



PRE-OP VISIT

Date of Pre-Op Visit

Time

SURGERY

Date of Surgery

Time of Arrival at the Hospital

ALBANY MED BREAST RECONSTRUCTION SURGERY GUIDE FREE FLAP SURGERY

What You Need to Know to Prepare for Your Surgery

This guide will help you understand and prepare for your surgery, explain how you can play an active part in your recovery, and give you daily goals to achieve as you recover from surgery.

Please review it and bring it with you on the day of your surgery.

GENERAL INFORMATION

Your Skilled Plastic Surgeons

Albany Med's Division of Plastic Surgery is known for providing outstanding care to patients, using the latest evidence-based medicine and the region's most advanced surgical techniques. Our plastic surgeons perform the full range of reconstructive surgeries to give you the most options possible following your mastectomy. We work closely with oncologists and other specialists to determine the best type of procedure for you.

Insurance Coverage

Federal law mandates that all insurance plans pay for breast reconstruction for breast cancer.

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Office Addresses

Plastic Surgery

ALBANY MED
50 New Scotland Ave., 1st floor
Albany, NY 12208
(518) 262-2229

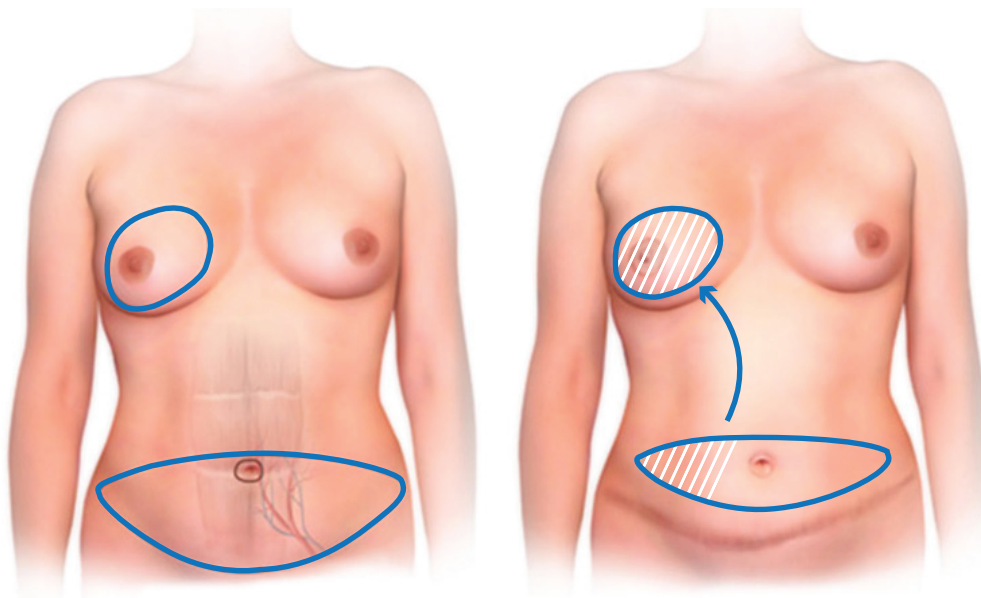
ALBANY MED MALTA
6 Medical Park Drive, Suite 203
Malta, NY 12020

ALBANY MED SURGERY
381 Church Street
Saratoga Springs, NY 12866

In the pages that follow, you will be guided on how to best prepare for your surgery, what you can expect during your hospital stay, and the best practices to follow to ensure your optimal recovery. Your team of physicians and caregivers will be at the ready to assist you and answer any questions you may have.

DIEP Free Flap Reconstruction

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Breast Reconstruction Surgery

Breast reconstruction is a procedure where a plastic surgeon recreates all or part of a breast that has been surgically removed. This can be done using implants or tissue from another part of the body or a combination of the two.

The goal of the procedure is to restore a breast to near normal shape, appearance and size following a mastectomy.

This guide will help prepare you for a DIEP flap reconstruction procedure. DIEP is one of the most common types of free flap reconstruction surgeries in which your plastic surgeon uses all your own tissues from the abdomen to recreate a breast. DIEP stands for Deep Inferior Epigastric Perforator flap. In this surgery, abdominal fat and skin are used, including blood vessels, but no muscle is taken.



