



SMITA R. RAMANADHAM, M.D.
PLASTIC SURGERY

Breast Reconstruction with Latissimus Dorsi Flap

Patient Care Instructions

General Information

Breast reconstruction with a latissimus dorsi flap is performed immediately or in delayed fashion following mastectomy or partial mastectomy. It typically involves rotation of skin and muscle from the back around and into the breast. Often, this procedure is combined with the placement of a tissue expander or a permanent implant. Dr. Ramanadham advises at least one night observation so that patients are comfortable and confident in their recovery after this type of surgery. Some patients will stay longer in the hospital.

Things to handle prior to your surgery

Avoid all NSAIDs (motrin, aspirin, ibuprofen, etc) for 7-10 days prior to procedure unless otherwise directed by your doctor. Continued use may cause bleeding.

Avoid all herbal medicine or supplements for 3 weeks prior to procedure. Continued use may cause bleeding.

Arrange for someone to drive you home from the hospital and stay with you for 2 to 3 days.

Necessary medications will be called into your pharmacy or given to you upon discharge. These should be picked up prior to surgery if possible

Protein supplementation can be started one to two weeks before surgery and should include over 20 grams of additional protein daily.

Have electrolyte containing fluids such as Gatorade or electrolyte water on hand.

Have stool softeners/laxatives on hand, such as Colace, Biscodyl, Milk of Magnesia. These can be purchased at your local pharmacy.

Review the attached list of medications not to take during the perioperative period. If you have any further questions that were not addressed during your consultation then please call our office.

If you are unsure if you can stop a medication then please call the prescribing provider to confirm if this is medically safe.

For your convenience, we have included a [Suggested Shopping List](#) in the addendum to these instructions.

Pre-Operative Guidelines

Smoking should be stopped a minimum of 6 weeks prior to surgery. Smoking should be avoided for at least 6 weeks after surgery as well. Smoking can greatly interfere with healing and lead to postoperative complications.

Do not eat or drink anything after midnight the night before surgery. This includes no water, gum, or hard candy.



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Blood pressure and/or heart medications can be taken with a sip of water as directed by your prescribing physician.

If you take medication for diabetes then confirm with your prescribing physician how to manage these medications prior to surgery.

If you are prone to nausea or motion sickness let your anesthesiologist know on the day of surgery. Medications can be started prior to surgery or during surgery to help improve your postoperative experience.

Post-Operative Care

Take pain medication and muscle relaxants as prescribed. Often these medications are necessary for the first two days and then on an as needed basis. Do not drink alcohol with these medications.

Take a suggested stool softener/laxative until bowels begin to function normally after surgery. A combination of anesthesia, muscle relaxants and pain medications usually make these necessary for a few days.

Do not smoke or be around smoking as even second hand smoke delays healing and increases the risk of complications.

Get plenty of rest.

Follow a well-balanced diet, which includes protein and is limited in salt intake. A high salt diet or meal, can lead to increased swelling and prolonged recovery. It is best to continue the protein supplementation for approximately 3 weeks after surgery.

Oral hydration should include the use of electrolyte containing fluids such as Gatorade or a low calorie substitute. Limit the amount of caffeinated beverages as they can promote dehydration; however, Dr. Ramanadham recommends you maintain your daily average of caffeine to avoid headaches.

A surgical bra is acceptable. You may wear a camisole or sport bra, but no underwire bra for 4 weeks.

Activity Restrictions

Walking is encouraged shortly after the operation and can be increased over the first 2 weeks. This will decrease your risk of a blood clot. Light cardiovascular exercise can be resumed after 4 weeks with all activities to be resumed at 6 weeks.

You can begin arm exercises the day following your surgery. Your arms should not be used to support your body or to lift heavy things. Raising your arms above 90 degrees is acceptable but should be limited initially until your pain has improved significantly.

Do not lift anything heavier than 10 pounds for 6 weeks.

Do not drive for approximately 10 to 14 days or until you are no longer taking oral pain medications or muscle relaxers.



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Do not run, lift weights, play tennis or golf for 6 weeks after surgery. It is important to keep your heart rate under 100 beats per minute for 4 weeks.

Cardiovascular exercises can be resumed gradually after 4 weeks.

