



## Procedure Information Sheet

### Introduction

Breast reconstruction is the rebuilding of a breast after Mastectomy. Surgeon uses autologous tissue from abdominal wall (Transverse Rectus Abdominis Myocutaneous Flap-TRAM Flap) to construct a natural-looking breast.

### Indication

Breast Cancer

### The Operation / Procedure

1. The operation is performed under general anaesthesia.
2. Surgeons performs Mastectomy & Axillary Lymph node management first and prepares the autologous tissue in abdominal wall at the same time, the autologous tissues include skin, muscle, blood vessel etc.
3. Uses patient's autologous tissue for constructing a natural –looking breast except nipple and areola.
4. Skin suturing & drains insertion with fixation.
5. The nipple and areola usually construct in a later stage when the adjuvant therapy complete.

### Before the Operation / Procedure

1. Remove nail polish and jewellery and avoid treasures before admission.
2. Bring along personal belongings like slipper, pajamas etc.
3. Admit one day before operation for routine investigations such as blood taking, CXR, ECG, Urine analysis if needed and sign "Consent for Procedure".
4. Anaesthetist for pre-operative assessment and sign "Consent for Anaesthesia".
5. Skin preparation for shampooing and bathing.
6. Wear operation gown and empty the bladder before transfer to Operation

### After the Operation / Procedure

1. Vital sign monitoring and wound & drains observation and particular attention should be paid with avoid pressure to the new flap.
2. Observe the flap colour, capillary refill, skin texture and temperature according to surgeons' prescription.
3. Avoid blood pressure monitoring, blood taking, blood glucose monitoring, intravenous infusion or injection in operative upper limb.
4. According to patient condition and surgeon preference, patient needs bed rest in semi-supine position to avoid extend the body, knee are raised bent upward and support by pillows.
5. Sit out of bed with hips and knees slightly bent during ambulation to protect abdominal wound.
6. Inform nurse when feeling of nausea, vomiting or wound pain, antiemetic and pain killer can be taken as necessary if prescribe by doctor.
7. Wound cover by dressing and it would change after wound inspection by surgeon, informs duty nurse for any abnormality from the wound.

<p><b>Patient's Label</b>          Patient Name: _____          Hospital No: _____          Episode No: _____</p>
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8. Urine catheter and multiple drains will be inserted and it will be removed according to patient condition & surgeon prescription.
9. Resume normal diet and remove the intravenous infusion according to doctor prescription.
10. Encourage for deep breathing exercise and lower limbs movement after general anaesthesia.
11. Restart daily activity and shoulder exercise gradually as tolerate and avoid heavy lifting and excess exercise in affected limb according to doctor permission. Refer to Physiotherapist for shoulder exercise and walking exercise training if necessary
12. There may be numbness and tingling sensation over the breast wound and it will recover for most people after a period of time.
13. Non-wire bra can be worn after wound has healed.
14. Attend follow up appointment as scheduled.
15. You can resume your sex life after the wound has healed. Share your feelings and anxiety to your partner with good communication can help for recovering.

**Risk and Complication**

1. Wound pain
2. Wound infection
3. Haematoma / Seroma (may need re-operation for clot evacuation or aspiration)
4. Stiffness of shoulder
5. Blood vessels and nerve injury
6. Scarring or Keloid
7. Numbness and tingling sensation over the operated wound
8. Flap necrosis
9. Weakness of abdominal wall muscle
10. Hernia
11. Deep Vein Thrombosis

**Alternative Treatment / Investigation**

1. Implant insertion with or without tissue expansion
2. Latissimus Dorsi (LD) Flap
3. Or a combination of both

**Disclaimer**

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

**Reference**

1. Smart Patient Website by Hospital Authority: Surgery for Breast Reconstruction (2016)
2. Specialty Advisory Group (Breast) by Hospital Authority: Breast Reconstruction (2017)

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Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_