

Physiotherapy Discharge Information, Advice and Exercise

Deep Inferior Epigastric Artery Perforator (DIEP) Flap Superficial Inferior Epigastric Artery (SIEA) Perforator Flap

This leaflet has been written by the Physiotherapy team and Breast Reconstruction Nurse Specialist working in plastic and reconstructive surgery and has been approved by your surgeon.

Most women find that following this advice and exercise program is all they need to get back to their usual activities and ensure that they have good shoulder movement. You will usually be seen by a Physiotherapist in your Dressings Clinic appointments after you are discharged. This is to ensure you are progressing well with the exercises you have been taught on the ward. Usually, you will not require any additional therapy input after this.

Please contact the Physiotherapy team if you have any concerns about your exercises, recovery of movement or activity levels once you have gone home. Contact details are provided at the end of this document.

Your first few days at home

For the first couple of days at home you should take things easy and follow a similar routine to the hospital. You may walk around the house and go up and downstairs as necessary. You may find you tire easily but do not worry about this. The return to your usual activities takes time and is a gradual process. It is important that you pace yourself.

How much should I be using my arm?

By 2 weeks after your surgery we encourage normal light use of your arm. It is important to build up your activity levels gradually at your own pace. Everyone will be different.

For at least 6-8 weeks you should avoid strenuous lifting, repetitive movements and putting full weight through your arm. Examples would be lifting more than 3-4kgs in weight (including lifting a baby or child), moving furniture, pushing up from a low chair, opening heavy swing doors, Hoovering, and window cleaning or digging in the garden.

When you do lift, do it correctly. Place your feet apart, bend your knees, keep your back straight and tighten your tummy muscles. Hold the object close to your body and lift by straightening your knees.

Posture

After this surgery we advise you to avoid a stretch on the wound of your abdomen. This is achieved by using pillows under your knees in bed, and not standing fully upright. You should gradually reduce the number of pillows you use and stand more upright as your wounds heal. You should aim to be standing straight and lying flat from 2 weeks after your surgery.

Driving

Before returning to driving you should make sure that:

- You are comfortable wearing a seat belt.
- You can manage all manoeuvres, especially the gears and handbrake and an emergency stop.
- You have checked that your insurance policy does not have an exclusion clause following major surgery. For further information, please contact your Insurance Company or the DVLA.

What exercises should I be doing?

You will have been taught two sets of exercises by your Physiotherapist. You should continue with these exercises as you have been advised in the hospital. If you have problems with delayed wound healing or infection, please ask for advice about whether to continue with your exercises and when you can restart them.

After a couple of months, if you have recovered your normal movement, you do not need to continue with these exercises. Please get in touch with us if you think your movement is not improving. We will arrange to review you and arrange further therapy if appropriate.

When can I get back to my usual exercise regime?

You will have to wait at least 6-8 weeks before returning to most high impact/strenuous exercise and at least 12 weeks for competitive, racquet or contact sports.

Walking is an excellent way to gently re-build fitness levels. Try to include a couple of walks a day in to your routine gradually increasing the distance and speed that you walk.

Swimming

Being in the water has many benefits. It can be used for relaxation. The buoyancy of the water can help with your exercises and stretches. The resistance of the water can build strength and cardiovascular fitness. Many pools have quieter times or sessions provided for 'ladies only' or post-surgical groups - ask at your pool.

Once your wounds are fully healed you may start swimming for leisure or gentle exercise. You should progress gradually and should wait 12 weeks before swimming competitively.

Gym

You can return to cardiovascular work after 6 weeks providing that you have a graded programme and pace yourself. You should wait at least 8 weeks before starting any resistance training (weights) or using a rowing machine.

Exercise classes

Make sure you start gently and pace yourself. Many instructors are trained to work with people following surgery and you should always inform them before starting the class. We recommend classes that include stretching, toning and core stability strengthening (such as Pilates and Yoga) from 6-8 weeks.

Sports

These should be discussed on an individual basis with your Surgeon or a Physiotherapist.

BREAST SURGERY AND BRA ADVICE

It is sometimes advised to wear a bra following procedures involving surgery to the breast. These procedures include breast reconstruction, breast reduction, breast augmentation and surgery involving implants.

Breast Reconstruction – there are many different types of reconstruction and advice on bra wearing varies accordingly. You should consult with the reconstruction nurse or surgeon as to what type of bra you will need and when to start wearing it.

