



PATIENT INFORMATION

Abdominal Free Flap Breast Cancer Reconstruction

*Please bring this booklet to the hospital
on the day of your surgery.*

THE OTTAWA HOSPITAL

Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified healthcare provider. Please consult your healthcare provider who will be able to determine the appropriateness of the information for your specific situation.

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Introduction

Welcome to The Ottawa Hospital. You are being admitted to The Ottawa Hospital for Abdominal Free Flap Breast Reconstruction. Your hospital stay is planned for five to six days, including the day of surgery. This booklet will provide you with information on your care related to your surgery and discharge. Please be sure to read this booklet before you come into hospital for your surgery.

The Health Care Team

Surgeon

Your Surgeon will discuss all aspects of your care including your surgery, recovery, discharge and follow-up. He will answer any questions you might have. Your surgeon will oversee your care with the other health care providers.

Anesthesiologist

The anesthesiologist will discuss the anaesthetic for your surgery and pain control needs after surgery, during your pre-admission appointment.

Registered Nurses

The Registered Nurses will care for you before and after surgery. They will provide emotional support, teaching, medications, and nursing care. You may also receive care by Patient Care Assistants. They will work with your nurse to assist with your care including bathing, getting out of bed and going to the washroom etc.

Physiotherapist

The Physiotherapist (P.T.) may be consulted if needed. S/he can assist you with specific activities such as getting out of bed, and can recommend and instruct you on appropriate strengthening exercises.

Dietitian

The Dietitian may be consulted if needed. S/he can assist you with your nutritional requirements after surgery.

All team members involved will assist you with discharge planning.

PLEASE BRING YOUR BOOKLET TO THE HOSPITAL as the healthcare team members will refer to these instructions throughout your hospital stay.

The Clinical Pathway

The healthcare team has put together a Clinical Pathway to help plan your care. A Clinical Pathway outlines the usual day-to-day care during your hospital stay. This includes tests, treatments, activities and teaching. It is important for you to review it so you can participate actively in your recovery. If needed, this plan of care can be adjusted based on your condition.

Clinical Pathway – Abdominal Free Flap Breast Reconstruction			
	Pre-Admission	Day of Admission	Post-op on Day of Admission
Consults	<ul style="list-style-type: none"> Anesthetist 		
Tests	<ul style="list-style-type: none"> Blood & urine tests ECG if required Chest X-ray if required 	<ul style="list-style-type: none"> Blood test if required 	<ul style="list-style-type: none"> Blood test in Post Anesthetic Care Unit (PACU)
Medications		<ul style="list-style-type: none"> Antibiotic 	<ul style="list-style-type: none"> Patient Controlled Analgesia (IV PCA) Antibiotic (prevent infection) Anti-nausea medications Anticoagulant Patient's own medications if required
Assessment/ Treatments	<ul style="list-style-type: none"> Measure legs for support stockings (TEDs) Measure for abdominal binder 	<ul style="list-style-type: none"> Intravenous TED stockings 	<ul style="list-style-type: none"> Vital signs Breast Flap checks Oxygen if needed Intravenous Dressings Drains Abdominal binder Warming Blanket Sequential Compression Device TED stockings
Activity			<ul style="list-style-type: none"> Complete bedrest No backward reaching or reaching over your head with affected arm
Nutrition		<ul style="list-style-type: none"> Nothing by mouth 	<ul style="list-style-type: none"> Ice chips only No caffeine, no chocolate, no mint
Elimination			<ul style="list-style-type: none"> Urinary catheter
Patient Teaching	<ul style="list-style-type: none"> Pre-op instructions Skin preparation 	<ul style="list-style-type: none"> Pre-op instructions 	<ul style="list-style-type: none"> Deep breathing and coughing exercises Ankle exercises Pain Management
Discharge Planning	<ul style="list-style-type: none"> Plan to stay for approximately 5–6 days 		

