to continue taping all wounds with micropore for 6 weeks following surgery. You will be expected to wear your surgical garments for upto 6 weeks after surgery as well.

The reconstructed breast can remain bruised, firm or even lumpy for many weeks following the procedure and these will diminish and disappear over time.

If you have any questions or concerns please don’t hesitate to call us at the practice.

JULIAN LOFTS