

**Did you just undergo DIEP flap reconstruction?  
If yes then here are your....  
Discharge Instructions**

**Medication:**

You have been provided with prescriptions for pain relief (narcotic- Dilaudid), a muscle relaxant (Valium) and an Antibiotic (Septra, Keflex or Levoquin).

Pain control – we recommend Tylenol (Extra-Strength) 2 tablets every 6 hours around the clock. You can also add Advil to this regimen. By taking these non-prescription medications continuously you should decrease your need for narcotic (Dilaudid, hydromorphone) medication. The muscle relaxant (Valium) may also be quite effective in controlling discomfort. However, a narcotic prescription has been provided for breakthrough pain. Please note that narcotics are very constipating so please ensure that you remain well hydrated and consider stool softening supplements.

Antibiotics – You have been prescribed a 3 week\* course of antibiotic medication (likely Keflex or Levoquin). Please consider a pro-biotic alongside these antibiotics (discuss with your pharmacist). If you develop GI distress with your antibiotic medication (vomiting, diarrhea) then discontinue the medication and contact our office – ok to wait until the following day.

\*The antibiotic can be discontinued after the final drain has been removed. Most patients will not require a 3 week course. If all drains are out by the 4<sup>th</sup> day then you can stop taking antibiotics on the 4<sup>th</sup> day!

**Dressing care:**

Paper tape has been applied to your wounds. Leave the tape intact. You may trim loose edges or replace the tape entirely. Paper tape is available at the pharmacy. There is no prescription required and it does not have to be sterile.

There may be red/blood staining of the paper tape. This is normal. However, if blood is dripping or running beyond the borders of the tape then apply firm pressure with a dry cloth for about 5 minutes. If bleeding persists beyond that point then please contact either Dr. Avram/Coroneos or one of the plastic surgeons on call through the hospital paging system (905 521 5030).

**Drains:**

Drains have been placed in your breast(s) and abdomen to help remove fluid that is likely to collect. The drains suck! We get it. The drains should remain in place until the output falls below 30ml in a 24 hour period. If two drains are present in the abdomen or **SAME** breast, only one should come out per day. Homecare (CCAC) has been organized to help you manage your drains.

**Showering:**

Unless you've had implants inserted (in which case this is the wrong instruction sheet for you) or have been told otherwise then..... **you may shower!** It is ok for the tape on your incision to get wet. Dry the area carefully afterwards.

**Supportive Garment:**

A loose, comfortable sports bra may be helpful to support any necessary dressings and/or drain bulbs. However, it is not necessary to wear a bra.

You have been supplied with an abdominal binder. The binder should be worn snug but not overly tight. Application timelines for the binder vary from several hours per day for a couple of weeks to 24 hours/day for up to 8 weeks. Binder support is very patient-dependent. There is no good evidence that application of the binder prevents abdominal wall problems (ie. hernia, bulge). However, most patients do like the feeling of support when wearing it! In general, we suggest wearing it snug when you are moving, and undoing or loosening it while in bed.

**Exercise:**

It's ok to move your arms! But please avoid reaching above your shoulder until your first postoperative appointment. After 2-3 weeks you may begin to gradually increase upper arm activity. Stay within your comfort zone. If something feels overly tight or painful then avoid the activity and re-assess in a few days or a week. Online videos are available to demonstrate exercises you can do at home, we can email these to you.

Do not push, pull or lift greater than 5 pounds with either of your arms for 6 weeks. As for return to the gym – we recommend 6-8 weeks before initiating a sweat-provoking exercise regimen, and 3 months before focused abdominal exercises (situps, crunches, planks)

## Juravinski Hospital Breast Reconstruction Group Information Pamphlets

**Dr. Ronen Avram**  
**Dr. Chris Coroneos**

### **Travel:**

#### Medical Insurance:

Most travel insurance will not cover complications or emergencies related to recent surgery. Please review and confirm the details of your policy before out-of-country travel.

### **Work forms:**

We are begrudgingly happy to complete your return-to-work forms. In order to expedite return of these forms to you we would ask that you complete as much of the form as possible (name, date of surgery, prior appointments, etc). Forms should be submitted to our assistants. Leaving them with us is a recipe for loss of your forms. Forms may also be scanned to our admin assistants –

Dr. Avram: Cindy – karmanc@mcmaster.ca

Dr. Coroneos: Sarah – vanslig@mcmaster.ca

Please note there may a charge for completion of the forms.

### **Follow-up:**

Please contact our office to schedule your follow-up appointment. You should be seen about 2 – 3 weeks after your procedure. Your appointment should take place at the Juravinski Hospital or Cancer Center.

Reasons to contact Dr. Avram/Coroneos or visit the emergency room:

- 1. Rapid swelling of your breast(s)**
- 2. Redness along your incision or breast skin**
- 3. Difficulty breathing**
- 4. Persistent drainage/blood from the incision line**
- 5. Fever of 101F / 38.3C**

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Dr. Chris Coroneos**

**Contact information:**

Hospital paging/plastic surgeon on call	905 5215030
(ask for Dr. Avram/Coroneos even if they're not on call)	
Dr. Avram's office	905 5212100 ex 44891
Dr. Coroneos' office	905 5212100 ex 44369