

Home Care after Latissimus Flap Surgery

You have had latissimus flap surgery to reconstruct your breast or breasts. Here are instructions for taking care of yourself after you go home.

This document includes information on

- Follow-Up Visits
- Wound Care
- Surgical Drains
- Pain Relief Medicines
- Other Medicines
- Other Concerns
- Possible Side Effects
- Activity and Exercise

When to Call for Help

Call right away if any of these things happen:

General

- Nausea and vomiting
- Fever **higher** than 100.3° F
- Pain not helped by pain medicine

Wound

- Wound seems not to be healing
- Redness, swelling, or warmth around the wound or tube
- Changes in skin color or temperature

Drain Tube

- Tube falls out
- Fluid leaks around tube
- New or more pain around tube

Drainage

- Foul-smelling fluid
- Fluid change from light pink to dark red
- Sudden increase or decrease in the amount of fluid (more than 30 mL, or about 2 tablespoons)

Monday–Friday, 8 a.m.–5 p.m. Call the Center for Breast Health (Clinic 3A) at 801-213-4269 or the Plastic Surgery Office at 801-581-7719.

After hours, weekends, and holidays. Call 801-587-7000 or 801-581-2121. Ask for the Plastic Surgery resident on call.

Follow-Up Visits

You will have weekly clinic visits with your care team for at least 3 weeks after the surgery. It is very important that you come to all your follow-up appointments.

Wound Care

You will have gauze dressings over the surgery drains. Change the gauze daily, or more often if it becomes moist. After 48 hours, no gauze is required other than for comfort or to absorb a small amount of drainage around the drain tubing.

If you need to change the bandage, follow these steps:

1. Wash and dry your hands thoroughly.
2. Put on new gloves.
3. Take off the old gauze.
4. Use an alcohol wipe to clean the area, including where the drain comes out.
5. Make sure the new gauze is large enough to cover the drain area.
6. Tape the gauze in place with a small piece of tape.
7. Take off the gloves. Throw them away.
8. Wash and dry your hands.

The wounds are covered with surgical glue. It will dissolve on its own as you heal, usually in about 2–3 weeks.

Do not put pressure on the surgery wounds. Pressure slows down blood flow. This makes it harder for your wound to heal.

Sleep on your back. Do not lie completely flat. Use pillows to support your upper body. You can also put small pillows under your arms.

Wear the bra that you got during the surgery, day and night for at least 3 weeks. You may take it off to shower and to wash it.

Talk with your doctor about when you can wear a regular bra.

Wear loose clothing. Shirts that open in front are easier to put on and take off.

Do not use heating pads or ice packs on the surgery site.

Surgical Drains

You will have one or more surgical drains. The drains remove fluid from your wound. This helps prevent swelling and lowers the risk of infection.

Your care team will show you how to care for the drains before you leave the hospital. If you need a reminder, you can watch a video about taking care of your drain here: bitly.com/surgicaldrain

You can find written instructions for drain care in the factsheet *Surgical Drain Care*.

Do not drive or do housework until the drain is out. Your doctor will take out the drain when it is no longer needed. This happens during a clinic visit.

Keep the wound and the area where the drain enters the skin dry. You can shower and pat the area dry. Do not bathe or soak in a hot tub until your doctor says it is OK.

Pain Relief Medicines

You will have some pain after your surgery. Your care team has these goals for managing your pain:

- Keeping you safe
- Keeping you as comfortable as possible
- Allowing you to sleep
- Returning you to activity as soon as possible

Your doctor gave you a prescription for pain medicine. Please follow the instructions for taking it. Be sure to take the pain medicine with food to prevent nausea.

Keeping control of your pain will help you recover. Talk with your cancer care team if the medicines you take are not working.

The pain medicine your doctor prescribed is a narcotic. Do not drink alcohol while you are taking this pain medicine. Do not drive until you have stopped taking this medicine for at least 24 hours.

Your doctor may have prescribed Norco or Percocet. These medicines contain acetaminophen (Tylenol). Do not take other medicines that contain acetaminophen while taking Norco or Percocet. Do not take more than 3000 mg of acetaminophen (Tylenol) in 24 hours.

24-48 hours after surgery, if your pain is not severe, you may take ibuprofen instead of narcotic pain medicines. Take with food.

If you have unused narcotic pain medicines, take them to your pharmacy for proper disposal.

Other Medicines

Constipation. Narcotic pain medicines can cause you to have hard, dry stool. Doing these things can help ease it:

- Drink more fluid than usual.
- Eat high-fiber foods such as prunes and bran.
- Be sure to get out of bed for short walks.

