PERFORATOR FLAP BREAST RECONSTRUCTION

INSTRUCTION BOOKLET

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PREPARING FOR SURGERY

STARTING NOW

TAKE A MULTIVITAMIN AND AN IRON SUPPLEMENT
Start taking a multivitamin and oral iron supplements. Do NOT take other vitamins or supplements without Dr. Greenspun's approval. Please avoid multivitamins that contain vitamin E in excess of 100% of the US recommended daily allowances (US RDA).

AVOID MEDICATIONS THAT INCREASE BLEEDING TENDENCY
Please see pages 3 & 4 for additional information

LIMIT VITAMIN E INTAKE AND STOP ALL HERBAL SUPPLEMENT USE
Please see pages 3 & 4 for additional information

STOP SMOKING AND DISCONTINUE ALL NICOTINE-CONTAINING PRODUCTS
If you are a smoker, stop smoking now. Smoking and exposure to nicotine impair blood flow and impede healing. Smoking, the use of nicotine-containing products and exposure to second-hand smoke significantly increase the chances of severe postoperative complications.

IN THE WEEKS BEFORE SURGERY

LAB WORK
Laboratory testing (blood and urine) must be done 14 to 21 days prior to surgery. If you will have your lab work done at either New York Eye & Ear Infirmary or Greenwich Hospital, please let us know, and we will make the necessary arrangements. If you plan to have your lab work done elsewhere, please provide us with a fax number so we can send a prescription to the laboratory of your choice. Please have the results of your tests faxed to our office at (212) 265-1776.

MEDICAL EVALUATION/CLEARANCE
Most women will be asked to see their primary medical doctor for an evaluation prior to surgery. Your doctor should be asked to send our office a letter documenting his or her findings regarding your fitness for breast reconstruction surgery. Please schedule an appointment with your primary care physician that allows sufficient time prior to your scheduled surgical date in case your doctor requests additional testing; we recommend that you schedule an appointment 3 to 4 weeks ahead of surgery. If you have been asked to see other specialists (such as a cardiologist or hematologist), please make the necessary appointments 3 to 4 weeks in advance of surgery. If you are having trouble making any of your required preoperative medical evaluation appointments, please let us know as soon as possible.

IMAGING
You will be asked to have an MRI study at a specialized center to map your perforator blood vessels prior to surgery. Our office will obtain the necessary authorization for this study from your insurance company and will facilitate the scheduling of an appointment for you. People who have any type of metal implant in their
body are not candidates for and MRI but can have imaging done by CT scan. Please let us know if you have any foreign implants (e.g. orthopedic plate) so that we can make the necessary arrangements.

FILLING PRESCRIPTIONS
Please fill your medication prescriptions prior to the day of surgery. You will need one of these medications before surgery and the remainder will be needed when you go home after surgery.

CALL THE OFFICE
Please notify our office promptly if you develop a cold, fever, or any illness before surgery. Additionally, please call if you forgot to inform us, at the time of your consultation, about any allergies, medications, or medical conditions. Of course, do not hesitate to call if you have any questions or concerns.
NICOTINE & TOBACCO WARNING

Smoking, the use of nicotine patches, the use of nicotine chewing gum or any nicotine-containing products are strictly prohibited for a minimum of 3 months prior to, and six weeks following surgery. Smoking and/or nicotine use can contribute to poor healing as well as other serious complications. Any “cheating”, even a single cigarette, can lead to severe postoperative complications. Exposure to second hand smoke can be as dangerous as smoking. If you have used tobacco or any nicotine-containing product prior to surgery, you must inform Dr. Greenspun ahead of surgery.

VITAMINS/ HERBALS/ DIETARY SUPPLEMENTS WARNING

Many herbal and non-traditional remedies as well as dietary supplements can affect your body in significant ways. Likewise, common vitamins, particularly if taken in excess of the USRDA, can have profound effects on your body. Importantly, many of these compounds can interfere with your body’s ability to properly clot. The following information should serve as a guide for the use of such substances prior to, and after surgery.

Do not take vitamin E for a period of two weeks before or after surgery as it can interfere with wound healing.

Multivitamins are permitted prior to surgery provided that the content of vitamin E does not exceed 100% or the USRDA. (All other herbal, non-traditional medications, vitamins and dietary supplements should be stopped at least 2 weeks prior to surgery.) This is because many of these substances can have profound effects on your body and alter your physiology. Some of these substances can alter your body’s response to anesthesia or interfere with your body’s blood clotting mechanisms. Such alterations can be dangerous to your health and affect the outcome of your breast reconstruction.

