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BREAST southwest & AESTHETICS

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BEFORE & AFTER SURGERY INSTRUCTIONS

Deep Inferior Epigastric Perforator (DIEP) Flap Breast Reconstruction *Profunda Artery Perforator (PAP) Flap Breast Reconstruction*

Congratulations on your decision! Electing to undergo breast reconstruction is a brave step forward in the completion of your breast cancer treatment and we are honored to be a part of your journey. Welcome to our practice!

The information included in this packet will help prepare you for your surgery and give you general guidelines for your recovery. Breast reconstruction is highly individualized and it is important for us to discuss all facets with you. If you have ANY questions about the following instructions please reach out to our staff and we will be happy to help you. Our office utilizes email as a major form of communication. Please check regularly and feel free to message us directly!

INITIAL CONSULTATION

- ❖ **PHOTOGRAPHS** are very helpful to track your progress throughout the stages of your reconstruction. We begin taking photographs at the time of your initial consultation and will continue throughout your surgical process.
- ❖ In most cases, we will schedule you for a **ZOOM MEETING** with our Director of Breast Reconstruction Services. During this meeting, you will be able to view photos of previous patients' results, ask questions that have come up since your initial consultation, and discuss the surgery scheduling process going forward.
 - We encourage patients to watch an animated video on our website breastreconstructionaz.com to learn more about the surgical procedure itself.
 - You may also want to visit diepcfoundation.com for actual patient perspectives as they discuss their journey of autologous free flap breast reconstruction.
- ❖ You will be referred to HonorHealth for a computed tomography angiogram (**CTA**) **SCAN OF THE ANTICIPATED FLAP DONOR SITES**. We refer you to have the scan done at a specific imaging location because we have a specific protocol set up with the radiology department for this surgery. Once your CTA has been completed, please notify our office so we can ensure timely review.

PREPARATION PERIOD

- ❖ **THE FOLLOWING APPLIES ONLY TO CURRENT SMOKERS & FORMER SMOKERS WITH A QUIT DATE OF LESS THAN 6 MONTHS.**
 - **Smokers must discontinue use of ALL nicotine products (including cigarettes, vapes/e-cigarettes, nicotine patches, nicotine gum, etc.), and be 100% nicotine free for a minimum of 6 weeks prior to surgery and for a full 6 weeks after surgery.**
 - **Nicotine testing will be required in our office, on 2 separate occasions, within the 6 weeks leading up to surgery.**

- The exact timing of these tests will be discussed with you on the day you are given a hold date for your surgery.
- A positive test will delay your surgery date and you will require further testing to proceed.
- **It is also important to avoid others that are smoking as second-hand smoke can also cause you to have a positive nicotine test.** Don't let friends or family smoke in the house and avoid crowded smoky areas.
- Nicotine can affect cardiovascular health in many ways. It contains toxins that increase blood pressure and stimulate the smooth muscle fibers in the wall of the blood vessels to contract, thereby shrinking/narrowing the blood vessels. Narrower blood vessels cannot carry as much blood to the tissues. Less blood flow means less oxygen, essential nutrients and growth factors are delivered to the tissues. This lack of blood flow results in a marked increase in the risk of complications, including but not limited to poor wound healing, infection, blood clots, and even loss of some or all of the reconstruction (partial/total flap loss).
- The use of some forms of smoking-cessation products must also be avoided. Products like Nicorette for example contain nicotine and so cause the same tissue effects as smoking until the patient quits completely. Only smoking-cessation products that do not contain nicotine should be used prior to any surgery.

