

Amelia Pare Plastic surgeon 123 Hidden Valley Road, McMurray, PA 15317 724-941-8838

BREAST RECONSTRUCTION

Insurance Criteria: Breast cancer reconstruction and breast lift of the contralateral side is mandated by 1998 Federal Law Section 713. We encourage patients to call their members services number on the back of their insurance card with **Diagnosis code C50.011** and **Procedure code 19357** to determine the patient's out of pocket costs (copayment, deductible and coinsurance). Fenner is our billing company 412-788-4995. You may receive a bill from Tristate anesthesia (412-831-3744) Washington Hospital (724-225-7000) or Pathology Assoc of Washington (412-323-4400).

Preoperative instructions for breast reconstruction

1. Make arrangements for transportation to and from the hospital. For unilateral mastectomy, an overnight stay is expected. For bilateral mastectomy an additional night may be needed.
2. If you care or family or pets, please make arrangements to have assistance for 2-4 weeks.
3. No aspirin or aspirin products two weeks prior to surgery. Tylenol may be substituted.
4. Quit smoking- Smoking delays wound healing. No alcohol 24 hours prior to surgery.
5. No food or drink after midnight before surgery.
6. Prescriptions- Fill prescriptions prior to surgery and take as directed. Please alert the physician of any allergies to medications. Please start your antibiotics the evening prior to surgery. Pain medication prescriptions will not be refilled and may be used after surgery.
7. No make-up, jewelry, contacts hair accessories on the day of surgery. Wear comfortable clothing and a shirt that buttons up front.
8. You may want to begin taking a probiotic or yogurt with active cultures daily following surgery. Antibiotics can be tough on your digestive system.
9. If you care for family or pets, make arrangements to have assistance for 7-10 days.
10. Complete all preoperative testing. If you receive chemotherapy, a new EKG may be ordered after our treatment. It is recommended that you have your EKG done as soon as possible in the event that you may need clearance from your family doctor or cardiologist. Your CBC (blood work) is good for 30 days.

Surgery will take place at **Washington Hospital**, 155 Wilson Avenue, Washington, PA 15301 724-225-7000. The patient may not drive while on pain medications, therefore, the patient will

need a ride home the day after surgery. Surgery times will be communicated the night prior to surgery.

What to expect on the day of breast reconstruction surgery?

1. The breast reconstruction surgery will be performed under general anesthesia.
2. You will receive an IV prior to surgery that will be used for fluids and medications. It is also encouraged that you drink fluids throughout your recovery.
3. Swelling and bruising may occur. Alert the nurse immediately if you have concerns.
4. Pain medications may be used as needed. Beware that pain medications may cause constipation. Magnesium citrate may be used early in the morning after purchase over the counter.

Postoperative instructions for breast reduction

1. Drink plenty of fluids, preferably clear liquids, no carbonated or caffeinated drinks. We encourage you to start with liquids and then progress to solid foods.
2. Avoid alcohol while taking medications. Take antibiotics until they are completed. Pain medication may be taken as needed. Do not take more than the directed amount of any medication. We suggest that you eat prior to taking medications to avoid stomach upset.
3. You may shower after 24 hours. Remove gauze and leave steristrips in place. Do not submerge the wound in water. After showering, dry the areas and place gauze or kotex to the area to collect drainage.
4. You may apply ice as needed for 20 minutes on the hour as needed.
5. Avoid strenuous activities including lifting pushing pulling for 4 weeks. Do not lift more than 2-3 pounds for 2 weeks. You may lift only 8 pounds (gallon of milk) for at least 1 month. Casual walking is acceptable. Rest in semi sitting position with head elevated on 2 pillows. A recliner is ideal. A support bra should be worn for 3-4 weeks.
6. Driving is permitted once the patient is no longer taking pain medications.
7. Do not smoke.
8. Notify the office if the patient has a fever of 101 or greater, chills, severe nausea and vomiting or excessive bleeding or drainage.
9. For a unilateral mastectomy, you will stay overnight. For a bilateral mastectomy you may stay longer due to your activity and pain levels. You will be instructed on how to strip record and empty the JP drain. "Milking the tubes" should be done 3 times daily. We encourage patients to wash their hands, hold the drain with the stopper at the top and remove the stopper (pin) from the poring spout and allow the drain bulb to collect with air. When the drain bulb is fully expanded, read the amount of fluid in the drain by recording the lines on the side of the drain. Pour the liquid in to a paper cup and discard

this in to the toilet. Now compress the drain bulb to remove the excess air and place the stopper back into spout. The bulb should be flat resulting in negative pressure that will drain excess fluid from the wound. The height of the drain is not important but if the drain is full it should be emptied or it will not draw additional fluid out of the wound. You may pin the drain back onto clothes and write down the date time and amount on a sheet of paper that you will bring to the doctor's office.

Timeline for Breast reconstruction

IMPLANT EXPANDER

1. First stage placement of expander (can be at the time of mastectomy or can be later)
2. A weekly or biweekly visit for percutaneous expansion in the office for 8 visits starting at the second postoperative week. Therefore the expansion process will take nearly approximately 4 months.
3. After fully expanded, the tissue will need to soften for 8 weeks. If chemotherapy is needed then no additional surgery will be performed until the oncologist allows surgery to occur. Chemotherapy will delay wound healing.
4. Second stage exchange of expander or removal of fill port is an outpatient and occurs after the implants are filled and chemotherapy has been discontinued for months. Mastopexy (lifting of contralateral side may be considered at this point for symmetry).
5. Tattoo to areola may occur 1 year after the second stage is completed.
6. The creation of the nipple papule (raised portion of the nipple) can be done as an outpatient several months after nipple tattooing is completed.

TRAM FLAP (Procedure CPT code 19369)

1. First stage is delay of the TRAM flap by ligating the inferior epigastric artery as an outpatient (ideally 2 weeks before mastectomy/reconstruction)
2. Second stage TRAM flap after mastectomy is done as an inpatient for several days.
3. Patient will have an abdominal binder in place for 6 weeks due to the muscle rotation from the abdominal wall.
4. Routine office visits and then at 1 year postoperatively, outpatient liposuction *may* be used to contour the soft tissue flap. Mastopexy (breast lift) of the contralateral side may be considered for symmetry.
5. Tattoo areola (pigmented portion of the areola) may occur after flap is soft at 12 months.
6. Third stage nipple reconstruction of the papule (raised portion of the nipple) is performed as an outpatient at 2 weeks after tattooing.