If you are using a non-traditional remedy or dietary supplement not described above, please stop using it at least two weeks prior to surgery.
AVOID BEFORE AND AFTER SURGERY

For the two-week period prior to the date of your surgery, please do not take any medication that contains aspirin. Aspirin has an effect on your blood’s ability to clot and could increase your tendency to bleed at the time of surgery and during the postoperative period. Please check the labels of medications that you take (even non-prescription medications) to see that you do not take aspirin.

If you need minor pain medication during this time period, please take Tylenol. If you are allergic to Tylenol or unable to take it for some other reason, please notify us so that we might arrange for a substitute.

It is also essential that you discontinue the use of all herbal supplements, alternative and/or non-traditional medication, and vitamins (other than a multivitamin). Please let us know if you are currently taking any prescription medications, over the counter medication, herbal medications, dietary supplements or vitamins.

The following is a partial list of drugs that either contain aspirin and/or have undesirable effects that may adversely affect your surgery. Medications marked with a * can be used as directed by Dr. Greenspun after surgery.

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<th>Aches-N-Pain</th>
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A FEW DAYS BEFORE SURGERY

OFFICE VISIT

David T. Greenspun, M.D., M.Sc.
Perforator Flap Breast Reconstruction
It will be necessary for you to come into the office a day or two before surgery for a pre-surgical visit. Dr. Greenspun will go over the planned procedure, answer any questions you may have, and apply markings that will serve as a guide during surgery. Please be sure to schedule this appointment with our office. If you will be having a sentinel lymph node biopsy, please let us know so that we can coordinate your preoperative office visit with other appointments you will have in preparation for surgery.

CLEANSING
Starting 2 days before surgery, shower and wash your abdomen and chest with Hibiclens (do not use on your face), or an antibacterial soap such as Dial or Safeguard. DO NOT wash off your pre-surgical markings.

EATING AND DRINKING THE NIGHT BEFORE SURGERY
Do not eat or drink anything after 12:00 midnight the night before surgery, including water. (The exception is a small sip of water taken with preoperative medication.)

THE MORNING OF SURGERY

GENERAL INSTRUCTIONS
Do not eat or drink anything! If you take a daily medication, please inform Dr. Greenspun prior to surgery and he will give you specific instructions as to whether or not you should take this medication on the day of surgery. If you are specifically instructed by Dr. Greenspun to take this medication, you may take it with a small sip of water.

PREOPERATIVE MEDICATION
If you have been given a prescription for a medication to prevent nausea, please take it as directed. Typically, you will take this medication with a small sip of water a few hours before surgery.

ORAL HYGIENE
You may brush your teeth, but do not drink water.

CLEANSING
Shower and wash the surgical areas with Hibiclens or antimicrobial soap. To avoid washing off your markings DO NOT scrub or use a washcloth on the areas that have been marked by Dr. Greenspun.

MAKE-UP
Please do not wear moisturizers, creams, lotions, or make-up on the day of surgery.

CLOTHING
Wear comfortable, loose fitting clothing that will be easy to wear when you go home a few days after surgery. Please do not bring valuables with you.
SURGERY

THE OPERATING SUITE
Going to the operating room is not a common experience for most of us. Dr. Greenspun and the professional staff caring for you recognize the natural anxiety with which most patients approach this step in their treatment. We hope that this brief description of the surgery experience will be helpful in relieving some anxiety.

Your surgery will be performed in a state-of-the-art operating suite. Health care professionals using the most modern equipment and techniques will be attending to you. The team that will care for you includes Dr. Greenspun, an assistant microsurgeon, anesthesiologists, nurses and trained operating room technicians.

When you arrive at the hospital, you will be directed to the pre-surgical admitting area. Your medical history and current medications will be reviewed with you by a nurse. You will be asked to change into a gown and be given foot covers. You will meet your anesthesiologist and have any questions you may have about anesthesia answered. A nurse or anesthesiologist will place an IV in your arm. Family members are allowed to stay with you in the pre-surgical area. If you wish, you will be given some medication to help you relax.