REQUIRED POST-OP GARMENTS

Post-Op Bras

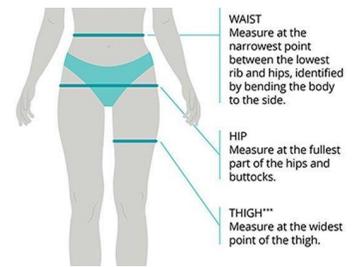
- ❖ You will need to be wearing a specific post-operative bra for 4-6 weeks after surgery. Because of this we recommend you have a few different bras to rotate through.
 - ***If your surgery is scheduled at HonorHealth Greenbaum or HonorHealth Deer Valley, you will receive ONE bra the day of surgery from the hospital.*** This will be your PRIMARY post-op bra and should be worn at least until your 1 week post-op appointment with your surgeon. [Here is a link to the Masthead \(manufacturer\) website](#) where you can see what the bra looks like and can purchase additional bras if you wish.
 - We will provide all patients - regardless of surgery location - with a referral/order form to go to a breast cancer/mastectomy boutique in town where you can get post-operative bras and a camisole with pockets for the drains.
 - The cost of these garments should be covered through your insurance, however do confirm this with the mastectomy boutique directly.
 - You will need to call the boutique to schedule a fitting appointment for some time prior to your surgery (we recommend you schedule within 1 month of surgery date).
 - ***If your surgery is scheduled at Dignity Health Chandler Regional Medical Center, you will not be receiving the Masthead bra from the hospital - and will therefore need to bring ALL the post-op bras and camisole you get at the breast cancer/mastectomy boutique with you to the hospital the day of surgery.***

Post-Operative Compression Garment for Flap Donor Site

- ❖ You will need to be wearing a compression garment to the flap donor site for a total of 4-6 weeks after surgery.
 - For the first 2 weeks after surgery - this garment must be worn 24/7 - except when showering.
 - During post-op weeks 3-6, it is best for you to continue wearing some form of compression as often as possible, but you can transition to a more comfortable garment.

- ❖ Below is a list of compression garments that current and former patients of ours have used and recommend.
 - All of the following garments can be purchased online. *Keep in mind that you will need to bring at least 1 of these garments with you to the facility the day of surgery - so make sure to order far enough in advance.*

- **MARENA GIRDLES** (can be purchase on the Marena website or on Amazon) --- More expensive, but higher quality (Medical grade) option
 - For all Marena garments, be sure to measure yourself using the size chart on their website, to ensure you are ordering the correct size. Your regular pant size will NOT be the same size as the Marena garments.
 - *If based on your measurements you fall between 2 sizes, you will want to order the size that aligns with your hip measurement.*
 - To the right is a diagram for where to take the different measurements.
 - Based on patient feedback, the estimated shipping time when purchasing from Marena is 2 weeks for standard shipping, 4-5 days for expedited shipping.
 - **IMPORTANT NOTE:** Marena will only let you return unopened garments. For this reason, you may want to consider purchasing 2 different sizes and bringing both with you to the facility the day of surgery, along with a soft tape measure. This way you can re-measure yourself the day after surgery (while in the hospital - before the nursing staff helps you get into the garment) and then only open the garment that is going to be the best fit.



- [HIGH-WAIST GIRDLE WITH SEPARATING ZIPPERS - SHORT LENGTH - STYLE NO. LGS-SZ](#)
 - ◆ *This garment will be easiest to get in and out of.*
- [SINGLE ZIPPER GIRDLE - SHORT LENGTH - STYLE NO. LLIGS](#)
 - ◆ *This garment will still be slightly less easy to get in and out of than the garment above, but should be more comfortable due to less zipper.*
- [HIGH-WAIST ZIPPERLESS GIRDLE - SHORT LENGTH - STYLE NO. LGS2](#)
 - ◆ *This garment will be the most comfortable due to lack of zippers, HOWEVER expect to need assistance from your caregiver to get in and out of it for the first 1-2 weeks after surgery.*

- **HOMMA** (can be purchased on Amazon)
 - [Homma Premium Thick High Waist Tummy Compression Slimming Leggings](#)
 - [Homma Women's Tummy Control Fitness Workout Running Bike Shorts/Yoga Shorts](#)
- **SPANX** (can be on the Spanx website or on Amazon)
 - [SPANX Women's Higher Power Shorts](#)
 - [SPANX Women's Higher Power Panties](#)

***The Homma and Spanx garments are best for post-op weeks 3-6 since they can be comfortably worn underneath your day-to-day attire. Because the Homma and Spanx garments do not have a crotch opening, if you plan to use them post-op weeks 1 and 2, you can either cut the crotch area out, or ensure you'll have someone around for the first 1-2 weeks to help you in and out of the garment to use the restroom and when you shower.