If you have trouble with constipation, talk with your care team. They can recommend medicines to help.

Preventing infection. Your doctor gave you a prescription for antibiotics to help prevent infection. Please take all of these pills as directed.

Nausea. Your care team may have put a patch on your skin (usually behind your ear) to control nausea. Remove the patch after 72 hours. After touching the patch, wash your hands right away. Do not touch your eyes.

If you have nausea after taking off the patch, try drinking soda (without caffeine) or eating dry crackers to settle your stomach. If these do not help, call your care team. They can give you medicine to help.

Your usual medicines. You may have stopped taking *tamoxifen, birth control, or hormone replacement* medicine before the surgery. Talk with your doctor about when to start these medicines.

You may have stopped taking *aspirin or blood-thinning medicines* before the surgery. Talk with your doctor about when to start these medicines again.

You can take all of your other usual medicines as soon as you go home from the hospital.

Other Concerns

Alcohol. Avoid alcohol until your doctor tells you it is OK. Alcohol can slow your healing process.

Diet. For the first few days after surgery, it is best to start with a bland liquid diet. You can add more foods as you recover.

Drink 8 to 10 glasses of water and other beverages without caffeine every day.

Driving. Do not drive until you have stopped taking prescription pain medicine for at least 24 hours.

You must also be able to move your arms without pain for safe driving. Your doctor will tell you when it is OK.

Returning to work. Talk with your doctor at your follow-up visits about when you can return to work.

Showering. You may shower 48 hours after surgery. Remove gauze dressings, allow water to run over the surgical site and pat dry. Do not take baths or get the surgical site under water.

Smoking. Do not smoke or use products that have nicotine. Smoking slows your healing process.

Wearing a bra. You will get a surgical bra during the operation. Wear it day and night for 3 weeks. You may take the bra off to shower. If the bra is too tight or hurts, talk to your doctor. Talk to your doctor about when you can wear a regular bra.

Other helpful tips. Shirts that open in front are easier to put on and take off.

Possible Side Effects

Appearance of your breast. Your reconstructed breast will look different than your natural breast. It may sit higher up on the chest. It may be a different size than your natural breast. The surgery causes swelling, which also changes how the breast looks. Your breast will not stay like this. Wait until your body recovers from the surgery. Then, talk to your plastic surgeon if you are concerned about how your breasts look.

Crusting along the surgery cuts. You can use an antibiotic skin ointment to help keep the surgery cuts flexible.

Itching. Your wound may itch, and you may sometimes feel small shooting sensations as you recover. This is a sign that the nerves in your wound are healing.

Numbness. The surgery cuts some nerves in the skin. For many patients, sensation gradually returns as the nerves heal 2–3 months after the surgery. Some amount of numbness may be permanent.

Red scars. All new scars are red, dark pink, or purple. The color will lighten over time. It may take a year or longer. Sunlight can darken scar tissue. Keep your scars covered when you are out in the sun.

Sore throat. The surgery team put a tube down your throat during the operation. You may have a sore throat for a few days. Choose foods that are easy to swallow until your throat feels better.

Swelling and bruising. Some swelling and bruising are normal after any surgery. If your swelling or bruising get worse, call your care team right away.

Activity and Exercise

Get lots of rest. Take it easy and do not do anything that takes a lot of effort for at least 8 weeks after surgery.

Starting the day after surgery, take several short walks every day on flat surfaces. This will help you recover faster. You can use stairs, but take it slow.

For 6 weeks after your surgery, avoid swinging your arms, pushing, pulling, reaching, or any other motion that moves your arms repeatedly.

Lifting. For 3-4 weeks after the surgery, do not try to lift anything that weighs more than 10 pounds. This is about the weight of a gallon of milk.

Stretching. Talk to your doctor about when to start stretching and lifting your arms above shoulder level. This video shows the recommended stretching exercises:

[bitly.com/breaststretches](https://www.bitly.com/breaststretches)

- One-Arm Stretch
- Two Arm Stretch
- Chest Stretch
- Shoulder Rolls

Most patients can gradually return to normal daily activities after 6-8 weeks.

Do not do exercise that takes a lot of effort for at least 8 weeks after your surgery. You must first be able to do your normal activities without pain. Talk with your doctor about when it is OK to start exercising.

Sex. You can have sex that does not take a lot of effort when your body feels ready for it. Avoid any pressure on your breasts. You need to wait longer to use positions in which your arms support weight. Talk with your care team about your concerns.