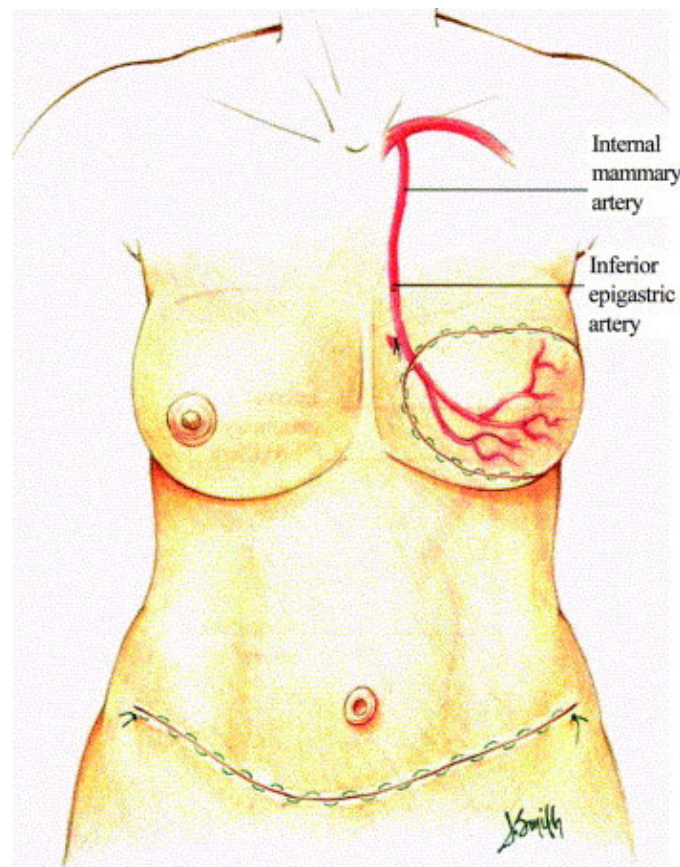


## DIEP (Deep Inferior Epigastric Perforator Flap) Breast Reconstruction

### What is a DIEP?

There are several types of breast reconstruction procedures following a mastectomy; one form of reconstruction is the Deep Inferior Epigastric Perforator Flap, known as a DIEP. The DIEP utilizes only the blood vessels, fat, and skin from the abdomen. The muscle is preserved for strength and integrity which may avoid complications in the future. You will be given a patient information leaflet upon consultation to give you a better understanding of the procedure



### What are the advantages of the operation?

The operation will be explained to you in detail by the consultant looking after you. The benefits of this type of operation include the following:

- The breast is reconstructed from your own skin and tissue; therefore, no implant is needed. The appearance of the new breast is good and has a very natural feel to it. The breast also moves as you move like a normal breast.
- There is not always a need to reduce the other breast, as there is enough skin and tissue to match the other side.
- The muscle is left intact, removing the risks of bulges and hernias which can happen with a TRAM flap (Transverse Rectus Abdominus Myocutaneous), which would have been performed in the past.
- Since no implants are needed with this operation, you will not have to keep coming back to have them changed. Once the operation is done, you can return to leading a normal life.
- Women who have had radiotherapy can get hardening of the breast long-term if breast implants are used. DIEP is a good option as it is not affected by radiotherapy.
- You can buy bras and clothes that fit and not worry any more about the prosthesis you once had to use.
- Gives you self-confidence and enables you to come to terms with issues related to body image.

## What are the disadvantages?

The disadvantages of this operation can include the following:

- The operation can take anything from **5-7** hours.
- There is a 5% chance of the flap failing. The main reason for this is a lack of blood supply to the breast, which can lead to infection and a breakdown of the wound,
- If this happens you will need further microsurgery and will be taken back to the theatre to help restore the breast flap.
- Some Afro Caribbean and Asian women may experience some raised scarring; although this is not a common outcome of the operation, it is important to be aware of the possibility.

## What does the operation involve?

**You will be sent for a CT scan of the abdomen to determine the blood supply**

You will need a general anesthetic for this operation. The surgeon will mark where the incisions are to be made. Skin and fat will be taken from the tummy and carefully connected to the blood vessel in the chest. The muscle is not taken as this avoids hernias and complications in the future. The abdominal scar lies low within the bikini line. The breast scar can vary depending on the technique used, but usually it is around the edge of the breast.

## What would happen if I did not have the operation?

If you decide that you do not want to have this operation, then there may be alternatives available. This can be discussed with your consultant or nurse practitioner.

## Are there any alternatives?

Yes, there are two other main types of reconstruction available:

- Implant only – silicone implant to reconstruct the breast
- Latissimus Dorsi flaps with or without an implant. This is when the muscle, skin and fat from your back is taken and brought round to reconstruct a breast.

## What happens when I agree to have the surgery?

You will be asked to attend a surgical pre-assessment appointment before your operation, where you will have a blood test, a tracing of your heart -ECG carried out, photos taken of your breasts, your height, weight, blood pressure and pulse recorded. Please bring all your medication with you. This is a nurse-led clinic so you will not see a doctor on this day. The Consultant and anaesthetist will see you on the day of your operation and the consultant will ask you to sign a consent form. We advise you to stop eating and drinking 6 hours before the operation, however you can have water only for up to 2 hours before. If you are a smoker, we advise you to stop smoking at least six weeks before the surgery. Smoking inhibits the blood supply to the breast which may cause the flap to fail.