Important Tips/Suggestions Prior to Surgery

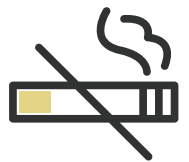
There are a number of steps you can take to ensure that you are as healthy as possible for surgery. It is also important to plan ahead to reduce stress when you leave the hospital after surgery.

✓ Be Active

Being as fit as possible before your surgery is important. If you are already active, keep it up. If not, add some physical activity to your daily routine. It doesn't need to be strenuous. A quick 15-minute walk is better than not being active at all.

✓ Quit Smoking

Not smoking will not only help reduce your risk of lung problems after surgery, it will also reduce the chances of post-op complications.



✓ Avoid Drinking Alcohol

Avoid drinking alcohol for 24 hours before your surgery. Alcohol can interact with the medicine you will be given while in the hospital.



✓ Make Plans in Advance

You may need help with transportation, meals, laundry, bathing, and other tasks after discharge from the hospital. Make arrangements with your family and friends so that you can get the assistance you need to focus on healing.

Prior to Surgery: What to Expect

To ensure you receive the best medical care for your condition, your surgeon will thoroughly review your current health information.



What You Need To Do:

Please complete Appendix A (medication list) and Appendix B (health care provider information), which are found at the back of this booklet.

- To complete Appendix A, your pharmacist can give you a list of your medications.
- To complete Appendix B, please include contact information for all your physicians other than your surgeon. These include your primary care physician and any other relevant specialist who provides you with care.
- Your next step will be a visit to Albany Med's **Pre-Admission Services Clinic**, where you will be guided through any pre-surgical testing your surgeon feels is important. **Please bring your completed paperwork with you.** This appointment will be scheduled 7-14 days before your surgery. Our office staff will contact you to let you know the day and time of your appointment. Albany Med's Pre-Admission Services Clinic is located on Albany Med's Main Campus in the B-Building on the second-floor concourse. For a detailed map, please see back cover.

When you arrive you can expect to:

- Have blood tests done and may have an ECG (electrocardiogram) performed, if necessary.
- Meet with a Nurse Practitioner (NP) who will ask you questions about your health.
- Be referred to a specialist or other medical provider before surgery if you have any other medical issues that need to be addressed.
- Discuss with the NP how to get ready for surgery and what to expect while in the hospital.
- Get instructions on which medications you should stop and which ones you should keep taking.

Parking and Directions

Albany Med offers convenient access to our hospital.



- Please park in the 40 New Scotland garage (located behind Panera Bread).
- Take the bridge to the hospital (the bridge can be accessed from the parking garage elevator to Level 2).
- Once in the hospital, there will be an Information Desk on the left. Continue down the hallway to **Pre-Admission Services** located on the left-hand side of the concourse on B-2.

Parking is free for our patients. One parking validation will be issued per patient at the time of registration. Discounted tickets can be purchased at the gift shop located on B-2.



Pre-Operative Instructions

The day before your scheduled admission, the Pre-Operative Care Unit will call you between noon and 3 pm to confirm the time of your surgery and when you should arrive at the hospital the following day. In most instances, you will be asked to arrive two to three hours before your surgery is planned to start. At this time, you also will be provided with instructions on where to park prior to arrival.

For your convenience, please do not come to the hospital until a member of the Pre-Operative Care Unit has confirmed your admission.

If for any reason you do not receive a phone call before 3:15 pm the day before your surgery, please call the Pre-Operative Care Unit directly at (518) 262-4200 to inquire.

The Day Before Your Surgery:

Please follow these instructions the day before your surgery:

- After midnight, DO NOT have any solid food, dairy products, or juice with pulp. If consumed this will delay or cancel your surgery.

Cleaning and Washing Before Your Surgery:

- ✓ Take a shower or bath prior to your surgery. Do not shave any parts of your body.
- ✓ Use your CHG wipes on breast and abdominal areas for 3 days prior to surgery.

If you have any further questions, please contact the Pre-Admission Services Clinic at (518) 262-4932.

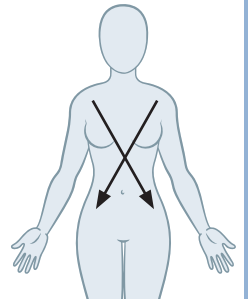
Canceling Your Surgery

If you get a cold, have a fever, are not feeling well or become pregnant, please call your surgeon's office as soon as possible. If it is not possible to reach your surgeon, call the Pre-Operative Care Unit at (518) 262-4200.