When to wear the bra

If you have had your own tissue used to reconstruct your breast (e.g. DIEP, PAP flaps) you need not wear a bra on discharge from hospital or for at least 2 weeks after surgery. Wearing the wrong sized bra can put pressure in the blood vessels supplying the new breast and cause problems with the circulation.

For other surgery - you can wear the bra as soon as you feel able following surgery although if you are discharged with drains in or have had surgery to your glands under the arm you may need to wait until the drain is out and the wound has healed. Some breast surgery requires you to wear this bra for up to 3 months and you may be told to wear it at night as well as during the day.

What sort of bra?

You should choose a bra that is soft, supportive and comfortable, with a good cup shape to help "train" the breast into its desired shape. Under-wires or stiffening may rub on scars and affect the surgery and so should be avoided in the early stages of healing. Some women find wearing a camisole/vest top with hidden support (available at most high street lingerie departments), can be enough in the initial recovery from surgery.

What size?

You should be aware that the size immediately following surgery will be affected by swelling and dressings and it may be that your bra size will change over the period of healing.

Once you have healed it is worth going to a reputable bra fitting service that can help with correct measuring and fitting of appropriate bras.

Breast Reduction / Breast Augmentation – during your out-patient consultation you will have discussed with your surgeon the size that you are likely to be following surgery. An appropriate size and style of bra should be brought into hospital with you. It is advisable to wait until you know what size has been achieved before buying too many bras.

Checking your bra size

- There are many different "formulae" for checking bra sizes but they can be complicated and not always reliable depending on the sort of bra you are looking for.
- Do not underestimate the importance of a good fitting bra.
- It is always best to visit a trained fitter as you may fit differently into different makes of bra.
- Many of the local lingerie shops are used to fitting bras at all stages of your post-operative recovery. You can also pre-book your fitting so that you can ensure privacy and full attention from the fitter.

General hints when checking your fit

- The band around your body should be firm but comfortable. It should be horizontal and not ride up at the back at all.
- Any wires at the front should lie flat against your ribcage and should not dig in, rub or poke out anywhere especially in between your breasts.
- Your breasts should be completely enclosed in the cups and you should have a smooth line where the fabric at the top of the cup ends and meets your bust. You shouldn't have any ridges or bulging over the top or sides of the cups, even if you are wearing a lower cut or balconette style.

Signs that your back size is too big

- Bra rides up at the back
- Bra moves around when you do
- Straps digging into shoulders

Signs your cup is too small

- Lumps, bumps and bulges
- Wires stick out at the front
- Wires digging in under your arms

Your breasts will change shape during your life for all sorts of reasons, not just surgery, and you may not be the same size for more than a few months. Remember to re-check your size on a regular basis.

Recovery

On discharge from hospital you will be given the following:

- An appointment for the Plastic Surgery Dressings Clinic. This can be found on Level 2, West Out-patients, Norfolk & Norwich University Hospital. If you are unable to attend your appointment, please telephone 01603 288014.
- It's likely you will require a two week course of Dalteparin (a blood thinning injection used to prevent blood clots from forming) for two weeks upon discharge – administration of this will be explained to you when on the ward.
- We advise that you ensure you have a supply of Paracetamol and Ibuprofen (if you're able to take these) at home as pain relief. Additional pain relief will be supplied to you upon discharge if needed.
- Dressings if required.
- If you are discharged with a drain and/or a PICO device, specific instructions on how to care for this will be given to you by your ward nurse.

At Home:

- You may have a shower if your wound is protected by surgical glue or steri-strips unless instructed otherwise by the surgeon. Showering is not recommended while you still have a drain. It is advisable to have someone to help you when you first shower until you gain your confidence. Pat your wounds dry gently, do not rub.
- Bra wearing (see leaflet on bra advice).
- Avoid pressure on your breast and keep your new breast warm.

Care of the reconstructed breast and other wounds:

Once at home your wounds will continue to heal without any problems in most cases. However, there are a few things you should be aware of.