Clinical Pathway – Abdominal Free Flap Breast Reconstruction		
	Post-op Day 1	Post-op Day 2
Consults		
Tests	<ul style="list-style-type: none"> • Blood test if required 	<ul style="list-style-type: none"> • Blood test if required
Medications	<ul style="list-style-type: none"> • Patient Controlled Analgesia (IV PCA) • Antibiotic (prevent infection) • Anti-nausea medications • Anticoagulant • Patient's own medications if required 	<ul style="list-style-type: none"> • IV PCA discontinued and oral pain medication started • Anti-nausea medication • Anticoagulant • Patient's own medications if required
Assessment/ Treatments	<ul style="list-style-type: none"> • Vital signs • Breast Flap checks • Oxygen if needed • Intravenous • Dressings • Drains • Abdominal binder • Warming Blanket • Sequential Compression Device • TED stockings 	<ul style="list-style-type: none"> • Vital signs • Breast Flap checks • Intravenous • Dressings • Drains • Abdominal binder • Warming Blanket • Sequential Compression Device discontinued • TED stockings
Activity	<ul style="list-style-type: none"> • Out of bed to chair three times • No backward reaching or reaching over your head with affected arm 	<ul style="list-style-type: none"> • Up to bathroom by yourself • Sit in chair three times • No backward reaching or reaching over your head with affected arm
Nutrition	<ul style="list-style-type: none"> • Clear to full fluids • No caffeine, no chocolate, no mint 	<ul style="list-style-type: none"> • Full fluids to diet as tolerated • No caffeine, no chocolate, no mint
Elimination	<ul style="list-style-type: none"> • Urinary catheter 	<ul style="list-style-type: none"> • Urinary catheter removed
Patient Teaching	<ul style="list-style-type: none"> • Deep breathing and coughing exercises • Ankle exercises • Pain management • Activity 	<ul style="list-style-type: none"> • Deep breathing and coughing exercises • Ankle exercises • Pain management • Activity
Discharge Planning	<ul style="list-style-type: none"> • Let nurse know of any issues regarding planned discharge on post-operative day 4 	<ul style="list-style-type: none"> • Let nurse know of any issues regarding planned discharge on post-operative day 4

Clinical Pathway – Abdominal Free Flap Breast Reconstruction		
	Post-op Day 3	Post-op Day 4 Discharge Day
Consults		
Tests	<ul style="list-style-type: none"> • Blood test if required 	
Medications	<ul style="list-style-type: none"> • Oral pain medication • Anti-nausea medication • Anticoagulant • Patient's own medications if required 	<ul style="list-style-type: none"> • Oral Pain medication • Anti-nausea medication • Patient's own medications if required
Assessment/ Treatments	<ul style="list-style-type: none"> • Vital signs • Breast Flap checks • Intravenous discontinued • Dressings changed by physician • Drains • Abdominal binder • Warming Blanket discontinued • TED stockings discontinued 	<ul style="list-style-type: none"> • Vital signs • Breast Flap checks • Dressing changed and tensor bandages applied for discharge • Drains removed by physician • Abdominal binder discontinued
Activity	<ul style="list-style-type: none"> • Progressive ambulation • No backward reaching or reaching over your head with affected arm 	<ul style="list-style-type: none"> • Progressive ambulation • No backward reaching or reaching over your head with affected arm
Nutrition	<ul style="list-style-type: none"> • Diet as tolerated • No caffeine, no chocolate, no mint 	<ul style="list-style-type: none"> • Diet as tolerated • No caffeine, no chocolate, no mint
Elimination		
Patient Teaching	<ul style="list-style-type: none"> • Deep breathing and coughing exercises • Ankle exercises • Pain management • Activity 	<ul style="list-style-type: none"> • Discharge instructions
Discharge Planning	<ul style="list-style-type: none"> • Let nurse know of any issues regarding planned discharge on post-operative day 4 • Possible discharge tomorrow if discharge criteria is met 	<ul style="list-style-type: none"> • Discharge

