

Getting Ready for Surgery

Planning

- Meet with your surgeons and other members of your care team
- Make decision to have surgery
- Work with plastic surgery and breast surgery Patient Care Coordinators (PCCs) to set surgery date
- Have CT scan of blood vessels in your abdomen to prepare for flap surgery
- Talk with Anesthesia or Internal Medicine team to get cleared for surgery (may be in person or by phone)
- Meet with plastic surgeon or physician assistant to update paperwork, if needed
- If you smoke, you must STOP right away, and at least 4 weeks before your surgery

2 Weeks Before Surgery

- Stop taking Tamoxifen (you may resume taking this drug 2 weeks after discharge)

7 Days Before Surgery

- Stop taking medicines that may cause bleeding during surgery: aspirin, ibuprofen, Celebrex, and others

Day Before Surgery

- Receive a call from a nurse with your arrival time
- Shower with the antibacterial soap that you were told to use



Night Before Surgery

- Do not eat or drink anything after midnight



Surgery Day

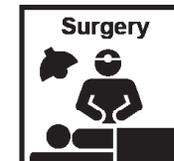
Before you leave home:

- Take another shower with the antibacterial soap that you were told to use



At the hospital:

- Check in at Surgery Registration (Surgery Pavilion, 2nd floor) no later than your assigned arrival time
- A nurse will call you to come to the Pre-Op area
- An IV tube will be placed in your arm to give you fluids and antibiotics
- An anesthesiologist will talk with you about the anesthesia you will receive during surgery
- Receive pain medicines (acetaminophen and gabapentin)
- Meet with a member of the surgical team to ask any questions and/or sign the surgery consent form
- Meet with pre-op and operating room (OR) nurses to review questions about your health
- You will be given a heating blanket to keep you warm
- Stickers with wires (leads) will be placed on your chest to monitor your heart during surgery
- The Anesthesiology Team will take you to the operating room



After surgery, you will:

- Wake up in the intensive care unit (ICU)

You will have:

- An IV in your arm to give you fluids and antibiotics
- Compression devices on your legs to help with blood flow
- A Foley catheter in your bladder to remove urine



Your nurse will:

- Teach you how to use your incentive spirometer – do this 10 times each hour every day while you are in the hospital
- Make sure your pain is in control
- Check your flaps often

Day 1: Intensive Care Unit	Day 2: Plastic Surgery Unit	Discharge (Day 3 or 4)
Medicines and Treatment		
<input type="checkbox"/> Nurses will check the circulation to your flaps every hour <input type="checkbox"/> Nurses will carefully watch your vital signs <input type="checkbox"/> Pain controlled by: - Local anesthetic block (placed during surgery) - Opioid pain medicine - Acetaminophen (Tylenol) and ketorolac (Toradol) <input type="checkbox"/> Take stool softeners to help you have bowel movements		<input type="checkbox"/> Nurses will check blood flow to your flaps every 2 hours <input type="checkbox"/> Nurses will check blood flow to your flaps every 4 hours
Diet		
<input type="checkbox"/> If your flaps remain stable overnight, start drinking clear fluids this morning		<input type="checkbox"/> If your flaps are stable, start eating a normal diet <input type="checkbox"/> Day 2 or 3: IV removed if you can drink enough fluids by mouth <input type="checkbox"/> Normal diet
Activity		
<input type="checkbox"/> Spend the morning sitting up in bed <input type="checkbox"/> Meet with physical therapist (PT) or occupational therapist (OT) to: - Learn how to roll to one side to get in and out of bed - Have help meeting the goal of sitting up in a chair by the end of the day <input type="checkbox"/> For 4 weeks after surgery, do NOT : - Lift your affected arm(s) to the side more than 45 degrees (elbows no higher than your ribs) - Lift your affected arm(s) to the front above shoulder level - Reach behind your back - Lift anything that weighs more than 10 pounds (a gallon of water weighs a little over 8 pounds) - Do exercise that makes you breathe hard or your heart beat faster - Push or pull on anything Do: - Move your arm(s) very gently - Think "T-rex arms"	<input type="checkbox"/> Aim to get out of bed to sit in a chair, walk to the bathroom, and walk in the hallway with PT or OT <input type="checkbox"/> Meet with social worker to talk about home healthcare or a skilled nursing facility, if needed <input type="checkbox"/> Training with OT on how to: - Shower safely - Do activities of daily living (ADLs) - Change your bandages (dressing)	<input type="checkbox"/> Get out of bed to sit in a chair, walk to the bathroom, and walk in the hallway with the PT or nurse at least 4 times a day <input type="checkbox"/> Practice stairs with PT, if needed <input type="checkbox"/> Nurses may help you take a shower <input type="checkbox"/> You may be ready to leave the hospital if: - You can get out of bed by yourself - Your pain is under control, and you are able to get up and around OK
Drains and Catheters		
<input type="checkbox"/> Your drains will be emptied 2 times a day and the amount of drainage will be recorded <input type="checkbox"/> Drains may be removed once amount of drainage is less than 30 ml in 24 hours for 2 days in a row <input type="checkbox"/> Foley catheter in place until you can get to the commode or bathroom	<input type="checkbox"/> Foley catheter removed by now	

After Discharge: Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Medicines and Treatments					
<input type="checkbox"/> Pain controlled by: - Opioid pain medicine - Acetaminophen and ibuprofen <input type="checkbox"/> Start to decrease your opioid dose as you can, taking acetaminophen or ibuprofen instead <input type="checkbox"/> Keep taking stool softeners every day until you have stopped taking opioids	<input type="checkbox"/> Start taking Tamoxifen again	<input type="checkbox"/> Keep decreasing opioid dose, taking acetaminophen or ibuprofen instead			
Diet					
<input type="checkbox"/> Normal diet					
Activity					
<input type="checkbox"/> You may shower <input type="checkbox"/> Take short walks <input type="checkbox"/> Aim to be out of bed most of the day <input type="checkbox"/> For 4 weeks after surgery, do NOT : - Lift your affected arm(s) to the side more than 45 degrees (elbows no higher than your ribs) - Lift your affected arm(s) to the front above shoulder level - Reach behind your back - Lift anything that weighs more than 10 pounds (a gallon of water weighs a little over 8 pounds) - Do exercise that makes you breathe hard or your heart beat faster - Push or pull on anything Do: - Move your arm(s) very gently - Think "T-rex arms"	<input type="checkbox"/> Take daily walks and slowly increase how far you walk		<input type="checkbox"/> You may drive if you have stopped taking opioids and you feel comfortable sitting behind the steering wheel	<input type="checkbox"/> Start to use your arm(s) more fully and drop lifting limits	<input type="checkbox"/> When your plastic surgeon says it is OK, resume normal activities with no restrictions
Appointments					
<input type="checkbox"/> Follow-up visit with breast cancer surgeon 1 to 2 weeks after surgery if reconstruction was done at the same time as your mastectomy: - Review pathology report - Drains removed if drainage less than 30 ml in 24 hours for 2 days in a row - If needed, talk about more medical or radiation treatments 	<input type="checkbox"/> Follow-up visit with plastic surgeon 2 to 3 weeks after surgery: - Check incisions for healing - Drains removed if drainage less than 30 ml in 24 hours for 2 days in a row			<input type="checkbox"/> You may start physical therapy and massage	