As the time of your surgery nears, you will be escorted to the operating room. Once you enter the operating room, the staff will do everything they can to make you feel secure. You will be made comfortable on a padded operating room bed. To ensure your safety, the operating room staff will connect you to the monitors (EKG, blood pressure, etc.) that continually assess you during the surgical procedure. You will then be given medicine, by your anesthesiologist, to make you drowsy and place you under anesthesia.

While you are in surgery, family members can be notified of your progress periodically. Prior to surgery, you can give Dr. Greenspun the cellular telephone number of a loved one who will be called by the operating room staff to provide updates on your progress.

When your surgery is finished, you will awaken from anesthesia. Even before you awaken, you will be given medication to help minimize any pain you might experience after surgery.

AFTER SURGERY
After surgery is completed, you will be brought to the recovery room. You will be connected to monitoring equipment and a nurse will be assigned to take care of you. Your family will be allowed to visit at specified visiting times once you are fully awake. You will stay in the recovery room for a few hours before you go to your hospital room.

Once you are more awake, you will be transferred to a private room where you will have a private nurse caring for you for approximately 24 hours. There is a sleeper chair/sofa in this room. A family member (but not a child) is welcome to stay with you overnight throughout your stay. Generally, on the day after surgery, your IV and monitors are removed and you are able to start activity. Activity progresses as tolerated for the duration of your stay. You will be able to shower while you are in the hospital. Most patients spend four nights in the hospital before being allowed to return home.
SURGICAL RISK AND THE HEALING PROCESS

ABOUT RISKS

While most patients heal well without significant complications, every surgical procedure carries some degree of uncertainty and risk. We want you to fully understand the risks involved in surgery so that you can make an informed decision. The following sections of this booklet are intended as a supplement to, and not a substitute for, detailed discussions with Dr. Greenspun regarding risks, benefits, and alternatives to the surgical procedure you intend to undergo. The following sections highlight key issues but are not a comprehensive list of all risks, benefits, alternatives, and complications. Although severe complications occur relatively infrequently, all surgery has some degree of risk. We will use our expertise and knowledge to avoid complications insofar as we are able. If a complication does occur, we will use those same skills in an attempt to resolve issues as quickly and fully as possible.

Before discussing potential complications of surgery further, it is important to point out that some symptoms you may experience are not complications, but are part of the normal postoperative recovery process.

NORMAL SYMPTOMS

SWELLING AND BRUISING
Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection and should be brought to Dr. Greenspun's attention immediately.

DISCOMFORT AND PAIN
Mild to moderate discomfort or pain is normal after any surgery. You will be given analgesic medication in the hospital and at home to help minimize any pain. Severe pain or a sudden change in pain should be brought to Dr. Greenspun's attention right away.

NUMBNESS
Small sensory nerves to the skin are interrupted by incisions and undermining of the skin during surgery. This can manifest as a numb area or as an area of decreased or altered sensation. Sensation at the donor site usually returns to normal over a period of about 3-8 months. Some women can, however, have persistence of numbness indefinitely. Sensation of the skin of the breast that remains after mastectomy is variable. Finally, your breast reconstruction flap will initially be numb, however, over time, most women generally develop some sensation in the reconstructed breast. Dr. Greenspun may attempt to connect sensory nerves in the flap to sensory nerves at the mastectomy site to facilitate the development of sensation.

ITCHING
Itching and occasional “shooting electrical sensations” within the skin frequently occur as the nerve endings at the surgical sites heal. Skin moisturizers and gentle massage are frequently helpful. (Moisturizers should never be applied to a scab or an incompletely healed incision). These symptoms are common during the recovery period.

SCARRING
Surgical incisions naturally produce scars where they are made. Permanent scars therefore occur at both the donor and recipient site. Abnormally appearing scars may occur even though we have used the most modern plastic surgery techniques. Injection of steroids into the scars, placement of silicone sheeting onto
the scars, or further surgery to correct the scars is occasionally necessary. Some areas on the body scar more than others, and some people scar less favorably than others. Your own history of scarring may predict how you will do following your surgery. For most women, these scars fade considerably over time.

REDNESS OF SCARS
All new scars are red, dark pink, or purple. Scars on the breasts or body may take a year or longer to fade to their final color. It is important to avoid sun exposure to your scars in the year following surgery as sun exposure can cause the scars to remain dark. If you notice your scars are becoming raised or exuberant, you should bring this to Dr. Greenspun’s attention.