How to Properly Wash Your Body Using CHG Wipes

Please follow the directions below carefully:

Open the package using scissors. Each package contains two wipes. Remove one wipe at a time. Gently wipe the breast and abdominal areas for about 30 seconds. Let the area air dry for one minute. Do not rinse. It is normal for the skin to feel 'tacky' for a few minutes after using the wipes. If itching or redness continues, rinse affected areas and discontinue use.



Morning of Surgery

- ✓ Use the wipes again before you leave home.
- ✓ Put on clean clothes
- ✓ Wear a loose-fitting shirt that buttons down the front
- ✗ **Do not** wear lotion, perfume, makeup, nail polish, jewelry (including wedding ring) or piercings.
- ✗ **Do not** shave the area where the operation will be done.

“Must Have Items” Checklist Before Leaving for the Hospital

- ☐ This booklet
- ☐ Insurance card
- ☐ List of your medications; **Appendix A**
- ☐ List of caregivers; **Appendix B**

And, if you use ...

- ☐ Glasses, contact lenses, hearing aids, dentures, and their storage containers
- ☐ Cane, crutches, walker
- ☐ CPAP machine
- ☐ Insulin pump



You will be expected to bring:

- › **Completed Appendix A.** Your pharmacist can give you a list of your medications.
- › **Completed Appendix B.** Includes contact information for all your physicians other than your surgeon. Examples of other physicians: primary care physician and/or a cardiologist.

Check In for surgery at the Surgical Waiting/Registration Area

Registration

The admitting clerk in the Registration Area will register you and ask you to sign admission forms.

Surgery Preparation

The pre-operative nurse will help you get ready for your surgery. The pre-operative nurse will:

- Have you change into a hospital gown
- Get your weight
- Check your vital signs
- Go through a checklist with you
- Review the plan of care with you and a family member
- Place an intravenous line (IV)
- Give medications if necessary

If you do need to wait for your surgery, and start to feel unwell while waiting, please bring it to the attention of our staff, and every effort will be made to make you comfortable.

All surgery involves some risk. Your surgeon will discuss any possible complications with you before your procedure.

One family member/friend can accompany you to the pre-operative area. Make sure you are comfortable talking about your health with this person present.



Parking and Directions

- Please park in the 40 New Scotland garage (located behind Panera Bread).
- Take the bridge to the hospital (the bridge can be accessed from the parking garage elevator to Level 2).

• Once in the hospital, there will be an Information Desk on left. Continue down the hallway past **Pre-Admission Services** (located on your left), turn left at the gift shop and take the B elevators to the basement (Level B) to the **Surgical Waiting/Registration Area.**

- Report directly to the **Registration Desk** at your scheduled time of arrival.

Parking is free for our patients on check-in and discharge days. One parking validation will be issued per patient. Discounted tickets can be purchased at the Albany Med Gift Shop in the B-concourse.

Who Will Care for You: Albany Med Surgical Care Teams

The following teams will be taking care of you while you are an inpatient at the hospital:

Surgery Team: An attending surgeon and resident physicians (who are training in surgery). The surgery team will perform the surgery and manages your care after surgery.

Anesthesia Team: An attending anesthesiologist, a resident physician, a nurse anesthetist and a nurse practitioner.

The Anesthesia Team will take care of you in the operating room by making sure that you are asleep and pain-free during your surgery. When the operating room is ready, the Anesthesia Team will bring you there.

Enhanced Recovery Team:

An attending anesthesiologist, resident physician, and a nurse practitioner will:

- Explain and administer a nerve block (injection of local anesthetic to numb your stomach) for pain control
- Help your surgeon manage your pain after surgery

Nursing Teams: While in the hospital you will be cared for by several nursing teams:

- Pre-Operative Care Unit
- Operating Room
- Post Anesthesia Care Unit
- Post-Surgical Care

Information for Family and Friends

Surgical Waiting Room

Family and friends are invited to use the Surgical Waiting Area located in the basement level of the B building (Patient Pavilion). Equipped with wireless Internet and convenient access to phones and vending machines, this waiting area offers your loved ones a comfortable place to wait as well as stay abreast of your progress while you are in surgery.