- ❖ We strongly recommend that you begin preparing your body physically for the surgery and recovery as far in advance as possible.
 - By improving your core strength, gluteal strength, and cardio endurance, you can better prepare for the extra effort it will take to get around the first couple weeks after surgery.

1 MONTH BEFORE SURGERY

- ❖ If you are taking **TAMOXIFEN** as part of your breast cancer treatment, this will need to be discontinued 4 weeks prior to your surgery date. Tamoxifen is known to increase your risk of developing blood clots in a vein in your leg (deep venous thrombosis) or in your lungs (pulmonary embolism). These clots can sometimes cause serious problems, and even death. In order to minimize this risk as much as possible, we have you stop Tamoxifen 4 weeks prior to surgery. You will be able to resume Tamoxifen 2 weeks after surgery. Please call us if you have any questions about this.
- ❖ We want you to get back to your pre-surgery activity level or better as soon as possible following surgery, therefore we require all of our free flap breast reconstruction patients to participate in **PHYSICAL THERAPY** to expedite and improve recovery.
 - Approximately 1 month prior to your surgery, we will be referring you to a breast cancer rehabilitation certified physical therapist, who will guide you on what to expect and do both before and after your surgery.
 - We strongly recommend you meet with the physical therapist at least once prior to your surgery date for a baseline pre-op evaluation appointment. During this appointment, the therapist will also provide guidance and education on what to expect recovery wise for the first 3 weeks after surgery (how to safely perform activities of daily living such as getting up out of bed, showering, etc.).
 - You will begin post-operative rehabilitation at 3 weeks after surgery. The physical therapist will start with joint mobilization, stretching, and some soft tissue mobilization as needed.
 - At 6 weeks after surgery, the 5-10 pound weight restriction will be lifted (for most patients) and your physical therapist will incorporate gradual guided strengthening exercises to ensure you don't push yourself too hard too fast.

2 TO 3 WEEKS BEFORE SURGERY

- ❖ You will have a **2 WEEK PRE-OP VIRTUAL (TELEMEDICINE) VIDEO CALL** with our clinical RN to discuss expectations regarding pre-op and post-op instructions. This is a good opportunity to ask questions and prepare for your upcoming surgery.
- ❖ We recommend patients discontinue alcohol use and keep an active lifestyle as the surgery date approaches.
- ❖ We recommend nutritional support with **PROTEIN SHAKES** to be consumed 3x per day WITH meals for the 5 days leading up to surgery and 3x per day WITH meals for 5 days after surgery.
 - This is to help minimize the likelihood of wound breakdowns, lower infection risk, and help with faster recovery.
 - Protein shakes will be provided to you during your hospital stay, however you will need to purchase protein shakes for the 5 days leading up to surgery and for 2-3 days once you are home after surgery.
 - The protein shake you will receive in the hospital is [Shamrock Rockin' Protein](#).
 - The Shamrock Rockin' Protein shake is both lactose and gluten free.
 - Another brand that's widely available for purchase in bulk at Walmart, Target, or Costco is [Premier 30g Protein PLUS Energy and Immune Support Shakes](#).