COMMON COMPLICATIONS
Of the various complications that can occur after surgery, those listed in this section occur more commonly than others. Fortunately, in most situations, these complications do not ultimately have a significant impact on the long term success of perforator flap breast reconstruction.

HEMATOMA/SEROMA
Small collections of blood and fluid at the surgical sites are usually allowed to absorb spontaneously. Larger fluid collections may require aspiration, drainage, or even surgical removal to achieve the best results.

INFECTION
A superficial infection may require treatment with antibiotic ointment. Deeper infections are generally treated with oral antibiotics. Development of an abscess may require surgical drainage.

DELAYED WOUND HEALING
Sometimes, for reasons such as infection, minor trauma to the skin that can occur during mastectomy, the reduction of blood supply to the skin that occurs naturally as a result of surgery, or simply because the complex and dynamic process of wound healing is sometimes imperfect, delayed wound healing can occur. Most often, the affected areas are relatively small and can be easily managed with antibiotic ointments and gauze dressing changes. In severe cases, the aesthetic results of breast reconstruction can be affected and additional surgery may be necessary to address a wound that is not healing well.

LESS COMMON COMPLICATIONS
Medical complications such as deep venous thrombosis, pulmonary embolism, allergic reactions to medications, cardiac arrhythmias, and heart attack are rare, but serious and life-threatening problems. Having a highly qualified medical team helps to reduce these risks as much as possible.

Failure to disclose all of your pertinent medical history before surgery may cause serious problems for you and for the medical team during surgery.
SPECIFIC SURGICAL RISKS & COMPLICATIONS OF PERFORATOR FLAP BREAST RECONSTRUCTION

RETURN TO THE OPERATING ROOM
You will be monitored very closely in the postoperative period to assess the adequacy of blood flow in your breast flaps. If blood flow in a breast flap appears to be inadequate, an urgent return trip to the operating room may be required.

FLAP LOSS/FAILURE
Microsurgery is a delicate art. Very rarely, in spite of every effort to control the behavior of the flap after surgery, failure can occur. If there is any question about the health of the flap in the first few days after surgery, a return trip to the operating room to inspect and correct problems may be required. It is for this reason that we monitor you very closely in the hospital after surgery. Should a flap fail completely, it would require removal and consideration of other reconstructive options.

FAT NECROSIS
Small areas of the reconstructed breast can become firm to the touch. Occasionally fat necrosis can be more extensive and contour irregularities can develop as a result. Additional surgery may occasionally be necessary to remove areas of fat necrosis or to address contour irregularities.

HEMATOMA/SEROMA
Some postoperative bleeding at the surgical sites is expected. If the bleeding is minimal, the drains placed at the time of surgery will compensate for it. On occasion, the drains do not completely evacuate excess fluid or blood, and aspiration or surgical drainage may be required.

INFECTION
Postoperative infection is possible. We reduce this risk by giving you antibiotics before and after surgery. Most infections are mild and resolve with treatment outside of the hospital. If a more serious infection develops, hospitalization may be required with intravenous antibiotics and/or wound care. In rare cases, additional surgery may be necessary.

LOSS OF BREAST SKIN
Every effort is made to assure you that the breast skin that remains after your mastectomy is healthy. Nevertheless, on occasion, some skin at the mastectomy site may not survive. With good wound care, affected areas will usually heal. Secondary surgery may be required for wound revision and optimal cosmetic results.

LOSS OF SKIN OR UMBILICUS
This is a rare complication at the site of flap harvest. This occurs more commonly in people who smoke or use nicotine and in those people who have had previous abdominal surgeries. This rare complication will usually involve only small areas that will ultimately heal with good wound care. Secondary surgery may be required for wound revision and optimal cosmetic appearance particularly if the involved area is more extensive.

If severe, any of the problems described in the sections above may significantly delay healing, necessitate further surgical procedures, or compromise the final result.

David T. Greenspun, M.D., M.Sc.
Perforator Flap Breast Reconstruction
PERFORATOR FLAP SURGERY POST-OPERATIVE INSTRUCTIONS

Please arrange to have an adult companion with you for the first few days after you go home from the hospital.

Please follow the instructions on your hospital discharge paperwork. In the event that your hospital discharge instructions are different than the instructions in this booklet, please follow the personalized instructions.

If you have any questions or concerns, please call us.