Clinical Pathway – Abdominal Free Flap Breast Reconstruction	
Post-op Day 5 – Late Discharge Day	
Consults	
Tests	
Medications	<ul style="list-style-type: none"> • Oral pain medication • Anti-nausea medication • Patient’s own medications if required
Assessment/ Treatments	<ul style="list-style-type: none"> • Vital signs • Breast Flap checks • Dressing changed and tensor bandages applied for discharge • Drains removed by physician • Abdominal binder discontinued
Activity	<ul style="list-style-type: none"> • Progressive ambulation • No backward reaching or reaching over your head with affected arm
Nutrition	<ul style="list-style-type: none"> • Diet as tolerated • No caffeine, no chocolate, no mint
Elimination	
Patient Teaching	<ul style="list-style-type: none"> • Discharge instructions
Discharge Planning	<ul style="list-style-type: none"> • Discharge



Abdominal Free Flap Breast Reconstruction

In this procedure, the surgeon removes a “flap” from the tummy that consists of skin, tissue and a small section of muscle with arteries and veins necessary for blood supply. The flap is moved to the mastectomy site.

With the use of a microscope, the surgeon sutures blood vessels in the flap to the arteries and veins in the armpit. The tissue is shaped to form a new breast. The area where the flap was taken is closed leaving an abdominal incision and a tummy tuck.

At The Ottawa Hospital, the average time in the Operating Room is 3 ½ hours.



Preparing for Surgery

Pre-Admission Unit Visit

The purpose of the Pre-Admission Unit (PAU) visit is to conduct a basic health assessment and inform you about your up-coming surgery. You will be contacted about your appointment time in the Pre-Admission Unit (PAU). During the visit:

- Blood tests, urine test and sometimes, a chest x-ray and cardiogram may be done. Your surgeon or anesthesiologist will decide on any additional tests.
- An anesthesiologist will see you and explain your anesthetic and pain control for after surgery.
- The nurse will review the medications that you are currently taking at home, and provide you with information regarding what will occur on the day of surgery. Instructions about foot & ankle exercises, deep breathing and coughing exercises, and pain control will also be given.
- The nurse will measure your legs for support stockings (TEDs) and your abdomen for an abdominal binder.
- The nurse will discuss your discharge plan. If you will need help at home following your surgery, we advise you to make arrangements before coming into hospital.

Stop smoking. Tobacco in any form should be avoided. This includes pipes, cigars, regular and low tar cigarettes, marijuana and chewing tobacco. Even one or two cigarettes a day are harmful. Smoking damages the lining of the arteries, and therefore increases the risk of arteriosclerosis. Smokers should know that it is never too late to benefit from quitting. Smoking places you at risk for lung complications after surgery. **Smoking cessation programs are available to you to assist you to stop smoking.** Contact the University of Ottawa Heart Institute: Prevention and Rehabilitation Centre Heart Check Smoking Cessation Program at 613-761-4753 or www.ottawaheart.ca.

Make arrangements for help in the home (if needed), before you come to the hospital on the day of your surgery.

Finally, refer to your Clinical Pathway so you and your family know what is to be expected on a daily basis.

Skin Preparation

You will need to go to your local pharmacy to purchase the item listed below. You don't need a prescription. Please speak to your pharmacist for assistance.

Please follow these instructions regarding your skin preparation:

1. Purchase one brush/sponge of Hibitane (2% Chlorhexidine) soap at your local pharmacy. If unavailable, you can purchase providine or antiseptic soap.
2. Take a shower on the evening before surgery and again on the morning of your surgery using the Hibitane soap.



On the Day of Surgery

- You can have food up until midnight on the night before your surgery.
- You may have SIPS of water up until 3 hours before the time of your surgery.
- If you have been instructed to take some of your usual medications (such as your blood pressure pills or heart pills) on the morning of surgery, you may take them with a sip of water.
- Bring in your personal care items such as a toothbrush, comb, and shampoo. Oversized slippers are recommended as your feet may swell for a few days after surgery.
- Bring telephone numbers of your spouse/relative who will be helping you, so they can be contacted if needed. Include both the home (or cell) and work numbers.



After Surgery

Following surgery you will awaken in the Post Anesthetic Care Unit (PACU) where you will stay until your condition is stable to come to the ward. Please note that the visitors are not permitted in PACU.

Assessments

You will be checked often by the nurse to ensure that you are comfortable and progressing well. Your temperature, heart rate, blood pressure, respiratory rate, breast flap dressing and abdominal dressing will be checked. The nurse will also listen to your lungs to check your breath sounds and your abdomen to check your bowel sounds.