1 WEEK BEFORE SURGERY

- ❖ You will have a **PRE-OP MARKINGS APPOINTMENT** with your surgeon in our office during the days leading up to surgery. Potential breast incisions will be drawn as well as the flap design using a sharpie. This appointment can take up to 30 minutes. We have found that marking our patients in the office prior to surgery is a more pleasant experience for them, as opposed to the morning of surgery.
 - **IMPORTANT NOTE** - If you notice the markings fading prior to your actual surgery date, we request that you go back over the lines using a black sharpie at home.
- ❖ With the COVID-19 pandemic still a part of our lives, we ask patients to do their best to quarantine during the week leading up to surgery. As of early November 2021, all facilities where we perform autologous free flap reconstruction cases require a negative **COVID-19 TEST** prior to surgery. If you did not receive further instruction from our office most up to date protocol for pre-operative COVID-19 testing - please give us a call to request this information.

1 DAY BEFORE SURGERY

- ❖ Make sure you know the time you are to be checking in at the facility. This time will be included in the surgery information email you receive from our breast reconstruction coordinator.
- ❖ Make sure to have a bag packed and ready to go with items you will need during the hospitalization.
 - Required items are as follows:
 - At least 1 donor site compression garment.
 - The signed HonorHealth surgery consent form you were given the day of your pre-op markings appointment.
- ❖ **PLEASE DO NOT EAT ANY SOLID FOOD PAST MIDNIGHT THE NIGHT BEFORE YOUR SURGERY!**
- ❖ We practice the Enhanced Recovery After Surgery (ERAS) method. Scientific studies have shown ERAS to be highly beneficial in lowering pain, hunger, and infection, as well as allowing for early release home from the hospital. Most of our patients do not require narcotics due to this method.
- ❖ As part of ERAS, you are allowed to drink carbohydrate rich fluids up to 2 hours before your surgery start time. These fluids are limited to Powerade, Gatorade, apple juice, grape juice or coconut water (please do not drink anything that is red or purple in color).
 - **IMPORTANT NOTE** - If you are a patient with a history of diabetes, gastroesophageal reflux disease (GERD), gastric ulcers, hiatal hernia, previous bariatric surgery (gastric sleeve etc.), or BMI greater than 33, please adhere to the standard instruction of nothing to eat or drink past midnight the night before your surgery.

THE DAY OF SURGERY

- ❖ It is now time for your surgery. A lot of preparation has gone into this process so please try to relax as we start the surgical part of your reconstruction journey.
- ❖ As part of ERAS, once you've arrived at the facility, you will receive a dose of Tylenol, Lyrica (nerve pain suppressor), and Celebrex (same drug class as ibuprofen).

- ❖ Also as part of ERAS, once you are under anesthesia, the anesthesiologist will use a local anesthetic called Exparel for nerve blocks to alleviate pain. This medication typically lasts 48-96 hours postoperatively.

2 TO 3 DAYS AFTER SURGERY – HOSPITAL STAY

- ❖ Following your surgery, you will be brought to the postoperative unit and then admitted to the hospital for monitoring. Once your admission location is established your family will be notified and can meet you.
- ❖ A member of our plastic surgery team will speak with your family or chaperone to explain the outcome of your procedure and to answer any questions they may have.
- ❖ Your breast flaps will be monitored by a digital system (TSTAT) that will notify your doctor if there is a problem.
- ❖ During the evening following surgery, we will keep you on a full liquid diet as a precautionary measure in the unlikely event that you should need to return to the operating room for any reason.
- ❖ Antibiotics will be given for the first 24 hours of your hospital stay. Under usual circumstances, there will be no need for an antibiotic prescription when you leave the hospital.
- ❖ In order to prevent deep vein thrombosis (blood clots in the veins), a drug named Lovenox will be prescribed for the first week following discharge from the hospital. The hospital staff will teach you how to inject the medicine under your skin.
- ❖ Throughout your hospital admission, medications to control pain, nausea, and constipation will be available as needed. Most of the medication used to control your pain will be non-narcotic. Narcotics will only be given if other medications fail to alleviate your pain.
- ❖ Your hospital admission will typically last 2-3 days. You will likely be discharged home with drains - up to two in the flap donor site and one per reconstructed breast.