MEDICATIONS
Take all of your medications as instructed on your hospital discharge papers. An antibiotic will be prescribed as prophylaxis against infection. Even if you feel well, continue to take the antibiotic until the prescribed course is completed or until Dr. Greenspun instructs you otherwise.

Aspirin and aspirin-containing products such as Alka Seltzer are not to be used for a minimum of two weeks postoperatively, unless you are specifically instructed otherwise, as they can cause bleeding. Tylenol, acetaminophen, Extra-strength Tylenol, Advil, ibuprophen or the prescribed analgesic medicine should be used as directed. Do not take Tylenol and Vicodin at the same time; Vicodin and some other analgesics contain acetaminophen (Tylenol) and you can overdose on it. Avoid the use of alcohol while taking analgesics. Driving is prohibited while using analgesics that contains narcotics (e.g., Vicodin, Percocet, Darvocet).

We recommend that you take a stool softener such as Colace to help avoid constipation, a common side effect of the various analgesic medications and iron supplements. If you develop constipation, please call our office.

Most of your usual medications can be resumed after you leave the hospital (in many cases they will have resumed while you were still in the hospital). You will receive specific instructions about your medication before you leave the hospital.

We recommend that you begin taking iron and a multivitamin after you leave the hospital.

ACTIVITY
When you are discharged from the hospital, you will be permitted to take short walks and climb stairs. Avoid any activity that causes pain or discomfort.

Avoid heavy lifting and straining for a minimum of eight weeks; this means not lifting anything more than 5 pounds in each hand.

Do not drive until you have stopped all narcotic-containing analgesics, sleeping pills, and muscle relaxants for at least 24 hours. Most patients can resume driving about 2 weeks after surgery but Dr. Greenspun will advise you when you can resume driving.

Most women can resume most of their usual non-strenuous activities and work 3 to 4 weeks after surgery.

Dr. Greenspun will give you ore detailed instructions, personalized to your surgery and recovery, at your post-operative appointments.
POSITIONING
It may not be comfortable for you to stand totally straight for the first few days after surgery; it may be more comfortable to stand slightly bent at the waist. Your level of comfort should serve as a guide.

SLEEPING
During your first few post-operative weeks, it is recommended that you sleep with 2-3 pillows behind your back and head and 1-2 pillows under your knees in order to maintain a slightly flexed position at your waist. This will not only help make you more comfortable, it will also help keep tension off of the abdominal incision. Strictly avoid sleeping on your stomach until Dr. Greenspun gives you permission to do so. Sleeping on your stomach can put pressure on the delicate blood vessels that are nourishing your breast reconstruction flaps.

AVOID HEATING PADS, HOT WATER BOTTLES AND ICE PACKS
Because some areas of skin may be numb or have diminished sensation, avoid using heating pads, hot water bottles and ice packs as these items could burn your skin without your even being aware of it.

BATHING, SHOWERING AND SWIMMING
You may shower beginning the third day after surgery—you will take your first post-operative shower in the hospital. When you shower, keep the water temperature comfortably warm as the skin of your abdomen and breasts may be numb after surgery and can be easily burned by hot water. Before showering, any loose gauze dressings and Xeroform should be removed; leave the white adhesive Steri-Strips on your skin when you shower. Use only mild, fragrance-free soaps such as Dove. You should shower with the stream of water directed away from your surgical and drain sites. At no time should a stream of water be directed at the operative sites or drains. You will need to change the dressings that cover your incisions and drain sites (typically Xeroform, bacitracin and gauze) after each shower as you were instructed in the hospital. We recommend that you have someone assist with your first shower at home.

Immersion in a bath, swimming and similar activities are strictly prohibited until your surgical sites have fully healed; Dr. Greenspun will tell you when it is safe to resume these activities.

EXERCISE
You may take short walks within a few days surgery, but over-activity should be avoided as it can contribute to the development of seromas (fluid collections). Most patients can return to light aerobic/ non-strenuous exercise about 4 weeks after surgery; check with Dr. Greenspun before resuming/beginning any exercise or strenuous activity. Please also check with Dr. Greenspun before resuming any activity that requires significant arm or chest movement or straining of the abdomen. By 8 weeks, there are generally few if any restrictions with respect to exercise, however; Dr. Greenspun will advise you when you can resume your full exercise regimen.

