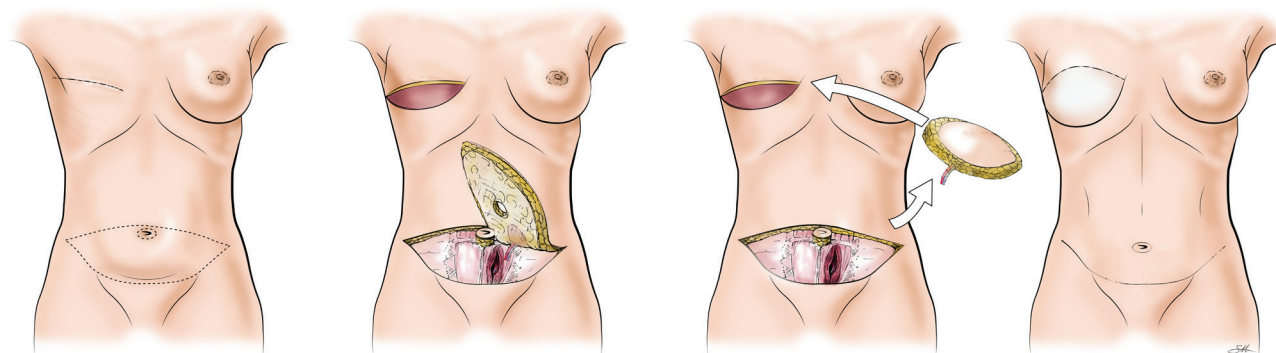


Surgery

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DIEP FLAP RECONSTRUCTION



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Breast reconstruction after mastectomy

There are various options for reconstruction after mastectomy. Autologous reconstruction is a type of breast reconstruction that uses your body's own tissues to rebuild the breast. The deep inferior epigastric perforator (DIEP) flap is the most common type of autologous reconstruction performed.

Why Choose Autologous Reconstruction?

Natural feel and look: Since your own tissues are used, the reconstructed breast can feel and look more natural.

Long-lasting results: Autologous reconstruction can provide lasting results, and the reconstructed breast will change naturally with your body with age.

What to Consider

Longer recovery: Autologous reconstruction may require a longer recovery time compared to other reconstruction methods.

Multiple surgeries: It could involve more than one surgery to complete the reconstruction process. This could include procedures to sculpt the new breast tissue, revise scars and/or nipple reconstruction.

Choosing the right type of breast reconstruction is a personal decision.

What is DIEP flap reconstruction?

In flap reconstruction, surgeons take tissue from another part of your body, like your abdomen, thighs or back and use it to shape a new breast. With DIEP flap reconstruction, your surgeon uses fat and skin from your lower belly and no muscles are sacrificed in this process. The DIEP flap can be used to reconstruct one or two breasts depending on if you had one or both breasts removed.

If you have had surgery on your abdomen before, a CT scan may be needed to study the blood vessels in your abdomen prior to surgery to see if they are suitable.

When does DIEP flap reconstruction surgery occur?

Immediate reconstruction: Breast reconstruction takes place during the same surgical session as the mastectomy. After the breast cancer surgery team removes the breast, the plastic surgery team performs the DIEP flap. This allows individuals to wake up with a reconstructed breast, potentially minimizing the emotional impact of losing a breast.

Delayed Reconstruction: Breast reconstruction occurs after the mastectomy site has fully healed. This approach provides flexibility for individuals who may want to take more time on deciding their choice of reconstruction or for those who need additional treatments, such as radiation therapy, before undergoing reconstruction. Delayed reconstruction allows for a staged process, with the option to perform the reconstruction once the body has recovered.

The decision between immediate and delayed reconstruction depends on individual circumstances, patient preferences, and the recommendations of the healthcare team. Each approach has its benefits, and it's crucial for individuals to discuss their options thoroughly with their healthcare providers to determine the most suitable path for their unique situation.