POST-OPERATIVE INSTRUCTIONS

- ❖ **DIET:** On the day following surgery, you will be given a regular diet for breakfast or lunch. We will encourage you to increase your fiber and fluid intake (to ~ six cups of water) following surgery to prevent constipation which is a known side effect of narcotic pain medication. As a secondary measure, please obtain over the counter stool softeners to take along with narcotic medications.
 - We recommend patients drink protein shakes 3x per day WITH meals for 5 days leading up to surgery and 3x per day WITH meals for the 5 days after surgery.
- ❖ **ACTIVITY:** For the initial 24 hours following surgery, you will be on bedrest with assisted mobilization. Once approved by the plastic surgery team, you will be allowed to sit up in a chair and walk around the hall with assistance. If all goes well, you will be encouraged to self-ambulate that same evening. After discharge, your mobility will be restricted to non-strenuous activity only and you are not to lift, push, or pull anything heavier than 5-10 pounds for a full 6 weeks. We recommend patients walk at least 3,000 steps a day with frequent position changes.
- ❖ **PAIN:** Narcotic and non-narcotic medications will be prescribed to you the week before your surgery. See 'POST-OPERATIVE PRESCRIPTIONS & OVER THE COUNTER MEDICATIONS' section below for details.
- ❖ **FOLLOW UP SCHEDULE:** The first follow-up appointment is typically scheduled for 1 week after surgery, then at 2 weeks following surgery. Most patients return to the office at 3 months after the flap surgery

to begin planning for the subsequent outpatient surgery - which is typically scheduled in the range of 6-12 months following the flap surgery.

- ❖ **WORK:** We advise that you plan to take 4-6 weeks off from work, however an earlier return to work is possible depending on your occupation and your postoperative course. The recovery period could take longer if there are complications after your surgery.
- ❖ **INCISIONS:** Sutures are most often internal (not visible on the surface) and they will typically dissolve on their own with time. In some situations, there could be external sutures which may or may not require removal in our clinic.
 - ***There will be visible flap skin (in other words skin from your tummy for DIEP or thighs for PAP) within your breast incisions. This allows us to monitor your flap for perfusion (blood flow) during your hospital stay. This flap skin will be removed during your second stage surgery, unless it was meant to replace damaged or missing breast skin. We will try our best to make your incisions in the same pattern as a cosmetic breast lift.***
 - Skin incisions may show mild signs of redness and/or inflammation for the first two months following surgery. This finding is normal and should resolve with time. It is also normal for some oozing from the wound edges in the initial postoperative period. Wound care instructions will be based on how healing progresses as assessed at your clinic visits. Do not place ointment or other products over incision lines unless instructed by your surgeon. Email your clinical RN pictures of wounds for follow up instructions.
- ❖ **DRESSINGS:** Dressings are simple and consist of medical-grade glue/tape, soft non-stick padding to absorb any oozing from the incisions, a gentle compression bra, and a donor site compression garment. Do not pick at or attempt to remove the glue; it will be removed in our office during your post-op visits. Replacing your soft non-stick padding daily after showering will help to keep the surgical areas clean.
- ❖ **DRAINS:** As discussed above, it is likely that you will be discharged with drains in place. Drain care instructions will be provided to you prior to discharge and your drain progress will be followed in our clinic. Please utilize the log of your drain output and bring this record to all of your appointments if your drains are still in place as this will help us to know when it is appropriate to remove your drains. Breast drains are usually removed within 1 week. If drain(s) have been placed to the flap donor site (abdomen or thighs), they tend to stay in longer. Drain output less than 30mL per 24 hours for 2 consecutive days is a good indicator for removal.
- ❖ **BATHING:** You may shower two days following your surgery. You should not bathe or submerge your body in water (i.e. pool, whirlpool, hot tub, lake, ocean, etc) for 4 weeks. Following your shower or cleaning of the surgical site, you should pat dry the incision area gently prior to applying new soft non-stick padding to the area.
- ❖ **SURGICAL BRA:** A surgical bra will be placed the morning after surgery when you are sitting upright or walking. The bra needs to be supportive, but not tight. Please do not close the bra when you are in bed. The purpose of the bra is to support your reconstructed breasts.
- ❖ **FLAP DONOR SITE COMPRESSION GARMENT:** Following the surgery, you will need to remain in compression of the flap donor site area for 4-6 weeks.