SUPPORT BRAS AND POST-SURGICAL COMPRESSION GARMENTS
You will wear a gentle compressive garment following surgery to give your abdomen support. This garment will hold in place several padded gauze dressings, and should be worn continually until your first postoperative visit. The only exceptions (in addition to showering) are made twice daily- you should remove the garment or open its front side to inspect your skin. If a treated area becomes red, tender, inflamed, blistered or dark in color, please notify our office immediately. You will be able to go to the bathroom without having to remove your dressings or garment. At your first follow-up visit, Dr. Greenspun will remove your dressings and give you specific instructions about further use of your garment. Generally, we want you to wear the garment at all times for 2-3 weeks (this includes sleeping). You may change any soiled dressing as needed.
The garment should feel **snug but not excessively tight**. If the garment is too loose, it will be ineffective. The compression garment should not be allowed to “ride up” and press against your breasts. If you feel discomfort with your binder or garment or see blisters, you should loosen (but not remove) the garment immediately and call the office.

The drainage tubes should extend from underneath the garment; the garment should not be allowed to compress the drainage tubes against your skin. If necessary, place a piece of gauze between your skin and the drain tube to prevent the tube from being pressed directly against your skin.

Most patients will be given a bra at the conclusion of surgery. The bra is designed to support your breasts without compressing them too tightly. If you are given a surgical bra, please wear it continually until your first postoperative visit. Underwire bras should not be worn until Dr. Greenspun gives you permission.

**You must be extremely careful to avoid having either the abdominal garment or bra compress any drains against your skin.** If a drain is pressing firmly against the skin for a prolonged period of time, scarring can result. A gauze sponge should always be placed between the skin and any drainage tube that is below a postoperative garment.

**DRAINS**

Drainage tubes will be placed within the operative sites. The drains serve to pull excess fluid out of the operative site and thereby help prevent fluid collections or seromas. Your nurse will show you how to care for your drains before you leave the hospital. Once you see how to care for your drains, we think you will find caring for them quite easy and straightforward.

There can be quite a lot of fluid that collects within the drainage bulbs. This is normal and typically lasts 1 to 2 weeks. Initially the drainage is close to the color of blood, but it will gradually clear as the days pass. If the drainage abruptly stops, it is likely that a drain has clogged; if this happens, please call Dr. Greenspun to obtain instructions as to how to get the drain to function again. A sudden increase in the output of a drain can signify bleeding, and Dr. Greenspun should be notified if this occurs.

A fluid collection bulb or reservoir will be attached to the end of each of the drain tubes. When a bulb is full of fluid or no longer compressed (“squeezed down”) to provide suction, you must empty the fluid and then recompress the bulb. To do so, simply open the plug at the top of the reservoir and pour out the contents (do NOT attempt to remove the bulb from the tubing). To reestablish suction, squeeze the bulb to recompress it and place the plug back into the hole at the top while keeping the bulb compressed. Please measure and record the volume of fluid removed every time the bulbs are emptied, as this will determine the proper time to remove your drains. The “Postoperative Drain Log” attached at the end of this information packet can be used to help you track the drainage output. If a bulb fills rapidly after emptying it, or you need to empty it more than three times a day, please call our office.

Keep the drain sites clean to avoid crusting, and infection. This can be done by gently cleaning the area with a gauze pad and hydrogen peroxide daily. Drain sites should be dressed with bactrian and Xeroform gauze at all times (unless you are allergic).

Drains are easily removed in the office once the drainage of fluid drops to less than about an ounce (30 cc) per day-per drain. After the drains are removed, some patients continue to collect small amounts of fluid at the surgical site. This can sometimes resolve without intervention, however, in some cases, it may be necessary to remove this fluid by aspiration using a small needle. Because areas of your skin are initially numb, this procedure is usually not painful.

**FOLLOW UP**

Your will need to follow-up in our office approximately 4 to 7 days after you leave the hospital; please call 212-744-1200 to schedule an appointment.
NICOTINE REMINDER
Smoking and/or the use of nicotine-containing products is strictly forbidden both before and after surgery (this includes staying out of rooms with smokers as second-hand smoke is dangerous).
NOTIFY DR. GREENSPUN IMMEDIATELY IF ANY OF THE FOLLOWING OCCUR

- A change in color of the skin of your reconstructed breast/s
- Severe pain not responding to pain medication
- Severe swelling at a surgical site
- A sudden increase in the amount of fluid in the drain reservoirs, or more than 100cc of drain output in a 24 hour period
- Redness, warmth, or hardening of a surgical site
- Bleeding
- Odorous drainage or pus
- A temperature of 100 degrees or more that lasts over 8 hours or a temperature greater than 101.5
- Sudden swelling of a surgical site
- Dark coloration of the skin or blistering
- Any worrisome symptom
AS YOU HEAL

FEELING TIRED AND FATIGUED
It is very common to tire and fatigue easily and frequently in the weeks following surgery. You will need to rest and sleep more than you are accustomed to. Most women return to their usual level of energy sometime between 3 and 6 weeks after surgery.