The Surgical Waiting Area is staffed by coordinators who serve as the information link between your surgeon and your family and friends—providing your loved ones with periodic updates from the operating room during your procedure.

Please note that the space is small, so please limit the number of people who come with you. It will be four to five hours before your family will be able to visit you post surgery.

Food and Drink

Concourse Café – 2nd floor Building B

Choices Café – 1st floor Building C

Dunkin' Donuts – 1st floor Building D

Subway – 1st floor Building D

Panera Bread and **Starbucks Coffee** are located across the street from the hospital.

Hotel Accommodations

Albany Med's Patient & Family Housing Coordinator is available to provide your family and out-of-town guests with information regarding area hotels that offer reduced rates to Albany Med's patients and families.

For assistance in selecting accommodations that meet your or your family's unique needs, contact the Patient & Family Housing Coordinator Monday-Friday, 8:30 a.m.-5 p.m. at (518) 262-3499.

****Please note:** Although every effort is made to perform your surgery at the exact time it is scheduled, in some cases the surgery may be done earlier or later than planned.

What to Expect Immediately After Surgery

After surgery, you will wake up in the Intensive Care Unit (ICU) then moved to the Post Anesthesia Care Unit (PACU) within 1-2 hours.

You will have:

- An intravenous line (IV), to give you fluid and medications
- A warming air blanket
- An oxygen mask
- Urinary catheter (tube) to drain the urine out of your bladder
- A flap monitoring device
- You may wake up with a drain that you could go home with. See drain care instructions on page 14.

Your nurse will:

- Check the bandage and ask you about your pain
- Check your vital signs (pulse, blood pressure) very often.
- Depending on your surgery, you may be offered a water or juice to drink if you are not sick to your stomach.
- Encourage deep breathing.
- You should expect to be checked on hourly by a nurse.

There are no visitors allowed in the PACU. You will be transferred to your room once you are fully awake and your pain is controlled. Your family will be able to see you once you are in your room.

Pain Management

After surgery, you will have some pain and discomfort. Our goal is to provide you optimal pain relief so that you can:

- Breathe more easily
- Move more easily
- Sleep better
- Recover faster

Your pain should be **TOLERABLE** and allow you to be **FUNCTIONAL**.

- You will receive medications by mouth on a scheduled basis to help relieve pain.
- You will receive a nerve block during surgery, a continuous infusion of a local anesthetic— or “numbing medicine”— to relieve pain.
- Your nurse will be able to provide you with additional medications if your pain is intolerable.
- At Albany Med, morphine-like medicines are used sparingly, because they can cause side effects that include nausea, constipation, sleepiness and confusion.
- Our goal is for you to be comfortable, while also being able to get out of bed, move around and begin to regain normal body functioning.

Patients are expected to walk after their surgery on the day of the surgery

Importance of Exercise After Surgery

After surgery, it is important to move around to prevent pneumonia, blood clots, and muscle weakness. With the help of our nursing staff and other medical professionals, you will be shown how to do the following exercises when you first wake up and throughout your hospital stay.

Deep Breathing and Coughing Exercises

An incentive spirometer is a device that helps you breathe deeply to prevent pneumonia.



To use your spirometer:

- Put your lips around the mouthpiece, breath in deeply, and try to hold the ball up as long as you can
- Remove the mouthpiece, breath out, and rest for a few seconds
- Repeat this exercise 10 times every hour while you are awake

Post-Surgery Goals Checklist

To help facilitate the healing process after surgery, there are a number of goals that we will set for you so that you can recover as quickly as possible.

Goals For the Evening of Surgery: (Day 0)

- ☐ Sit up in the bed
- ☐ Breathing exercises at least 10 times per hour while awake
- ☐ Drink sips of water during the evening
- ☐ Chew gum for 30 minutes to help your bowels start to work
- ☐ You will continue to be checked hourly by nursing staff
- ☐ Drink clear liquids, including clear protein drinks

Goals for Day1 (Day AFTER Surgery)

Breathing

- ☐ Complete breathing exercises

Activities

- ☐ Sit in a chair

Eating and Drinking

- ☐ Eat regular food, as tolerated
- ☐ Chew gum for 30 minutes, three times a day

Pain Control

- Your pain should be tolerable
- You will be given medicines by mouth for pain

Goals for Day 2

Breathing

- ☐ Complete breathing exercises

Activities

- ☐ Sit in a chair
- ☐ Walk in the hallway
- ☐ Your catheter will be removed.
- ☐ Your warming air blanket will be removed.