POST OPERATIVE PRESCRIPTIONS AND OVER THE COUNTER MEDICATIONS

We will send post-op medication prescriptions to your preferred pharmacy within 1 week of your surgery date (typically the Thursday prior). We recommend you pick up the prescriptions and purchase the necessary over the counter medications prior to surgery to have ready at home upon discharge from the hospital.

- ❖ **OXYCODONE** is an oral narcotic prescribed to manage your pain as necessary. Narcotics can be dangerous, are known to cause drowsiness, and should not be mixed with alcohol. Due to the side effects, you should not drive or operate heavy machinery while under the influence of any narcotic

pain medication. **Narcotics are to be taken only as instructed. The goal is to limit the use of these medications to instances when the non-narcotic medications listed below do not control your pain.** If your pain is severe, please call us.

- ❖ **CYCLOBENZAPRINE (FLEXERIL)** is a muscle relaxant prescribed to alleviate the muscular pain associated with your surgery and should be taken as instructed for the specified number of days. This medication can also make you drowsy and should not be mixed with alcohol. You should not drive or operate heavy machinery while under the influence of this medication.
- ❖ **ACETAMINOPHEN (TYLENOL)** is used for pain relief and is to be taken as instructed for the specified number of days. **If your pharmacy does not fill the prescription we send for this medication, you will need to purchase a bottle of 500 mg tablets over the counter at your local pharmacy.** You should avoid drinking alcohol while taking this medication.
- ❖ **IBUPROFEN (ADVIL/MOTRIN)** is used for pain relief and is to be taken as instructed for the specified number of days. This medication is an NSAID (non-steroidal anti-inflammatory). **If your pharmacy does not fill the prescription we send for this medication, you will need to purchase a bottle of 200 mg tablets over the counter at your local pharmacy.** You should stay hydrated while taking this medication.
- ❖ **GABAPENTIN (NEURONTIN)** is a nerve pain medication prescribed to alleviate the nerve pain associated with your surgery. Please let us know if you are taking any prescription mood-altering (depression or bipolar) medications as these can potentially interact.
- ❖ **ENOXAPARIN (LOVENOX)** injectable solution is used for prevention of blood clots after surgery. You (or your caregiver) will administer 1 subcutaneous injection into your thigh once daily for 6 days (starting when you arrive home from the hospital). During hospital admission, nursing staff will provide further instruction on how this is done.
- ❖ Narcotics and decreased mobility after surgery can cause constipation, thus **STOOL SOFTENER** should be taken daily until you have your first bowel movement after surgery. If you are still taking narcotics (oxycodone) at the time of your first bowel movement, you should continue the stool softener until narcotics have been discontinued. **You will need to purchase a stool softener over the counter at your local pharmacy.** Our first-line choice stool softener is **DOCUSATE SODIUM (COLACE)**. Laxatives such as Senna (Senokot) should be reserved for cases when constipation continues despite stool softeners. In addition to medications, sufficient fiber intake and hydration should also be maintained in order to prevent constipation.
- ❖ Nausea may occur postoperatively and can be a side effect of anesthesia and/or pain medications. **When necessary,** anti-nausea medications can be prescribed to be taken as needed. The first-line medication we prescribe is **ONDANSETRON ODT (ZOFRAN ODT)**. This medication is placed on your tongue and allowed to dissolve.