Intravenous

You will have an intravenous (I.V.) to replace your fluids until you are able to drink and eat well. Do not pull on the IV tubing. When you are walking, use your hand that does not have the IV to push the IV pole.

Oxygen

Oxygen is carried throughout the body by the bloodstream to the tissues. The body may require extra oxygen under certain conditions like lung disease, heart disease or surgery. Extra oxygen helps to restore normal oxygen levels in the blood and body tissues to reduce the workload of the heart and lungs. Extra oxygen is given through a mask placed over your nose and mouth or by small tubes placed in your nostrils. The amount of oxygen in your blood is measured painlessly by pulse oximetry. A small clip on your finger determines if you are getting the right amount of oxygen. The nurse will increase, or decrease the amount of oxygen based on her assessment and eventually discontinue the oxygen when appropriate. Please do not discontinue yourself.

Pain Management

After surgery, your doctors and nurses want to make your recovery as pain free as possible. Pain is personal. The amount of pain you feel may not be the same as others feel, even for those who have had the same surgery. The goal is that your pain will be well controlled when at rest and also with activity. With satisfactory pain control you will be comfortable enough to sleep. You may not be totally pain free. However, the amount of pain should not limit you from deep breathing, coughing, turning in bed and getting out of bed and walking.

The medication to control your pain may be delivered by a pump through your IV (**intravenous**). The pump allows you to obtain medicine when you need it by pressing the button on the handset. The medication works very quickly. Press the button as soon as the pain starts, or if you know your pain will worsen when you start walking or doing breathing exercises, take the medicine before you start your activity. **It is important that you only take the medicine when you need it. Do not permit family or friends to push the handset for you.**

The doctors and nurses will be routinely assessing the amount of pain you may be experiencing. These assessments help determine how effective the pain control measure is and whether changes need to be made. It may not be possible to stop all pain completely, but by working together with your nurses and doctors, your pain will be lessened and kept under control.

You should tell the doctors and nurses if you are experiencing any side effects from the pain medicine such as nausea and/or vomiting, itchy skin, or feeling drowsy.

You are encouraged to get up and move about with the pain pump, which is attached to a pole. The pump will operate on a battery when not plugged in. Once you are able to take food and fluids by mouth, you will receive your medication orally and the pain pump will be removed.

Sequential Compression Device

For the first few days after surgery you will have a sequential compression device. This device is disposable plastic sleeves that are worn over your TED stockings. The sleeves are connected to a pump that attaches to the bedrail. The purpose of the device is to improve blood flow return from your legs to your new flap. The device delivers intermittent pressure in a cycle of 11 seconds of inflation and 60 seconds of deflation. The device will be removed once you tolerate sitting up.



Warming Blanket

The Bair Hugger™ warming blanket will be placed on your bed for a few days. Warm air generated by a pump at the foot of the bed, is circulated via an air hose through channels in a disposable plastic and paper blanket. The purpose of the warming blanket is to improve blood flow.



Deep Breathing and Coughing

Air enters the nose and mouth, travels down the windpipe (trachea) into the large airways (bronchi). As air moves into the lungs, the airways get smaller and smaller like branches on a tree. Along the branches are tiny air sacs called alveoli. This is where oxygen moves into the bloodstream and is carried to the cells. Normally, alveoli stay open because we tend to take large breaths. Because of surgical procedures, anesthesia, pain or not moving around as much after surgery, we tend to take smaller breaths, which may cause the alveoli to close. Doing deep breathing and coughing exercises post-operatively will help keep your lungs healthy by keeping the alveoli open, and getting rid of extra secretions.

Deep breathing exercises work best when you are sitting up in a chair or on the side of the bed. Follow these instructions:

- Support your incision with a small blanket or pillow.
- Take a deep breath in through your nose. Hold for five (5) seconds.
- Breathe out through your mouth.
- Repeat this exercise ten (10) times each hour while you are awake and until your activity level increases.

Coughing exercises help to loosen any secretion that may be in your lungs and should be done after your first five (5) deep breaths. To produce an effective cough:

- Support your incision with a small blanket or pillow.
- Take a deep breath and cough.