Eating and Drinking

- ☐ Eat regular food, as tolerated
- ☐ Chew gum for 30 minutes, three times a day

Pain Control

- Your pain should be tolerable
- You will be given pain medicine by mouth for pain

Goals for Day 3

Breathing

- ☐ Continue breathing exercises

Activities

- ☐ Walk in the hallway with regularity
- ☐ Shower before you leave the hospital

Eating and Drinking

- ☐ Eat regular food, as tolerated

Pain Control

- Your pain should be tolerable
- You will be given pain medicine by mouth for pain

Being Discharged

Patients are generally discharged within 3 days, following surgery. If you are walking, you have showered, your pain is well controlled, and you are tolerating a regular diet and experiencing no complications, you will be discharged to continue your recovery at home. Please have a ride available by late morning.

Tubes and Lines

- Your IV will be removed before discharge

*****Please note: Some patients may need to stay in the hospital longer depending on the type of surgery and their overall health.**

You may have drains post-operatively. These drains will remove excess fluid from the surgical sites that would otherwise collect there. You may go home with a drain. You will learn how to care for the drains and record the outputs while you are in the hospital recovering.

(see page 14)

Below is information about what you can expect once you are home. Please be sure to follow the instructions below to help the healing process along.

Pain Management

You may experience pain for a couple of weeks after surgery. Take pain medication as prescribed to relieve your pain.

If your pain is not controlled with the medication, consult with your physician. You may need to take a narcotic to control the pain.

If you have severe pain that is not relieved with medicine, please call our office at (518) 262-3341.

Pain medicine may cause constipation. To help your bowels stay regular:

✓ Drink lots of fluids



- ✓ Eat more whole grains, fruits and vegetables
- ✓ Start regular exercise (start with a 15-minute walk)
- ✓ If recommended by your physician, take stool softeners

Incision Care



Your incision(s) may be slightly red and uncomfortable for one to two weeks post surgery.

✓ You are allowed to shower.

You will be expected to shower before leaving the hospital. You may shower with your drains. Allow the water to run softly over your incision(s) and gently wash the area.

✗ Do not scrub. Do not take a tub bath for two weeks.

Call your surgeon if your incision becomes warm, red or hard, or if you observe pus or drainage coming from it.

When to Call Your Physician

It's important to know when you need to consult with your physician if you become unwell.

Call your surgeon if:

- Your incision becomes warm, red, or you see drainage coming from the incision
- You have a fever (greater than 101° F)
- You cannot drink fluids or keep them down
- You have pain that your pain medicine does not help



Nutrition/Diet During Home Recovery

You may eat anything you want, unless a member of your medical team advises not to.

You may find that some foods may upset your stomach, or cause loose bowel movements, at first. If this happens, avoid eating those foods for a few weeks and start eating them one at a time when you feel better.



Drink lots of fluids—at least 2-3 liters a day.

Foods high in protein will help your body heal, and you should try to consume high protein foods as much as possible. Meat, fish, poultry and dairy products are excellent sources of protein.

If you find it hard to eat enough calories, try eating smaller amounts at each meal. Eat nutritious snacks between meals. Experiment with high protein, high-calorie shakes, or commercial supplements like Ensure or Boost.

If you are having difficulty drinking fluids or keeping them down, call your physician.



Physical Activity

After you go home:

- Avoid lifting more than ten pounds for 4 weeks after your surgery.
- Do not drive while you are taking narcotic pain medication.
- Ask your physician when you may return to work. It will depend on your recovery and your occupation.
- Please refrain from strenuous physical activity, including sexual activity, for 6 weeks. Your surgeon can advise you further—and discuss any concerns you have—at your follow-up appointment.

Ask your family and friends for help with:

- Driving
- Preparing meals
- Laundry
- Food shopping
- Cleaning your house



Caring for a Suction Drain (JP Drain)

A suction drain is a small plastic bulb which creates a gentle suction. It is used to remove extra fluid from a surgical site.



- › Check with your doctor to see if it is ok to shower.
- › **Never** take apart the tubing and bulb to clean the inside.

