



SMITA R. RAMANADHAM, M.D.
PLASTIC SURGERY

Breast Reconstruction with Tissue Expanders

Patient Care Instructions

General Information

A breast reconstruction with tissue expanders is generally performed immediately after a mastectomy for breast malignancy or during the correction of congenital breast deformities. It involves placing a shaped breast tissue expander under or over the chest muscle. Tissue expanders are designed to be firmer and appear larger than a normal breast implant because they need to provide enough support to gradually stretch the overlying breast skin and muscle. Tissue expanders in general have a metallic port, which is accessed in the clinic with a magnet and filled through a small catheter. The lower border of the breast is frequently reconstructed with an extra layer of tissue called acellular dermal matrix, which acts to support and secure the tissue expander in place as it expands. The tissue expansion will start in the operating room and then be continued in the clinic by Dr. Ramanadham and her staff when the initial healing phase is complete. Dr. Ramanadham advises at least one night observation so that patients are comfortable and confident in their recovery after this type of surgery.

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 1 to 2 days.

Necessary medications will be called into your pharmacy or given on the day of surgery or discharge from the hospital.

Follow a well-balanced diet to include protein and limit the amount of salt intake. A high salt diet or meal can lead to increased swelling and prolonged recovery. 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.

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](#) as an addendum to these instructions



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Pre-Operative Guidelines

Smoking should be stopped a minimum of 4 weeks prior to surgery. Smoking should be avoided for at least 4 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.

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 relaxers 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.

Activity Restrictions

Avoid laying on your chest or your side.

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

You should 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 to 90 degrees is encouraged but avoid vigorous movements.



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Do not lift anything heavier than 10 pounds for 4 weeks.

Do not drive for approximately one week or when you are no longer taking pain medication or muscle relaxers.

You may wear a surgical bra, camisole or sports bra, but no underwire bra. Dr. Ramanadham may tailor this instruction to your individual situation.

Incision Care

You may have a plastic dressing over your incision. This can remain in place unless it gets wet underneath. If it is wet then it can be removed.

You may have a clear skin glue dressing on incisions. The glue will protect the incision for approximately 3 weeks. If it begins to peel off then it is ok to cut the portion peeling away.

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

You can shower the day after the surgery. Pat incisions dry. Avoid baths.

No pools, lakes, or oceans for 6 weeks

If given a bra, it can be removed if uncomfortable but wear as much as possible.

Drain Care

Dr. Ramanadham will place one or two small silicone tubes under the skin for drainage in the area of surgery. These are connected to a suction bulb and are referred to as drains. The purpose is to collect fluid, which can occur in the area of surgery.

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 amount of drainage over a 24 hour period. For your convenience, we have included a chart at the end of these instructions on which to record the drain totals.

Generally, the drains will be removed when the individual drain output is 30 cc or less in a 24 hour period over 2 consecutive days. Call the clinic to make an appointment to have these removed if it is before your already scheduled appointment.

Dr. Ramanadham may remove only one drain if more than one exists in the same location even if both meet criteria for removal. If the remaining drain is less than 30cc for 24 hours after, then she will have you return the following 1-2 days to remove this second drain.

If the drains have not been removed by 2.5 weeks after your operation, call for an appointment.

What to Expect after Tissue Expander Placement



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Dr. Ramanadham does partially fill the tissue expander(s) in the operation. Further expansion will start after approximately 2-3 weeks when the incisions are healed, your pain has resolved, and the drains have been removed.

It is common to have discomfort of the breast and mild burning around the incision after breast surgery. This 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 reapplied if it is bothersome. However, you should call the clinic if you have continuous bleeding, significantly more swelling on one breast in comparison to the other, or any severe pain associated with swelling.

Tightness of the breasts is a normal feeling after surgery. This may worsen over the first 2 days and will relax with time. The muscle relaxers will help with this.

There may be a feeling of numbness of the breasts that will improve with time.

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

Please stay well hydrated and pick up a stool softening and/or laxative as listed on the [Suggested Shopping List \(page 6\)](#).

When to Call the Office

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

If you have increasing redness or swelling around the incision.

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 in the bulb drain or notice a foul odor.

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

If a drain was placed and the output is less than 30 cc for 24 hours.

If you have severe leg pain.

When you receive your pathology report and know if you will require chemotherapy or radiation therapy.

For medical questions, please call our office.



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Follow-up Care and Appointments

It is important to be seen by Dr. Ramanadham or clinical staff when any drain is less than 30 cc for 24 hours over 2 consecutive days. This typically occurs by 2 weeks. Call our office if this occurs before your scheduled appointment. Drains should all be removed at 3 weeks or before. Call if this has not occurred.

You should schedule your second visit for approximately 3 weeks after surgery or once you have no pain and all incisions are healed. The expansion process will be initiated at this point. This process will be tailored to your specific needs. If you are told you will need radiation treatment then schedule to be evaluated for possible expansion prior to marking for radiation.

You will be scheduled to return to the office weekly until your expansion is complete. Once complete, plan on a secondary breast surgery in which the expander will be replaced by an implant. This generally occurs 3 months after your last expansion.

Suggested Shopping List

Items to have on hand prior to surgery

Tissue Expanders Exchange

- Prescriptions will be called into your local pharmacy as ordered by Dr. Ramanadham or a prescription given to you when you leave the hospital. Typical medications are as follows but these will be tailored to your needs.
 - Norco or tramadol or equivalent (pain medication)
 - Valium (muscle relaxant and anti-anxiety medication)
 - Keflex (Antibiotic)
 - Blood thinner based on your risks of blood clots.
- Ibuprofen (Motrin)- can start 7 days after surgery.
- Sports bra or Camisole
- 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



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- 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