Heavy lifting/stretching (Yoga) can be resumed after 6 weeks.

Incision Care

You may have a clear skin glue dressing on all incisions.

The glue will protect the incision for 3 weeks and you do not have to do anything to the incision until the glue peels off.

If you have persistent sutures, they will be removed in 7 to 14 days.

You may shower 2 days after the operation. All dressings can be removed before the shower and they do not need to be replaced. If there is a clear plastic dressing, then it should not be removed. This is usually around the drain site.

Make sure someone is with you at your first shower.

Do not submerge the incisions for at least one month. No baths.

Do not use a heating pad; heat may burn the area.

If given a bra, it can be removed before showering and then replaced.

Avoid lakes, pools, and oceans for 1 month.

Drain Care

Dr. Ramanadham will place two to three small silicone tubes under the skin in the area of surgery on the back and breast. These will be connected to a suction bulb. These drains help collect fluid which can normally occur in the area of healing.

Care for the drains will be reviewed by the nurse on discharge.

Keep your drainage bulbs collapsed to create a mild suction. Record the time and amounts of drainage over a 24 hour period.

Generally, the drains will be removed when the individual drain output is 30cc or less in a 24 hour period for 2 consecutive days. A sheet will be provided to you upon discharge for recording these amounts.

Call the clinic to make an appointment with Dr. Ramanadham to have these removed once they meet the above criteria if this is before your scheduled appointment.



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What to Expect after Breast Reconstruction Surgery with a Latissimus Dorsi Flap

It is common to have discomfort of the breast and back after surgery. Mild burning around the incision is normal and will improve shortly after surgery.

You can expect some slight bloody oozing from the suture lines and swelling of the incisions. Gauze may be applied if it is bothersome. However, you should call the clinic if you have continuous bleeding, significantly more swelling on one side than the other, or any severe pain associated with swelling.

Tightness of the breasts is a normal feeling after this surgery. This may worsen over the first 2 days, but will relax with time.

There may be a feeling of numbness of the breasts and back that will subside with time. The reconstructed breast may regain some sensation over time.

Red discoloration of the incisions may occur if there is significant swelling, especially in the area of the sutures. This will resolve when the glue falls off and the incisions heal.

Constipation is common after any operation, and is secondary to the anesthetic, pain medication and dehydration.

Please stay well hydrated and use the recommended stool softener and/or laxative until bowels return to normal.

When to Call the Office

If you have increased swelling and bruising of one breast significantly more than the other. Remove the bra to make this determination. This may represent a hematoma (collection of blood) or a seroma (collection of clear fluid).

If you have increasing swelling or redness in the back that could represent a seroma or a hematoma.

If you have severe pain not relieved by pain medication.

If you have any side effects from the medication: rash, nausea, headache, vomiting.

If you have fever over 101.

If you have yellow or greenish drainage from an incision or notice a foul odor.

If you notice some vaginal burning and itching as a result of the antibiotics used during and after surgery.

For medical questions, please call our office.

Follow-up Care and Appointments

It is important to be seen by Dr. Ramanadham 1 to 2 weeks after your surgery for evaluation and possible drain removal. Your other follow-up appointments will be tailored to your specific situation.



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Suggested Shopping List

Items to have on hand prior to surgery

Breast Reconstruction with Latissimus Dorsi Flap

- Prescriptions will be called into your local pharmacy as ordered by Dr. Ramanadham or given to you at discharge from the hospital. Typical medications are as follows but these will be tailored to your needs.
 - Norco or tramadol (pain medication)
 - Valium or Xanax (muscle relaxant and anti-anxiety medication)
 - Keflex (Antibiotic)
 - Zofran (nausea)
 - Lovenox (blood thinner if meet criteria)

- Ibuprofen (Motrin)- only take this 1 week after surgery as needed

- Gatorade or another low calorie alternative, such as water with electrolytes

- Protein Supplements

- Stool softener / laxative (choose one):
 - Docusate (Colace) 100 mg orally two to three times daily when taking pain medication
 - Milk of Magnesia 30cc/1 Tablespoon twice daily when taking pain medication
 - Prune juice or Sorbitol orally
 - Biscodyl or Magnesium Citrate as needed for constipation