- If your wound becomes red, hot, swollen, painful or if pus leaks from your wound this could mean it is infected.
- If the infection does not settle, you may require further dressings or antibiotics.
- Discolouration – if your breast becomes mottled, blue or cold this could indicate a problem with the circulation. However, bruising is normal.
- Seroma – you may experience a swelling which feels as if it is full of fluid. This is called a seroma and may require drainage. This can be done quite easily in the Dressing Clinic. This can occur in the abdomen or the armpit, less likely in the breast.
- It is normal for some 'bloating' of the abdomen (tummy) after surgery and experience tells us that this can last for some months but varies from person to person.
- Smoking will increase the risk of these complications, therefore do not smoke -this includes 'vaping' as some vaping liquid contains nicotine which is harmful to the circulation. Avoid people who smoke and smoky atmospheres.
- It is quite normal to have some swelling of the arm immediately after surgery which should subside of its own accord. Take sensible care of your arm and hand, particularly if you have had your armpit glands removed (as you may be at increased risk of lymphoedema.)

If any problems occur, please contact the ward you were discharged from or the Plastic Surgery Dressings Clinic for specific advice (contact details at the end of this booklet)

Nutrition

- After surgery it is likely that your appetite will be decreased. Eating healthily will help with wound healing and it is important to include some protein with your meals e.g. meat, fish, eggs. Eating smaller meals more often may help with the bloating that some women experience post-surgery.
- If your appetite is decreased you may use some dietary supplements in the form of protein drinks and/or shakes. Examples of these are Fresubin or Build-ups.
- Do not allow yourself to become constipated. If you do experience this, a mild laxative, e.g. Senna, can help, but natural remedies of fruit and veg, adequate hydration, and exercise will also relieve constipation.
- Drinking – you should drink plenty of fluids. This will help the circulation, ensure you are passing urine sufficiently and help combat constipation.

Mobilisation (see pages 2 & 3)

- It is important to follow the exercises given to you by the Physiotherapists. You will be given a leaflet showing these.
- During the first week you may find walking around difficult, but it will improve gradually. Some women complain of back ache caused mainly by the position you are being asked to walk around in the first 7-14 days.
- As your mobility is reduced in the immediate stage following surgery, a daily injection of blood thinner will be prescribed for about 10 days until full mobility has returned. You will be taught how to give this before you leave hospital.
- Getting up and walking around at regular intervals will also help with circulation and prevent blood clots in the legs or lungs (a separate leaflet is available on discharge from hospital).
- Deep breathing is very important to help prevent complications such as chest infections and wheezing.

Follow-up appointments – routinely you will be seen in Dressing Clinic at about one week and then 2 weeks after your surgery. If necessary, i.e. because of wound problems, you may be seen more often. A follow-up appointment with your surgeon is usually 3-6 months after your surgery (depending on their instructions).

N.B. - During the pandemic video appointments may be offered for wound assessment and out-patient appointments.

Scars

- Once your wounds are fully healed you should start massaging your scars up to 3 times a day to improve flexibility and prevent adherence. Using lubrication on your fingers, such as a non-perfumed moisturiser or oil, will prevent friction.
- You may be asked by your surgeon to wear tapes or steri-strips along the scars – this helps to keep the scars flat and less noticeable over time.
- Scars can take 18 months-2 years to fully mature and during this time will change, sometimes becoming red and itchy. Some scars fade better than others, but no scar completely vanishes. If you are at all concerned about your scars you should discuss this with the surgeon or breast care nurse and they will advise you further.

Returning to “normal”

- Advice on returning to work, lifting, sports etc. can be found in the Physiotherapy section of this booklet.
- When you do start to drive it is important that you can perform all manoeuvres

safely and comfortably so that you and other road users are safe. You should always wear a seat belt.

Useful Contact Numbers

Contacts: - Plastic Surgery Out-patients

Level 2 West Block
Norfolk & Norwich University Hospital
Colney Lane
Norwich
NR4 7UY 01603 288165 Mon – Fri: 8:30am – 5pm

Out of hours contact: 01603 286286 ask for on call plastics Doctor
Evenings, W/ends and Bank Holidays Dilham Ward: 01603 289957

Breast Reconstruction Nurses

Hours of work vary but usually contactable Mon-Thur 8am–4pm
01603 287603 (messaging service available)

Norwich Breast Care Nurses

Hours of work vary but usually contactable Mon – Fri 9am-5pm
Screening 01603 286728
Symptomatic 01603 286732
(messaging service available)

James Paget Breast Care Nurses - 01493 452447
Kings Lynn Breast Care Nurses - 01553 613566

Other Useful Contacts

The Big C Centre Tel: 01603 286112 – can offer services free of charge
such as counselling, relaxation, “Look Good Feel Better” sessions,
information and resources to name a few.