Ankle Exercises

These exercises help the blood circulate in your legs while you are less mobile. Do these ten (10) times each hour, while you are awake and until your activity level increases.

With your legs flat on the bed:

- Point your feet toward your body.
- Point your feet away from your body.
- Move your ankles in a circle clockwise and counter-clockwise.

Moving and Positioning

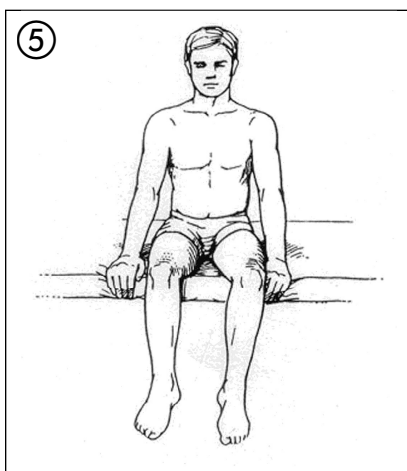
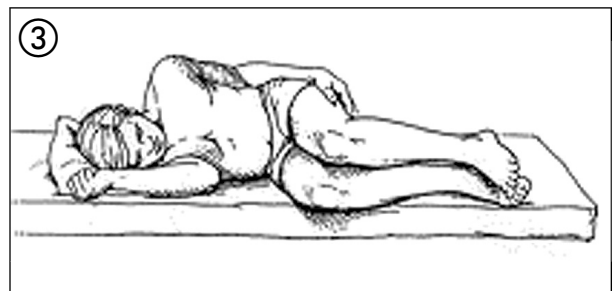
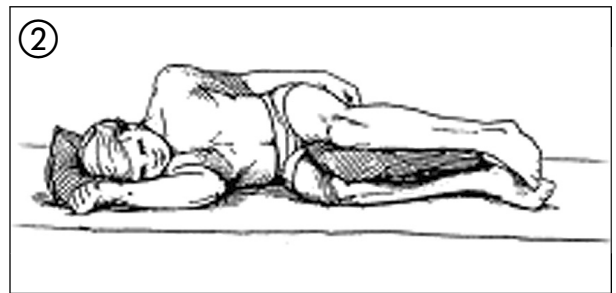
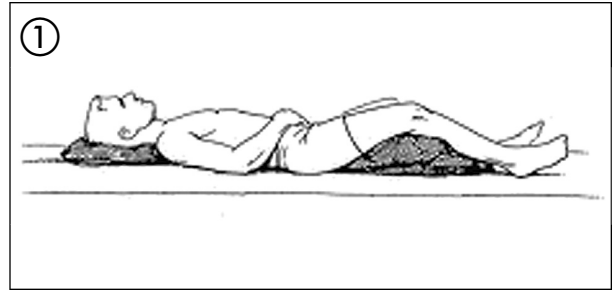
While in bed, it is important to move and reposition yourself. Do not worry about the tubes you have in place. You should reposition yourself every 2 hours while awake.

- Support your abdomen with a pillow or small blanket.
- Bend your knees and roll from your side to your back.

Getting out of bed

The correct way to get out of bed following surgery is described below with diagrams to illustrate the process.

- Roll onto your side and bring your knees up towards your abdomen.
- Place your upper hand on the bed below your elbow.
- Raise your upper body off the bed by pushing down on the bed with your hand.
- Swing your feet and legs over the edge of the bed and bring your body to a sitting position.
- Once in the sitting position, take a few breaths and ensure your balance is good before attempting to stand.
- Slide your bottom to the edge of the bed.
- Stand up keeping your back as straight as possible.
- When getting back into the bed, reverse the process.
- Refer to the following diagrams.



Incision

You will have an abdominal and breast incision. A dressing is applied over the incision. The physician will remove the original dressings after a couple of days. The nurse may change the dressing in the following days as required. In addition, you will have an abdominal binder which provides support for moving in bed and getting in and out of bed.

Drains

Two small drainage tubes inserted at the time of surgery are used to drain excess discharge that sometimes collects around the area of the incision. You will have one at each incision. They will be in place for a couple of days before being removed by the physician.