## How long will I be in hospital?

You will be in hospital for 5-7 days following surgery.

## What happens after the operation?

You will be nursed in Recovery overnight and transferred to the ward the next day where you will have one-to-one nursing for 72 hrs. You will be nursed in a private room with an on-suite bathroom and toilet.

### Will I be in pain after the operation?

Immediately after the operation you will be attached to a (PCA (Patient controlled analgesia) pump that administers enough pain relief to keep you comfortable. Holistically everyone will have a varied pain threshold, however if you need extra pain killers, please inform the nurse looking after you.

### When can I start eating / drinking after the operation?

You will be able to eat and drink as soon as you are fully alert and awake, and it is safe to do so.

### What happens when I return to the ward?

Once you return to the ward you will be nursed in a warm room. The warmth helps increase the blood flow to the new breast. Your arm must be tilted at a 45-degree angle to prevent any pressure on the artery that supplies the blood to the flap. The nurses will examine the new breast as instructed. They will monitor your pain and urine output, record your blood pressure, pulse, temperature, and make sure you are kept hydrated. They will also ensure you are given your medication as instructed by the doctor. You will also have special stockings (TEDs, also known as anti-embolism stockings) and Flotron boots whilst you are in bed to help prevent a clot in the legs.

You will be helped out of bed the next day and gradually build on what you can do. You will also see the physiotherapist who will instruct you accordingly. You will also have drains inserted during the operation, these collect any excess fluid or blood around the area that has been operated on, and are removed once instructed by the consultant, normally draining less than 30mls in 24 hrs.

### What activities will I be able to do afterwards?

You will be limited in the things you can do for a couple of weeks after the operation. You should avoid anything too strenuous; you may not be able to lift your child for the first week, no heavy lifting (shopping), hoovering, aerobics, or swimming until you have been seen in clinic by the consultant, usually 4-6 weeks after the operation. You can gradually begin to increase your activities and do your exercises as instructed in the leaflet given to you by the Physiotherapist.

### How do I care for my wound?

Upon discharge you will see the Breast Care Nurse; she will check your dressings and go through your discharge. You will see her in the clinic where she will further advise you on your progress and wound management, the correct type of bra, and what stage to start massage.

We advise you not to shower for 5 days following surgery until your first dressing check. The stitches are normally dissolvable, but if you do have any removable stitches, they will be removed 2-3 weeks after the operation unless instructed otherwise.

### When can I start to massage the wound?

We encourage you to start massaging the wounds once they are completely healed and dry. Most patients use bio-oil or a simple cream like Aqueous twice a day. This increases the blood supply and aids healing. Make sure the cream you use is not perfumed or smelling strong as some ingredients can irritate the wound **so keep it simple**. Regular massaging helps to flatten and soften the scar line.

### **When do I start wearing a bra?**

Upon discharge all bulky dressings must be removed before being measured for a bra. Once you know the correct size, we advise you to buy a soft cotton bra without any seams or wires. Make sure the bra you buy is a proper cupped bra and not a crop top, which is worn by women at the gym. The bra should be worn day and night for 6-8 weeks (about 2 months) but, if it is uncomfortable, can be removed at night. The Breast Care Nurse will let you know when to start wearing your bra as this will depend on how your wounds are healing.

### **When will I be able to drive?**

We normally advise you not to drive for 2-3 weeks after the surgery. You should be able to safely perform an emergency stop without experiencing any discomfort. Many insurance companies may not cover you in the event of an accident and so we advise that you check with your insurance company before driving again.

### **When can I return to work?**

This depends a lot on what type of work you do. We normally say 4-6 weeks (about 1 and a half months) recovery period. This does not apply to everyone so please bear in mind that everyone is different, and some may take longer than others. If you do not feel ready to go back to work for any reason, you can discuss this with your GP (General Practitioner). On discharge, the ward can give you a sick certificate for up to two weeks. If you need longer, you will have to consult your GP.

### **Where should I seek advice or help?**

If you have any worries, however small, please contact

Lead Advanced Nurse Practitioner on 03006 153031 Monday – Friday 8am - 4pm

If you are unable to contact the nurse for any reason, we advise you to ring the ward on 03006 154631/154632 and ask to speak to the sister or Nurse in Charge.

Plastic surgery Dressing Clinic or Urgent care on 03006 153031

If you urgently need further advice, please contact your GP or the 111 service.

### **Other resources you may find helpful**

**British Association of Plastic, Reconstructive and Aesthetic Surgeons**

**Procedure Guides: Breast Reconstruction**

<http://www.bapras.org.uk/public/patient-information/surgery-guides/breast-reconstruction>

**Macmillan Cancer Support**

Tel: 0808 800 1234 Web: [www.macmillan.org.uk](http://www.macmillan.org.uk)

Provide information and support to anyone affected by cancer.

**Cancer Research UK**

Web: [www.cancerhelp.org.uk](http://www.cancerhelp.org.uk) provides facts about cancer including treatment choices.

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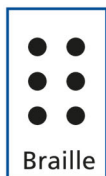
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Translation



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