

Breast Reconstruction Guidebook for

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Designed by: Nova Scotia Health Library Services*

The information in this brochure is for informational and educational purposes only.
The information is not intended to be and does not constitute health care or medical advice.
If you have any questions, please ask your health care provider.

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The information in this pamphlet is to be updated every 3 years or as needed.

Important Contact Numbers:

[illegible]

Call your surgeon or go to the nearest Emergency Department if you have:

- Sudden swelling in the breast or chest wall in a short amount of time in the first 24 hours (1 day) after surgery. This could be a sign of hematoma (blood pooling).
- Redness, swelling, or warmth around the incisions, breast, or chest area
- Fever (temperature above 38.5° C/101.3° F) and/or chills
- Pain that is not relieved by your medication
- Drainage from the incision(s) that is thick or bad-smelling
- Drain problems:
 - › drainage around the tube site
 - › your drain bulb will not stay flat
 - › amount of drainage greatly increases or becomes bright red

If you have any of the above problems:

- **During business hours (daytime):**
 - › Contact your plastic surgeon’s office.
- **After hours (evening, nighttime):**
 - › Call 811.
 - › Or go to the nearest Emergency Department.

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Post-breast reconstruction

[illegible][illegible]

How this guide works

[illegible]

Please bring this guide with you to all of your appointments related to your breast health. This guide should be kept up to date with all the information your health care team may need at your appointments.

Pages 2 to 10 are for your health care team to fill out at your appointments.

Pages 16 and 17 are for you to fill out at home.

[illegible]

What are your questions?
Please ask. We are here to help

Mastectomy –

General surgery contact information

	Date and time
My mastectomy surgery: ☐ Halifax Infirmary ☐ IWK	
Follow-up appointment: ☐ Halifax Infirmary ☐ IWK	
Follow-up appointment: ☐ Halifax Infirmary ☐ IWK	
Follow-up appointment: ☐ Halifax Infirmary ☐ IWK	

How to empty the drain

1. Lift the cork/plug and the drain will expand. Turn it upside down and empty the fluid into the measuring container.
2. Squeeze several times until all the fluid is out.
3. Squeeze the bulb until the air is out.
4. Close the opening with the cork/plug while still squeezing the bulb.

When will the drains be removed?

The drains will usually be taken out when the fluid is **less than 30 ml** each day. It is normal for the drains to stay in place for **1 to 2 weeks**. Please record the date, time, and amount of drainage (ml) on the following pages.

My general surgeon's name:	
Assistant's name, phone, and email:	
Office location:	

- Each day, you may notice a change in how much drainage is collected in the drain pouch. The amount of drainage should slowly become less and less.
- The colour of the drainage will change over time. It may range from bright red to dark red, or be orange/pink or yellow, and may have long, stringy clots.
- If there is no fluid in the drain, there may be a blockage. The fluid does not “dry up”. Follow the steps on the next page to try to relieve the blockage and/or call your plastic surgeon.

Breast cancer summary

Date of mastectomy surgery: _____

Pathology report:

- ☐ Ductal Carcinoma In-situ (DCIS)
☐ Invasive Ductal Carcinoma
☐ Invasive Lobular Carcinoma
☐ Other: _____

Size of breast cancer: _____ cm

Grade of cancer:

- ☐ Grade 1 (low)
☐ Grade 2 (intermediate)
☐ Grade 3 (high)

The edges (margins) of the breast tissue removed are clear of cancer cells:

- ☐ Yes ☐ No

Lymphatic/vascular invasion:

- ☐ Yes ☐ No

Total number of lymph nodes removed: _____

Number of lymph nodes that contain cancer: _____

Stage: _____

Hormone receptor results:

Estrogen receptor

☐ Positive ☐ Negative

Progesterone receptor

☐ Positive ☐ Negative

Human epidermal growth factor receptor 2 results:

HER2 overexpression

☐ Positive ☐ Negative

Please give any additional details (such as hematoma, return to operating room) of the mastectomy below:

Drainage tube care

If you have an axillary node dissection/mastectomy and/or breast reconstruction, you may have 1 or 2 small drainage tubes sutured (connected by stitches) close to the incision after each procedure.

This drain will remove any fluid that collects under the incision (cut). This will help healing and lower the chances of infection. You will see fluid, blood, and clots in the drain.

Important points:

- Use your arm normally while the drain is in place.
- Wash your hands before and after you empty your drain.
- Always empty the container at least 3 times a day (or more often if it gets half full).
- Use the provided drain pouch or pin the drain inside your clothing to prevent the drain from being pulled out. If the drain gets pulled out, **do not panic**. This is not a medical emergency. Call your plastic surgeon. Cover the area with a clean dressing (gauze).

Arm movement and exercises

Can you move your arm normally? Do you have any lifting restrictions? How are the exercises going? Please make notes below:

Breast reconstruction – Plastic surgery

	Date and time
My reconstruction surgery: ☐ Halifax Infirmary ☐ IWK	
Follow-up appointment: ☐ Halifax Infirmary ☐ IWK	
Follow-up appointment: ☐ Halifax Infirmary ☐ IWK	
Follow-up appointment: ☐ Halifax Infirmary ☐ IWK	

My plastic surgeon’s name:	
Assistant’s name, phone, and email:	
Office location:	

Please give any additional details (such as hematoma, return to operating room) of the reconstruction below:

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Breast reconstruction summary – Nipple/areola reconstruction

I had reconstruction of my right/left (please circle) nipple on _____
(year/month/day).

This reconstruction was performed under:

- ☐ Local anesthesia
- ☐ General anesthesia

This reconstruction was:

- ☐ Local flap-based
- ☐ Contralateral nipple tissue-based
- ☐ Full-thickness skin graft-based:
_____ (donor site)

If bilateral:

I had reconstruction of my right/left (please circle) nipple on _____
(year/month/day).

This reconstruction was performed under:

- ☐ Local anesthesia
- ☐ General anesthesia

This reconstruction was:

- ☐ Local flap-based
- ☐ Contralateral nipple tissue-based
- ☐ Full-thickness skin graft-based:
_____ (donor site)

- ☐ Flap-based: _____ (flap details)
- ☐ Combination flap:

- ☐ Implant details: _____
- ☐ Flap details: _____

Additional information
(such as acellular dermal matrix):

Breast reconstruction summary – Secondary reconstruction/adjustment

I had the second stage reconstruction
of my right/left (please circle) breast on
_____ (year/month/day).

This second stage reconstruction was:

- ☐ Tissue-expander-based:
_____ (initial volume)

- ☐ Implant-based: _____ (implant details)
- ☐ Flap-based: _____ (flap details)
- ☐ Combination flap:

- ☐ Implant details: _____
- ☐ Flap details: _____

Additional information
(such as acellular dermal matrix):

If bilateral:

I had the second stage reconstruction of my right/left (please circle) breast on _____ (year/month/day).

This second stage reconstruction was:

- ☐ Tissue-expander-based: _____ (initial volume)
- ☐ Implant-based: _____ (implant details)
- ☐ Flap-based: _____ (flap details)
- ☐ Combination flap:
 - ☐ Implant details: _____
 - ☐ Flap details: _____

Additional information (such as acellular dermal matrix): _____

Tissue expander volume

RIGHT breast		
Date	Amount	Total

LEFT breast		
Date	Amount	Total