

After DIEP Surgery

For patients who had DIEP (deep inferior epigastric artery perforator) breast reconstruction surgery

Read this pamphlet to learn more about:

- What you need to know when you leave the hospital
- What to watch for
- Who to call if you have questions





How do I manage my pain?

Your health care team will give you prescriptions for different types of pain medicine before you leave the hospital. These medicines **may** include Tylenol Extra Strength, Celecoxib, Gabapentin, and Hydromorphone for severe pain that comes on suddenly. Please take them as directed.

Some pain medicine can make you constipated. If you do not have a bowel movement (poo) for 3 days, ask your pharmacist about taking stool softeners or laxatives. You don't need a prescription.

To prevent constipation:

- Drink 3 to 5 glasses of water every day.
- Eat foods that are high in fibre, such as whole grains, bran, fruits and vegetables.

You will be asked to take 81 mg of Aspirin (acetylsalicylic acid). If you have any questions, please speak with your surgeon.

What if I have nausea?

You may have some nausea after your surgery. You can take anti-nausea medicine (such as Gravol) to help relieve your nausea or upset stomach. Please take it as directed and continue to drink lots of fluids.

What can I eat and drink after surgery?

You can go back to eating what you normally would when you go home.

Eating foods that are high in fibre (whole grains, bran, fruits and vegetables) and rich in protein and vitamin C (citrus fruit, orange juice) can help with healing.

How much activity is safe?

- You can do your usual self-care activities such as toileting, getting dressed and brushing your hair.
- It is important to take short walks or move your body throughout the day to improve your blood flow and help you heal faster.
- **No heavy lifting.** Don't lift anything more than 5 kilograms (10 pounds).
- Don't do any stomach or abdominal exercises (such as sit ups) for 12 weeks.

When can I bathe or shower?

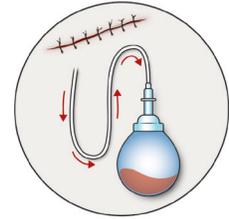
You can shower using soap and water when you go home. Everything can get wet, even the drains.

How do I take care of my wound?

- All your stitches will dissolve on their own.
- All your dressings will be removed on the day you leave the hospital.
- If you have steri-strips along your incisions (surgical cuts), they can stay in place until your follow-up appointment.
- **Do not remove them.** They may start to peel or fall off on their own. This is OK.
- Don't put any oils or lotions on your incisions (such as Bio-Oil or vitamin E) for at least 3 weeks after your surgery.
- **Do NOT put heat or ice packs on your surgical incisions (cuts).** This may injure your skin.

What about my drains?

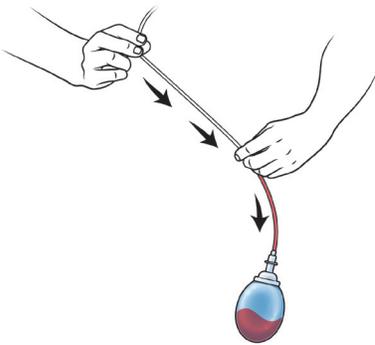
- Some patients leave the hospital with a Jackson Pratt (JP) drain. The drain helps remove any extra fluid from your body.
- We will arrange for a nurse within your community to help take care of your drains through the Local Health Integration Network (LHIN).
- The surgeon will let the nurse know when to remove the drains.
- Sometimes you might need to go to a clinic to have the drains checked or removed.



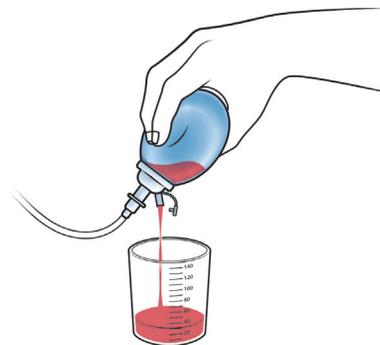
JP drain

How to take care of my drains

- Milk and/or strip the tube attached to the JP drain every 4 hours during the day to prevent the tube from getting blocked. We will teach you how to do this.
- Try to empty your drain at least twice a day (in the morning and evening), or more if needed.
- Wash your hands before and after taking care of your drain.



Milking or stripping the tube



Emptying the drain

Important: Empty and record the date, time and amount of fluid from your drain. The amount of fluid tells us when it is safe to remove your drains.

See the chart at the end of this pamphlet to help you remember information about drain output.

What else do I need to know?



- You can wear a supportive, comfortable regular bra with wide straps and **no underwire for 2 months**.
- Please ask about the pamphlet called “Bra Buying Guide” (D-5512), if you want information about post mastectomy bras.



- If your surgeon gave you an **abdominal binder**, wear it all day for the first 3 weeks after surgery. Then wear it for the next 3 weeks during the day only.



Go to the nearest emergency department if you see these signs of infection:

- Fever higher than 38 °C that lasts longer than 24 hours
- Bright red, hot and swollen incisions and skin
- White fluid or pus
- Pus that smells bad



Call your surgeon’s office or go to the emergency department where you had your surgery if you notice:

- Your breast(s) size suddenly increases
- A change in colour (such as red, purple, blue)

These signs can mean there is a problem with your flap and may need to be treated urgently.

When is my follow-up visit?

Call your plastic surgeon's office to book an appointment to be seen 3 weeks from the day you leave the hospital.

Who do I call if I have questions?

Call the Clinical Nurse Coordinator, Breast Reconstruction at 416 340 4800 extension 5161.

Drain output chart

Use this chart to record the date, time and amount of fluid coming from your drain and show it to your LHIN nurse. Take it with you to your follow-up appointment if your drains are still in place.

Date	Time	JP #1	JP #2	JP #3	JP #4



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