

Department of Plastic Surgery

Going Home after your Breast Reconstruction

(For use
under the guidance of the Physiotherapists and/or Breast
Reconstruction Nurse)

The Latissimus Dorsi Flap

Information and Advice

Physiotherapy Discharge Information, Advice and Exercise

Latissimus Dorsi Flaps

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 programme is all they need to get back to their usual activities and ensure that they have good shoulder movement. Because of this you will **NOT** routinely see a Physiotherapist once you go home.

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 surgery people often acquire a slumped posture. This may be due to discomfort or a desire to protect the surgery. It is important that you try to avoid this.

Driving

Before returning to driving you should make sure that

- You are comfortable wearing a seatbelt.
- 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?

A gradual return to activity is recommended. 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 wait 12 weeks before swimming competitively. You may find that you need to adapt your stroke technique because the Latissimus Dorsi muscle has been moved. This will be more evident if you have had both breasts reconstructed.

If you have a tissue expander in place you should use the pool for relaxation rather than exercise to avoid displacement of the expander.

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.

You should not attempt upper limb resistance training with a tissue expander in place. If you have an implant you should wait 3 months before starting upper limb resistance training.

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.

If you have an implant you should avoid stretches and upper body strengthening exercises for 3 months. You should not attempt upper limb exercise classes with a tissue expander in place.

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.

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.

When to wear the bra

If you have had your own tissue used to reconstruct your breast (e.g. DIEP, IGAP 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 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. (*See overleaf*)

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.

Wound Care

Discharge:

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.
- Medication you require, a 5-7 day supply will be given to you.
- Dressings if required.

- If you are discharged with a drain, 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. Otherwise you may wrap your wounds in cling film and have a quick shower. 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.

Wound complications:

Once at home your wound will continue to heal without any problems in most cases. However there are a few complications 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.
- Smoking will increase the risk of these complications.
- 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).

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 to 2 years to fully mature and during this time will change, sometimes becoming red and itchy. Some people's 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.

Implants/Tissue Expanders

- If you have had an implant or tissue expander inserted as part of your reconstruction you should be aware that your body will always regard this as a "foreign body". This means that if you are run down, have an infection, have dental treatment or have any surgery, you may have problems with your implant/expander. If you notice any

abnormal, swelling, inflammation, redness and/or increased pain, you should contact the Plastic Surgery Dept for advice immediately.

- Please ask for details of the type of implant/expander you have. This information may be useful in the future if you change surgeons or location and need treatment.

Returning to “normal”

- Advice on returning to work, lifting, sports etc. can be found in the Physiotherapy section of this booklet.
- You should check with your insurer that you will be covered 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.

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.

Plastic Surgery Outpatient Clinic

Weekdays 8.30am – 5.00pm
01603 288165

EAUS (Emergency Assessment Unit)

Evenings, weekends & bank holidays
01603 286424

Useful Contact Numbers

Contacts:

Plastic Surgery Out-patients

Level 2 West Block
Norfolk & Norwich University Hospital
Colney Lane
Norwich
NR4 7UY

01603 288165

Monday – Friday: 8am – 5pm

Breast Reconstruction Nurse

Hours of Work - Mon - Thurs 8.00am–4.30pm
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

Out of hours contact:

EAUS (Emergency Assessment Unit - Surgical)
01603 286424 Evenings, weekends and Bank Holidays

Other Useful Contacts

The Big C Centre Tel: 01603 286112

Groups:

- Breast Cancer Volunteers.
- “Look Good Feel Better”.
- Relaxation.
- Younger Women’s Group.
- Norwich Breast Cancer Resource Fund.
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- **(For information about the above groups please contact the Breast Care Nurses 01603 286728 / 286732**
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- **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 you concerns and an appointment offered if needed. A messaging service is available if your call is not answered.
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- **“Keeping Abreast” – Breast Reconstruction Support Group**
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- For more information about this and other support for reconstruction contact 01603 819113 or visit the website:
- www.keepingabreast.org.uk
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