Daily Care:

Keeping the drain in place

The drain must stay in place until the doctor removes it. A stitch in the skin holds the tube in place. The suction bulb, when filled with fluid, can loosen the stitch, and the drain can slip out.

You can stop accidental removal by:

1. Emptying the suction bulb before it is half full.
2. Taping a loop of the tubing to your skin.
3. Pinning the suction bulb up so it hangs on your clothing.

If your drainage tube should come out partly or completely, **do not** push it back in.

If the stitch should pull out of the skin, tape the tubing down in place about 3-4 inches away from where the drain leaves the body to help hold it in place.

Keep the fluids draining

For fluids to drain, the blood must not get hard and clog the inside of the tubing. Stop drainage problems by:

1. Massaging or "stripping" the tubing 2-3 times per day.
2. Checking the bulb every 2-4 hours to be sure it is collapsed. This ensures a gentle suction.

Emptying the drain

Empty the bulb in the morning, afternoon, bedtime, and whenever it is half full:

1. Wash hands before and after emptying the drain.
2. Remove plug from the pouring spout.
3. Put drainage into a measuring cup.

4. Squeeze bulb into a collapsed position, and while squeezing, replace the plug.
5. Write down the date, time, amount and color of drainage on the chart. If you have more than one drain, write the amounts for each drain. For example, if you have two drains, label them left and right, or #1 or #2.
6. Put drainage into the toilet and flush.

Dressing around the drain site if ordered by your doctor

You will need:

- › Tegaderm (clear film dressing)
 - › A mirror to help view the area if needed
1. Change the dressing every 7 days and anytime it gets wet or dirty.
 2. Wash hands with soap and water.
 3. Remove old dressing and throw it out.
 4. Wash skin gently with soap and water. Pat dry with clean towel.
 5. Look at your skin around the drain. Use a mirror if needed. Check for any redness, bruising, swelling, bleeding, or drainage. Make sure stitch is in place. Feel skin around drain to see if it is warmer than the rest of the body. Check for a bad smell.
 6. Put dry dressing around drain where it enters your body.
 7. Put Tegaderm with drain site in center of dressing.

Drainage Chart:

1. Wash hands with soap and water before and after emptying drains.
2. Open plug on the drainage bulb, pour into a clean measuring cup.
3. Write down the date, time, amount and color. Empty bulb when half full, or 3 times a day.
4. Flush drainage down the toilet.
5. Total the amount every 24 hours.
6. Bring this chart with you to your next doctor's appointment.

Call your doctor or home care nurse if you have:

- Redness, increased warmth, swelling, pus or bad smelling drainage.
- A fever higher than 101° F.
- More pain.
- Bright red drainage.
- Bulb that does not stay collapsed.
- If the drain comes out or comes out part of the way. Do not push it back in. Call for more instructions.
- Bulb came apart from the tubing, and you cannot get it back together.
- Sudden stop in drainage or more drainage than usual.

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DRAIN CARE

Drainage Chart:

1. Wash hands with soap and water before and after emptying drains.
2. Open plug on the drainage bulb, pour into a clean measuring cup.
3. Write down the date, time, amount and color. Empty bulb when half full, or 3 times a day.
4. Flush drainage down the toilet.
5. Total the amount every 24 hours.
6. Bring this chart with you to your next doctor's appointment.

Call your doctor or home care nurse if you have:

- Redness, increased warmth, swelling, pus or bad smelling drainage.
- A fever higher than 101° F.
- More pain.
- Bright red drainage.
- Bulb that does not stay collapsed.
- If the drain comes out or comes out part of the way. Do not push it back in. Call for more instructions.
- Bulb came apart from the tubing, and you cannot get it back together.
- Sudden stop in drainage or more drainage than usual.

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***Nurse practitioner will tell you what medications to take and instructions.**

Medication List

Medication Name/Dose	Special Instructions	Continue/Stop	Meds to take morning of Surgery
Medication name and dosage	How often do you take?		ie: Take with water only



Health Care Provider Phone Numbers

Health Care Provider	Name	Phone Number
Primary Care Doctor		
Plastic Surgeon		
Breast Surgeon		
Oncologist		
Radiation Oncologist		
Plastic Surgery Nurse		

APPENDIX B

Appointment List



Appointment	Date	Time	Comment