Indwelling Urinary Catheter

You will have a urinary catheter (tube) to drain urine from your bladder. The catheter can be cleaned by using a wet face cloth and soap. The catheter will be removed by the nurse after a couple of days.

Diet

After your surgery you will gradually progress from ice chips only to drinking clear fluids (such as water, clear fruit juice, clear soups, plain jello) to full fluids (such as cream soups, milk) to a regular diet. The physician has placed a couple of restrictions on your diet. **You are not allowed to have caffeine, chocolate or mint.**



Activity While in Hospital

- On the day of surgery, once you return to the inpatient unit, you will be on complete bed rest.
- On Post-op Day 1 you will be assisted out of bed and sitting in a chair three times.
- On Post-op Day 2 your catheter will be removed and you will be able to transfer to the toilet by yourself.
- On Post-op Day 3, you will continue to increase your endurance and walk in the hall several times.
- By Post-op Day 4, you should be ready to go home.

In addition, you are not to reach over your head or behind your back with the arm on the same side as your breast flap.



Discharge Planning

When you are discharged from hospital, you may need help at home. It is best to make arrangements for housekeeping before being admitted to hospital. Discuss your discharge plans with your nurse. You may also need a nurse to visit you at home.

You may have a number of concerns related to how you will manage once you return home. These might include such issues as:

- “I live alone. How will I manage?”
- “I’m worried and scared. Who can I talk to?”
- “I have young children and I’m told I cannot lift anything heavy. What do I do?”
- “My husband is ill. Who will take care of him while I’m in hospital?”

If you have such concerns, or any others, you may request to see a social worker as part of your discharge plan. Please let the nurse know.

Arrange for someone to pick you up by 10:00 a.m. on the day of discharge. You will receive a prescription for medication and a follow-up appointment to see your surgeon in about 1 to 2 weeks.

Be sure you understand about:

- Activity restrictions
- Medications you are to take
- Wound care
- Diet
- When to call the doctor
- Follow-up appointment



Going Home

Activity

- Remember, you are not to reach over your head or behind your back with the arm on the same side as your breast flap.
- Take frequent rest periods as necessary. Let your body be your guide.
- Do light activities for 3 weeks. Avoid strenuous exercise including heavy lifting, lifting grocery bags, snow shoveling, or pushing a lawn mower until after you have been seen by your doctor on your follow-up visit.

- Increase your walking distance each day.
- Resume your usual activities gradually over 6 weeks. Discuss any specific concerns with your doctor including when to resume sexual activity.
- Do not drive a vehicle for at least 3 weeks. You may resume driving after three weeks if you are comfortable with this.

Medications

- Take your pain medication as required, e.g. before going to bed, or prior to activity. It is normal to experience some wound discomfort for a period of time after discharge.
- Add water-soluble fiber to your diet to avoid constipation from pain medication, e.g. bran, whole grains, fruit. If constipation is a problem, you may take a mild laxative, e.g. Metamucil.
- Do not drive a vehicle if you are taking narcotics (e.g. Tylenol #3, Hydromorphone, Percocet).

Wound Care

- Take a shower or tub bath as you prefer. Soaking in tub for long periods may delay the healing process of your incision. Clean your incision with mild soapy water. Gently pat dry.
- Swelling or bruising may appear around the wound. This may continue for several weeks.

Please go to the Emergency Department you have any of the following:

- A sudden change in your flap's colour (blue or white).
- Chills or fever (temperature greater than 38.5°C. or 101°F).
- Increased or new discomfort.
- Redness, swelling or drainage around the incision or incision separation.
- Nausea, vomiting, constipation, abdominal swelling, or bloody stools.
- New or unexplained symptoms develop.

Follow-up Appointment

After discharge from hospital, expect to see your surgeon in approximately 1 week.

We hope this booklet has helped in providing you with important information regarding your abdominal free flap reconstruction surgery.