BRUISING
Bruising after surgery is normal. While some bruising of your breast skin is normal, the skin of your flap/s should have the appearance of normal skin. Bruising tends to resolve in a time frame much like any other bruise you may have experienced.

HEALING AND SENSORY NERVES
Regeneration of sensory nerves can be accompanied by tingling, burning or shooting pains, which disappear with time and are generally nothing to be alarmed about. If, however, these symptoms are severe or accompanied by swelling, redness, infection or bleeding, you should notify us promptly.

SWELLING
You may find swelling of your new breast and flap donor site to be troublesome and your clothes may not fit as they did before surgery. Please be patient as swelling tends to gradually subside over the course of a few weeks. There is a certain amount of “tightness” that you will feel in the area where the flap was taken from. This typically relaxes in a few months time.

DEPRESSION
Some patients experience a relatively brief period of “let down” or depression after surgery. If you feel mildly depressed, understanding that this can be a natural phase of the healing process may help you to cope with this emotional state. If you feel continually down, “blue”, or depressed, please let us know so that we can help guide you to an expert during this emotionally challenging time.

FOLLOWING INSTRUCTIONS
A major factor in your recovery will be your strict attention to following postoperative instructions. Your postoperative instructions are designed to promote healing and to help prevent problems that may interfere with your recovery. It is imperative that you recognize that you are a partner in the recovery process and not just a passive participant. The instructions you have been given, based on broad experience, are designed to give you the best opportunity for healing.

RETURNING TO WORK AND OTHER ACTIVITIES
Since there is variability in how quickly different people recover from surgery, it is not easy to predict exactly how soon you will be able to return to work or other activities. Furthermore, different occupations make different physical demands. In general, we recommend that you plan to take 3-4 weeks off from work. Some women are able to return to work even sooner, but some, particularly those who have physically demanding jobs, may take longer.

COMPLICATIONS
Should complications occur, we will work together with you and support you through any difficulties on your way to a full recovery; we will assist you in any way possible.
ONCOLOGIST
You must continue to see your oncologist and breast surgeon on a regular basis.
STAGES II AND TATTOO

SECOND STAGE
Reconstruction of nipples and any refinements in the size or shape of your breast/s can be done as early as two to three months after the initial procedure. This is done at your convenience and as an outpatient procedure. Additionally, women who have had only a single mastectomy may elect to have a balancing procedure performed on their other breast; this can take the form of a lift, reduction, or augmentation. Such balancing procedures are considered reconstructive in nature and are covered under most insurance policies.

TATTOO
Most women who undergo nipple reconstruction choose to add color to the reconstructed nipple and areola so as to produce the most natural appearance possible. Color is restored to the reconstructed nipple and areola with medical tattooing. After all surgical incisions are well healed, this painless procedure is done by our medical tattoo artist, at a time convenient for you, in the comfort of our office.
Non-Prescription Items Suggested for Use After Breast Reconstruction

1. Eucerin’s Original Formula Moisturizer (or another fragrance free moisturizer)
2. Colace (or other stool softener to help avoid constipation)
3. Tylenol, Extra-Strength Tylenol or acetaminophen
4. Dove soap
5. Mild shampoo
6. Gauze pads (4” x 4”)
7. Hydrogen peroxide
8. Bacitracin ointment
9. q-tips
10. Advil or ibuprophen (to be used as specifically instructed by Dr. Greenspun)
11. Xeroform gauze- one inch wide strips
12. 1” wide paper tape

Most, if not all of these items can be purchased at your local pharmacy. Items not carried by your pharmacy can be obtained from a surgical supply store.
### Postoperative Drain Log

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- Your drains should be emptied every morning and evening.
- Please try to empty your drains at approximately the same time each morning so that the output of each drain over a 24-hour period can be reliably determined.
QUESTIONS FOR DR. GREENSPUN