



NORTH YORK GENERAL

Post-Operative Instructions

Deep Inferior Epigastric Perforator (DIEP) Artery Flap Breast Reconstruction

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Your guide to a smooth and confident recovery

Business hours phone number: 416 219 8666. For emergencies, please go to your nearest emergency room.

Preoperative Preparation

- **Medications:** Review all medications and supplements with your oncologist to ensure that drugs such as tamoxifen or similar agents are stopped 2-3 weeks before surgery, as advised.
- **Smoking:** Stop all nicotine products and smoking at least 4 weeks prior to surgery to optimize healing. We do not operate on smokers in an effort to limit complications
- **Medical Tests:** Complete any required blood work, EKG, chest X-ray, mammogram, or medical clearance as instructed.
- **Vascular Mapping:** A CT angiogram of your abdomen will be scheduled to map blood vessels—please coordinate with radiology at NYGH
- **Skin Preparation:** You may be prescribed chlorhexidine wipes to cleanse your skin of pathogens before surgery; use as directed.
- **Diet:** Maintain a high-protein, low-salt diet to support healing and reduce swelling.
- **BMI:** We try and maintain operating on patients with a BMI of ~30 and below. This is done in an effort again to minimize complications.

Day Before Surgery

- Shower with regular shampoo and soap, use chlorhexidine wipes to remove pathogens on skin
- Do not eat or drink after midnight.

Day of Surgery

- Arrive 1.5 hours before your scheduled procedure.
- Take prescribed medications with a sip of water, unless otherwise instructed.
- Do not wear jewelry, makeup, hair products, or contact lenses.
- Wear loose, comfortable clothing that pulls over your head.
- Inform your anesthesiologist if prone to nausea or motion sickness.

Immediate Postoperative Care (Hospital Stay: Days 1-4)

- After anesthesia, vital signs will be closely monitored.
- You may receive medications for pain and nausea.
- Your surgical and donor sites will be evaluated frequently to ensure proper blood flow.
- Early mobilization, including sitting up and walking, will be encouraged.



NORTH YORK GENERAL

Dressings and Drain Care

- **Dressings:** You will have surgical glue (skin glue) over incisions, lasting about 3 weeks.
- **Prineo Tape:** You will be prescribed a special surgical tape called **Prineo** to enhance wound healing and reduce dressing change discomfort.
 - If picked up at the pharmacy, there will be a cost you are responsible for.
 - If not used, standard dressings will be applied and can be removed at your first follow-up.
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Drain Management:

- There may be multiple drains placed, which require management and careful monitoring.
- You are often referred to CCAC for drain removal or output measurement.
- To minimize travel, it is recommended that you regularly empty and record the drainage from your drains at home using the provided measurement tools.
- Only go to CCAC if you need your drains removed or if instructed by your surgical team.
- **Drain output must be recorded daily.**
- Drains are typically removed when drainage decreases below 30 cc in a 24-hour period. The Hospital Nurse will review prior to discharge.

Abdominal Binder:

- An abdominal binder will be applied and should remain on continuously for **4-6 weeks**.
- After this, you may transition to a compression garment (like Spanx) for **2-3 months** to assist with edema control.

Showering:

You will shower after surgery with the nurses on Day #3. Gently wash the incisions with soap and water, but do not submerge the incisions underwater (e.g., in bathtubs, pools, or hot tubs). If you shower at home, we recommend someone is always with you for safety and to only shower the bottom half until all drains are removed.

Heat Sources:

Avoid using heating pads or hot compresses. Your skin's sensitivity to heat may be diminished, increasing the risk of burns.

Scar Care:

After approximately 3 weeks—once healing is complete—you may begin using silicone strips, gels, or creams to help scars mature and fade faster.



NORTH YORK GENERAL

Bowel Movements:

- If you do not have a bowel movement within two days post-surgery, you may take over-the-counter laxatives such as Colace or Senna to encourage bowel activity.

Pain Management

- You will be prescribed a combination of medications for pain relief, including **hydromorphone, Celebrex, Tylenol, and gabapentin or Lyrica.**
- **Please take these medications exactly as prescribed by your pharmacist and surgeon.**
- An antibiotic may also be prescribed; if so, complete the course as directed.
- Additionally, a blood thinner may be prescribed; if given, take it exactly as instructed.
- Do not take any additional pain medications outside of your prescribed regimen without consulting your surgeon.

Postoperative Recovery (First 6 Weeks)

- **Follow-up:** 2-3 visits are scheduled for the first 6 weeks.
- **Activity Restrictions:** Avoid strenuous activity and heavy lifting for **6 weeks.**
- **Work:** You may return to work when you feel able and after clearance from surgeon, typically around 4 weeks, depending on your job.
- **Swelling:** Moderate swelling in the reconstructed breast and abdomen is normal; expect this to resolve over 6-9 weeks.

Physical Therapy & Rehabilitation

- **Shoulder & Breast ROM Exercises:**
 - You may be instructed to massage or practice early ROM exercises.
 - **Avoid all shoulder or breast exercises for the first 4 weeks.**
 - After 4 weeks, exercises can be gradually introduced as tolerated.
- **Abdominal Strengthening:**
 - If tightness or weakness persists after 8-12 weeks, your family physician can prescribe abdominal physiotherapy at a nearby provider.
- **Scar Management:**
 - All scars take time to fade—up to six months or even a year. Avoid exposing scars to sunlight; use a good sunscreen to prevent permanent discoloration.
 - When well healed, over-the-counter silicone sheets, gels, or creams can be used to improve scar appearance.



NORTH YORK GENERAL

Emergency Scenarios

Please feel free to call or email us between **9:00 am and 4:00 pm on weekdays**.

For urgent concerns after hours or on weekends, please head directly to **NYGH Emergency**. We advise against visiting other emergency departments, as care there may be against our recommendations and can delay your recovery.

Please seek medical attention immediately if you experience any of the following:

- Increased swelling, pain, or a change in color of the reconstructed breast(s).
 - Note: Slight redness around scars is normal and not a sign of infection.
- Sudden increased swelling of the abdomen.
- Redness that extends beyond the incision sites.
- Severe pain not relieved by your prescribed pain medications.
- Fever over **38°C (100.4°F)** or **101°F**.
- Side effects from medications such as rash, nausea, or vomiting.

Your safety is our priority. Do not hesitate to contact us with concerns or questions to ensure your recovery goes smoothly.