Physiotherapy - 01603 286990 – tell the Receptionist that you were seen
whilst on the ward and ask to leave a message for the Plastic Surgery
Physiotherapy team. You will be called back to discuss your concerns and an
appointment offered if needed. A messaging service is available if your call
is not answered.

“Keeping Abreast” – Breast Reconstruction Support Group

Keeping Abreast is a charity supporting women and their families during
reconstruction and beyond. As well as a chance to speak to women who have
undergone reconstruction themselves, Keeping Abreast can offer some
financial help e.g. for travel costs when attending appointments.
For more information about this and other support for reconstruction contact
01603 819113, email info@keepingabreast.org.uk or visit the website
www.keepingabreast.org.uk

PICO™ Dressings

It is now practice in our hospital for the surgeon to use a PICO dressing on your abdominal wound and occasionally on the breast, particularly if you have had your other breast reduced in size.

What is a PICO dressing?

PICO provides suction known as Negative Pressure Wound Therapy (NPWT) which draws out excess fluid from a wound and protects the injured area. The wound dressing protects the wound from dirt and bacteria to ultimately help promote healing.

Will it be painful?

The first time the PICO pump is turned on, you may feel a slight pulling or drawing sensation. As this will be applied in theatre for the first time you should not have this sensation. If you do experience discomfort speak to your nurse or doctor and they may prescribe pain relief.

How often will the dressings have to be changed?

The dressings may be left in place for up to seven days depending on the type of wound and amount of fluid from the wound. Your nurse or doctor will determine how often your dressings should be changed

Can you move around while on the therapy?

Patients using PICO™ can move around.

When you are asleep Make sure that the PICO pump is placed somewhere safe and cannot be pulled off a table or cabinet onto the floor during sleep.

Disconnection of the pump from the dressing

The pump may be disconnected from the dressing if there is a requirement to disconnect the pump – such as the need to have a shower. Press the orange button to pause the therapy. Unscrew the two parts of the connector. Place the pump somewhere safe. Once you are ready to reconnect the pump, screw the two halves back together. Ensure your dressing is smoothed down to make sure there are no creases that could cause air leaks. Press the orange button to restart the therapy. The green light will start flashing to show that the pump is starting to apply therapy. If after one minute the orange “air leak” light starts to flash refer to the section regarding alarms. Please note that if the pump is left paused for longer than one hour it will automatically restart the therapy.

Showering and washing

The PICO pump is splash proof but should not be exposed to jets of water. Make sure the tube attached to the dressing is held out of the water and that the end of the tube is pointing downwards so that water cannot enter the tube. The dressing on top of the wound is water resistant. You can shower or wash with the dressing in place, as long as you take care not to expose it to direct jets of water and not to soak it. Soaking the dressing may cause it to fall off.

How do I know if the PICO system is working?

While the PICO pump is working correctly a green light located at the top of the device will flash continuously. The dressing should have a slightly wrinkled appearance and feel firm to the touch.

When will I need a new pump? The pump is designed to stop working after seven days after initially started. After this time, it will stop and will not restart even with new batteries. Negative pressure therapy is not being applied at this point. You will be given an appointment to have your wound assessed. Your dressing will be removed and the need for re-application will be reviewed. It is not usually necessary to reapply the PICO for the abdominal wound in the case of the DIEP and either the wound will be left to heal or alternative dressing will be applied.

A patient information sheet is provided with each PICO which you should be given to take home.

Care of Surgical Drains

Although it is usual for you to stay in hospital while your drains remain, there may be times when (on medical advice) you will be allowed home with them in.

At home you will need to:

- Check morning and evening that the green concertina bung has not fully expanded;
telephone one of the numbers below if it has.
- Check the dressing around the drain daily. If soiled replace it – you will be given dressings before discharge.
- Record at the same time each morning the drainage, using the measurements on the side of the drain – you will be shown how to do this.
- Telephone when the drainage in one or more drains is below 30ml in a 24-hour period. Arrangements will be made for the drain to be removed either in the outpatient clinic or on the ward.
- Should the tube disconnect, reconnect it and ring to arrange for a new drainage bottle.
- In some cases (during the pandemic) you may be asked if you would be happy to remove your own drain. In this case you will be given specific instructions on when and how to do this.

Plastic Surgery Outpatient Clinic

Weekdays 8.30am – 5.00pm
01603 288165

Out of hours Contact Number

Evenings, weekends & bank holidays
01603 286286 and ask for on-call Plastics
Doctor