FREQUENTLY ASKED QUESTIONS AND CONCERNS

We are available to answer any questions you may have during your recovery. Please call our office 24/7 with your concerns at 480-576-4310.

- ❖ Low-grade fever is common during the postoperative period, however ***if you develop a temperature greater than 100.6 please call us, especially if accompanied by chills.***
- ❖ At the time of your discharge, the flap (tissue transferred to rebuild your breast) will be well perfused (i.e. it will have adequate blood flow). This tissue should continue to have good color (pale pink) and remain warm to the touch. Normally after discharge, we do not anticipate circulatory issues, but ***changes in color, temperature or unusual swelling or pain in the breast should be reported to us as soon as possible.***

- ❖ Please keep the drain bulbs attached to your undergarments with safety pins. *If there is pain or increasing redness in the skin where the drains enter, this should be reported to us.*
- ❖ Postoperative bleeding in the breast or donor site can lead to a collection of blood, also called a hematoma. If this problem occurs, it will typically happen during your hospitalization but this may also occur after a patient is discharged home. *Please notify us of any increasing pain or swelling in the breast or at the flap donor site.*
- ❖ As noted above, constipation can be a stubborn problem after surgery. Stool softeners should be used and a mild laxative (Dulcolax) should be added until normal bowel function returns.
- ❖ Sternal (breast bone) and/or rib pain are common following surgery but this pain is expected to resolve over time. *If you are experiencing severe pain and difficulty breathing, please contact our office immediately.*
- ❖ Factors such as IV fluids, inflammation, compression garments and gravity can contribute to lower extremity (leg) swelling which is a normal process following surgery. Swelling will resolve over the next 4-6 weeks, however *if you experience leg swelling in combination with significant pain (especially if you notice the swelling to be greater on one leg as compared to the other leg) please contact our office immediately.*
- ❖ It is not uncommon for small wound separation to develop along the donor site incision(s) (abdomen or thighs), but these areas will typically heal with dressing changes alone. Infection is rare but can occur so please *be mindful of fever, chills, changes in the skin around your incision, and/or increased drainage from the wound.* If you have concerns or experience the above findings please do not hesitate to call our office. If wound separation occurs and results in an unpleasant scar, we can revise your incision during your second stage surgery.
- ❖ If your abdomen was used for reconstruction (DIEP), *we will place an ear plug in your belly button at your second postoperative appointment in our office.* This ear plug will be used to keep the belly button open over the next 4 weeks which will prevent belly button contracture. *You or your family member will need to change your ear plug every other day to avoid infection.*
- ❖ Expected post-surgical factors such as swelling, mild bleeding and scarring can lead to breast firmness after surgery. This firmness will typically resolve over the next 2-3 months. *You will be instructed on how and when to massage the area of firmness by your plastic surgeon.* On rare occasions, breast firmness can be related to fat necrosis (hardening of the fat). Fat necrosis usually involves a small area and this problem will be addressed during your second stage surgery.
- ❖ When deemed safe from both an oncology and reconstructive standpoint, the plastic surgery team and breast surgeons make every attempt to perform a nipple sparing mastectomy with reconstruction. *The main blood flow to the nipple-areolar complex (NAC) comes through the breast tissue, therefore some patients will experience partial NAC necrosis (i.e. death of the tissue due to inadequate blood flow).* If necrosis occurs, we will perform reconstruction of this area during your second stage surgery. On rare occasions, the entire NAC may be lost to necrosis, in which case we would perform reconstruction of this area at the final stage.
- ❖ It is very important for you to understand that *the number of surgeries or stages to complete your reconstruction is extremely variable and individualized for each patient.* Your plastic surgeon will discuss your surgical plan with you in detail during your appointment.

You are a hero to your family, your friends, and yourself! Thank you for allowing us to care for you during this important time in your life.