– *Surgical Program, The Ottawa Hospital* –



APPENDIX

Facts About Breast Reconstruction (From the Women's Breast Health Centre)

This brochure contains some information and resources to help you decide what is best for you regarding breast reconstruction following a mastectomy. After meeting with your medical team, including a plastic surgeon, you may decide to have reconstruction done at the same time as the mastectomy (immediate), at a later time (delayed), or not at all. Immediate reconstruction means that you will awaken from your mastectomy surgery with a new breast in place. Delayed reconstruction will be done after you have completed your cancer treatment. Your medical status and emotional considerations are important to your decision regarding immediate versus delayed reconstruction. Not everyone is a candidate for immediate reconstruction, or is prepared to make this decision upon diagnosis. Ask your doctor for a consultation with a breast reconstruction surgeon so you can discuss the options available to you.

The **Breast Reconstruction Support Team** is made up of women who have completed reconstructive surgery. In addition to providing the information in this pamphlet, we are available to speak to women making decisions regarding breast reconstruction. Please call the number below for further details.

Five Questions about Breast Reconstruction

1. Can everyone have breast reconstruction?

No. The first goal of breast reconstructive surgery is for the patient to be tumour-free. If surgery, radiation and/or chemotherapy do not control the cancer, you cannot have reconstruction.

2. When should I consider breast reconstruction?

Your doctor should discuss breast reconstruction with you as soon as you are diagnosed. By informing yourself of the options, you can better decide whether you can have and want reconstruction, the best type of reconstruction for you, and when to have the surgery.

3. When is the best time to have reconstruction – immediate or delayed?

The timing of reconstruction depends on your health status and personal preference. Choosing the appropriate timing and the best method of reconstruction are essential to get the best result and to minimize the potential for postoperative complications.

Immediate reconstruction means one surgery for both the mastectomy and reconstruction. Delayed reconstruction involves another surgery once you have recovered from your cancer treatment (usually about six months). Sometimes reconstruction can occur shortly after the mastectomy, if no further treatment (radiation, and/or chemotherapy) are required.

4. What is the best technique for breast reconstruction?

Every technique can offer positive results when used under the right circumstances. The best method depends on:

- your health
- the clinical staging of the cancer
- the presence or possibility of radiation
- the size of your breasts and the amount of body tissue present from potential donor sites (tummy or back)

5. Will reconstruction interfere with my treatment or later detection of signs of cancer?

Immediate reconstruction has not shown to delay further cancer treatment. Once you have completed treatment, your reconstruction will not interfere with mammograms or breast self-examination.

Questions to ask you surgeon regarding breast reconstruction

- Am I a good candidate for breast reconstruction?
- If so, what kind should I have and when?
- What are the risks and benefits of each type of reconstruction?
- How much experience do you have with each of these techniques? How many surgeries have you performed, and how many have failed? Can you show me pictures of your results?
- How will my new breast look and feel after surgery? Will it match my other breast? How will it change over time?
- Will further surgeries or revisions be required? If so, what for and how often?
- How much will reconstruction cost? Will the provincial health care system cover the costs?

A comparison of breast reconstruction techniques				
	Implant/Expander	Pedicled TRAM/ Latissimus dorsi	Abdominal Free Flap	DIEP
Procedure	Saline or silicone implants are inserted	Tissue from the tummy or back is pulled under the skin to form the new breast	Tissue and muscle from the tummy is removed and transplanted to form a new breast	As per the Free TRAM flap, with no muscle used
Surgery	1 or 2 shorter procedures, multiple visits for expansion, usually secondary surgeries required 5-10 years later	One longer procedure (2-3 hours), permanent reconstruction, possibility of secondary surgery for adjustments	One longer procedure (3-5 hours), permanent reconstruction, possibility of secondary surgery for adjustments	One longer procedure (4-6 hours), permanent reconstruction, possibility of secondary surgery for adjustments
Hospitalization	1-2 days	3-4 days	4-5 days	4-5 days
Recovery	2-3 weeks multiple visits for expansion	8-10 weeks	6-8 weeks	6-8 weeks
Scars	Mastectomy scar alone	Mastectomy scar and donor site (tummy tuck or back)	Mastectomy and donor site (tummy tuck)	Mastectomy and donor site (tummy tuck)
Potential problems	Breast hardening, distorted shape and feel, 40% chance of secondary surgery within 4 years	Abdominal weakness or bulge, 10% chance of hardening or partial loss of transplanted breast	Less abdominal weakness or bulge, 2-5% chance of hardening or loss of transplanted breast	Little or no abdominal weakness or bulge, 25% chance of hardening or loss of transplanted breast