DURING SURGERY

- In the holding area, the surgeon will carefully mark the area on your lower abdomen where the flap will be taken, usually from the skin and fat without removing muscle.
- You will be given anesthesia, so you will be asleep and pain-free.
- Through an IV, you will be receiving fluids and other medicines during the surgery.
- After you are completely asleep, a breathing tube will be put into your windpipe to help you breathe. This will usually be removed before you wake up.
- You will have a tube placed into your bladder to drain your urine. This will be removed once you are able to get up and move around comfortably after surgery.
- The surgeon makes an incision along the marked area on your lower abdomen, carefully preserving the blood vessels.
- The flap, consisting of skin, fat and blood vessels, is lifted from the lower abdomen
- The surgeon reconnects the blood vessels from the harvested flap to blood vessels in the chest area. Precise microsurgery ensures proper blood flow to the breast.
- Once connected, the surgeon skillfully shapes the harvested flap to resemble a natural breast. Attention is given to recreating a soft and natural contour
- The surgeon closes the incisions with stitches placed underneath your skin. These will dissolve over time. Your incision may be covered with yellow antibiotic gauze, surgical strips and/or glue depending on your procedure.

After Surgery

You will be monitored in the recovery area after your surgery then transferred to one of the hospital floors. Generally, you will be in the hospital for three to five days. Your surgery team will discuss the expected hospital stay based on your specific case and management plan.

Pain

- Your surgery team will give you pain medication and muscle relaxers after surgery to help you feel better. While you are taking pain medication, be sure to monitor your bowel movements and drink enough fluids to prevent constipation.
- For most patients, pain improves within two to four weeks after surgery.
- You should wean off the strong pain medications by using over-the-counter pain medications such as acetaminophen (Tylenol) and ibuprofen (Motrin) as soon as you are able. Follow the dosing instructions indicated on the label of these medications.

Activity

- No lifting your arms straight above shoulder height for two weeks. Bending the arms above the shoulder height is okay.
- No heavy lifting over 10 pounds for at least two weeks.
- You may return to full arm exercises/use after four weeks.
- No abdominal/trunk exercises until at least after six weeks.
- Do not over-extend your abdomen (stand straight up) immediately after surgery, but also avoid excessive hunching over as this will cause back pain and will not help your abdominal healing.
- Avoid sleeping on your stomach for the first six weeks.

Wound Care

- You will have six drains: two in each breast and one on each side of the abdominal incision. Your plastic surgery team will be in charge of removing your drains.
- You will need to track the amount of fluid that comes into each drain at least once per day. Please see the separate instructions and log for further detail on care of your drains.
- You will be given a special bra to wear at your surgery. You should wear this bra at all times (day and night) except for showering until your first visit after surgery with your plastic surgery team. At that visit, they will provide updated instructions on how long you need to wear it.
- You might be given an abdominal binder at your surgery if your surgeon feels it is necessary. If so, you should wear this binder on your abdomen at all times (day and night) except for showering, until your first visit with your plastic surgery team. Any personal compression garment (smoothing undergarments, high riding biker/yoga pants) is an okay substitute as well.

Follow-Up

- You will follow up with your plastic surgery team about one week after surgery.
- If your DIEP flap surgery was performed at the same time as your mastectomy, you will follow up with your breast surgery team about two weeks after surgery, at which point the final pathology report will be completed.

Call your doctor right away if you have any of the following symptoms:



- Bleeding from your surgical site
- Pain uncontrolled by pain medication.
- Incision that opens or pulls apart
- Signs of infection around the incision (redness, drainage, warmth, pain)
- Dizziness or lightheadedness
- Persistent nausea or diarrhea
- Fever of 101 or higher

Call 911, or go to Baylor St. Luke's Medical Center, if you experience the following:

- Chest pain
- Shortness of breath
- Rapid, irregular heartbeat
- Changes in your speech, difficulty concentrating, or weakness on one side of your body.



You will receive an appointment confirmation call one to two business days prior to the appointment. This information will also be available on your MyChart portal.

If you have any questions or concerns regarding your procedure or care, please give us a call or send a message through the MyChart portal. If you are having trouble logging on or need to set up, please call MyChart Support.

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