

# Breast Reconstruction Guidebook for

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Important Contact Numbers:

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## How this guide works

This guide is personalized for you. Our hope is that you will bring this guide with you to all your appointments related to your breast health. We hope that this guide will contain all the information a healthcare provider will need at your appointments.

Pages 2 to 10 are for your healthcare team to fill out at your appointments. Pages 15 and 16 are for you to fill out at home.

If you have any questions, please ask.  
We are here to help you.

## Mastectomy – General surgery contact info

	Date and time
My mastectomy surgery: <input type="checkbox"/> Halifax Infirmary <input type="checkbox"/> IWK	
Follow-up appointment: <input type="checkbox"/> Halifax Infirmary <input type="checkbox"/> IWK	
Follow-up appointment: <input type="checkbox"/> Halifax Infirmary <input type="checkbox"/> IWK	
Follow-up appointment: <input type="checkbox"/> Halifax Infirmary <input type="checkbox"/> IWK	

My General Surgeon's name:	
Assistant's name, phone, and email:	
Office location:	

## Breast cancer summary

Date of mastectomy surgery:

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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 (e.g.: hematoma, return to operating room) of the mastectomy below:

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## Breast reconstruction – Plastic surgery

	Date and time
My reconstruction surgery: <input type="checkbox"/> Halifax Infirmary <input type="checkbox"/> IWK	
Follow-up appointment: <input type="checkbox"/> Halifax Infirmary <input type="checkbox"/> IWK	
Follow-up appointment: <input type="checkbox"/> Halifax Infirmary <input type="checkbox"/> IWK	
Follow-up appointment: <input type="checkbox"/> Halifax Infirmary <input type="checkbox"/> IWK	

My Plastic Surgeon's name:	
Assistant's name, phone, and email:	
Office location:	

## Breast reconstruction summary – Initial reconstruction

I had the initial reconstruction of my right/left  
(please circle) breast on \_\_\_\_\_  
(year/month/day).

This initial reconstruction was:

- Tissue-expander-based:  
\_\_\_\_\_ (initial volume)
- Implant-based: \_\_\_\_\_ (implant details)
- Flap-based: \_\_\_\_\_ (flap details)
- Combination flap:
  - Implant details: \_\_\_\_\_
  - Flap details: \_\_\_\_\_

Additional info (e.g.: acellular dermal matrix):  
\_\_\_\_\_

### *If bilateral:*

I had the initial reconstruction of my right/left  
(please circle) breast on \_\_\_\_\_  
(year/month/day).

This initial reconstruction was:

- Tissue-expander-based:  
\_\_\_\_\_ (initial volume)
- Implant-based: \_\_\_\_\_ (implant details)
- Flap-based: \_\_\_\_\_ (flap details)



Combination flap:

Implant details: \_\_\_\_\_

Flap details: \_\_\_\_\_

Additional info (e.g.: 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 info (e.g.: 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 info (e.g.: acellular dermal matrix):

\_\_\_\_\_

## Tissue expander volume

<b>RIGHT breast</b>		
Date	Amount	Total

<b>LEFT breast</b>		
Date	Amount	Total

## 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)

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

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## 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:

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## 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 close to the incision after each procedure.

This drain will remove any fluid that collects under the incision. This will help healing and reduce 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, it is not a medical emergency. Call the breast health clinic. Cover the area with gauze dressing.
- The amount of drainage may vary from day to day, but normally the amount slowly decreases.
- The colour of the drainage varies as time goes by. 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 breast health nurse.

## 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 **1-2 weeks**.

Please record the date, time, and amount of drainage (ml) on the following pages.



# Post-mastectomy

DRAIN #1 Morning - Afternoon - Evening					
Date	Amount	Amount	Amount	Amount	Total

DRAIN #2 Morning - Afternoon - Evening					
Date	Amount	Amount	Amount	Amount	Total

# Post-breast reconstruction

DRAIN #1 Morning - Afternoon - Evening					
Date	Amount	Amount	Amount	Amount	Total

DRAIN #2 Morning - Afternoon - Evening					
Date	Amount	Amount	Amount	Amount	Total

## **In case of emergency**

See the reasons to call for help or advice on the next page. If you are concerned that something is not right, you should contact:

- Your plastic surgeon's office or breast health clinic during the daytime.
- After hours: call 902-473-2222 to speak with:
  - › The general surgery resident on call if it is after your mastectomy and before your reconstruction.
  - › The plastic surgery resident on call if it is after your breast reconstruction has begun.
  - › Or go to the nearest Emergency Department.

## **Reasons to call:**

- Signs of hematoma:
  - › Breast or chest wall swells in a short amount of time in the first 24 hours after surgery
- Signs of infection:
  - › Incision feels hot +/- fever
  - › Pain not relieved by your medication
  - › Redness on breast or chest
  - › Thick or bad-smelling fluid coming from incision
- Drain problems:
  - › Drainage from around the tube site/ incision
  - › The drain bulb will not stay flat
  - › The amount of drainage greatly increases or becomes bright red



**Looking for more health information?**

Contact your local public library for books, videos, magazines, and other resources.  
For more information go to <http://library.novascotia.ca>

*Nova Scotia Health Authority promotes a smoke-free, vape-free, and scent-free environment.  
Please do not use perfumed products. Thank you!*

**Nova Scotia Health Authority**  
[www.nshealth.ca](http://www.nshealth.ca)

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

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