Further information on breast reconstruction is available from:

- Dr. Susan Love's Breast Bok and www.susanlovemd.com
- Dr. Kyle Wanzel and Dr. Mitchell Brown, Reconstructive Breast Surgery, www.breastreconstruction.ca
- The Well-Informed Patient's Guide to Breast Reconstruction, by Stephen S. Kroll, M.D., edited by Gregory P. Reece, M.D.
- Health Canada Breast Implants www.canada.ca/en/health-canada/services/healthy-living/your-health/medical-information/breast-implants.html
- Vancouver Coastal Health Breast Reconstruction Program www.vch.ca/Locations-Services/result?res_id=834

This brochure has been created with the assistance of Dr. Nicolas A. Guay, and by a group of breast cancer survivors that have had reconstructive surgery. If you would like to speak to a woman that has gone through the experience, we encourage you to call Dr. Nicolas A. Guay's office at 613-247-0889.



Special thanks to Dr. Nicolas A. Guay, B.Sc., MD, FRCS(C), for providing background information, medical expertise and valuable time in the preparation of this brochure. Dr. Guay periodically offers information sessions on breast reconstruction. Please call his office at 613-247-0889 for further details.

The Ottawa Hospital Learning Services

Do you need help finding more information about your disease?
Please email Learning Services at learningservices@toh.on.ca.

The Ottawa Hospital
Patient Information Booklet
Abdominal Free Flap Breast Cancer Reconstruction

Patient Survey

Dear patient,

Your comments will help us to improve care and this booklet.

Please:

1. Complete the survey on the next 2 pages before you leave the hospital or after you have been home from the hospital for a few days.
2. You may leave the survey *in the collection box at the unit desk*.

OR

Mail the completed survey to:
Clinical Manager, General Surgery/Trauma
c/o The Ottawa Hospital, Civic Campus
1053 Carling Avenue,
Ottawa, Ontario
K1Y 4E9

OR

Bring the completed survey with you when you come for your follow-up appointment with your surgeon.

Thank you,

Abdominal Free Flap Breast Cancer Reconstruction Clinical Pathway Team



Dear family member/caregiver,

If you are using this booklet because the patient is not able to use it—please complete the survey questions yourself.

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Patient Survey

1. Patient Information

Where you were admitted	Campus: <input type="checkbox"/> Civic <input type="checkbox"/> General <input type="checkbox"/> The Rehabilitation Centre
Discharge date	Month _____ Year _____
Age	_____ years old
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male
Education	<input type="checkbox"/> Elementary School <input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma <input type="checkbox"/> College/University
What language(s) do you speak and read?	Speak: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other, specify _____ Read: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other, specify _____
Who is completing the survey?	<input type="checkbox"/> Patient <input type="checkbox"/> Family member/support person – Please tell us why the patient is not completing the survey. _____

2. Questions about the booklet – Please check ✓ your answer

Questions	Yes	No	Not Sure
1. Did you receive the booklet before surgery?			
2. Did someone explain the purpose of the booklet when you received it?			
3. Did you read the booklet before surgery?			
4. While you were in hospital, did the nurse review the booklet with you?			
5. Did you find the clinical pathway on pages 2, 3, 4 and 5 helpful?			
6. Did your care include most of the care described on the clinical pathway?			
7. Did the booklet help you to understand your condition and your care in hospital?			
8. Did the booklet help you to prepare for discharge?			
9. Did the booklet give you enough information about what you need to do after discharge?			

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Patient Survey

What did you like about the booklet?

How can we make the booklet better?

Thank you very much for taking the time to complete this survey.

You may leave the survey in the collection box at the unit desk before you leave the hospital.

OR

Mail it to:
Clinical Manager, General Surgery/Trauma
c/o The Ottawa Hospital, Civic Campus
1053 Carling Avenue,
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Notes

Lined area for notes with multiple horizontal lines.