



## Procedure Information Sheet

### Introduction

Breast reconstruction surgery aims to restore the shape and form of breast after surgical resection or mastectomy. The procedure can be performed immediately (primary reconstruction) or later (delayed reconstruction).

In TRAM flap reconstruction, autologous tissue from the abdominal wall is used to reconstruct the breast. The transfer of tissue can be performed using the attached blood supply (pedicle flap) or using microscope to restore the blood circulation (free flap).

### Indication

Breast Cancer

### The Operation / Procedure

1. The operation is performed under general anaesthesia.
2. The autologous tissue in the abdominal wall which includes the skin, fat, muscle and blood vessels etc. is prepared.
3. The autologous tissue is transferred to the chest wall and shaped into a breast mound.
4. Drains are placed and wounds are sutured.

### Before the Operation / Procedure

1. Remove jewellery, piercings and nail varnish before coming to the hospital. Leave all your valuables at home.
2. Please bring with you comfortable, loose-fitting clothing, personal toiletries and a pair of non-slip slippers/footwear.
3. Please follow your doctor's instructions on the time and date for admission. Routine pre-operative assessment such as blood tests, CXR, ECG, urinalysis may be needed. The "Consent for Procedure" will be signed.
4. Your anaesthetist will perform pre-anaesthetic assessment and explain to you about your general anaesthesia. The "Consent for Anaesthesia" will be signed.
5. Skin preparation: shower or bathe and wash your hair before your surgery.
6. You will change into a gown before going to the operating room. Remove all your undergarments and dentures and empty your bladder.

### After the Operation / Procedure

1. After the surgery, you will remain under close observation for a few days. Please avoid any direct pressure to your reconstructed breast(s).
2. The reconstructed breast(s) will be monitored carefully with regards to flap colour, capillary refill, skin texture and temperature.
3. Blood pressure monitoring, blood taking, blood glucose monitoring, intravenous infusion or injection should be avoided in the ipsilateral arm.
4. After the surgery, you should stay on bed rest according to your doctor's instructions. Sleep on your back at an angle and propped up with pillows under your knees to avoid a stretch on the wound of your abdomen.
5. When you first stand up, you should stand in a stooped position to avoid pulling on your abdominal wound. You can gradually straighten up over the next few days as comfort allows.
6. You may experience nausea or pain after the surgery. Medications will be prescribed by your doctor based on your individual needs.

#### Patient's Label

Patient Name: \_\_\_\_\_  
Hospital No: \_\_\_\_\_  
Episode No: \_\_\_\_\_



7. Leave your dressings intact. Your dressings will be changed as directed by your doctor. Inform your nurse if you notice any abnormality from the wounds.
8. After surgery, you will have a urinary catheter in place which will be removed after a few days when you become ambulatory. Drains placed during surgery will be removed by your doctor when drain volumes are low enough.
9. Diet can be gradually resumed according to your doctor's instructions.
10. You may experience discomfort in the throat after tracheal intubation. Deep breathing exercises help keep your lungs fully expanded and clear of mucous. To protect your abdominal wound when coughing, bend your knees slightly and support your stomach with your hands. Early and frequent ambulation will prevent blood clots in your legs.
11. You may resume normal activities as tolerated but avoid any heavy lifting or vigorous, repetitive exercise. You can see a physiotherapist for advice if necessary.
12. You may experience reduced sensation or tingling and numbness over the operated sites. This will usually subside in the months following your operation but sometimes can be permanent.
13. Wear a supportive non-wired bra when your wounds have healed and all drains have been removed.
14. Attend your doctor's follow-up appointment as scheduled.
15. You can resume sexual activities when you have fully recovered from your surgery. You might find it helpful to share your feelings with your partner or another family member or friend.

### 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 vessel and nerve injury
6. Scarring and keloid formation may result in unsightly scar
7. Asymmetry of the breasts
8. Numbness and tingling sensation over the operated wound
9. Flap necrosis
10. Weakness of abdominal wall muscle
11. Hernia or bulge
12. 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 (2019)
2. Specialty Advisory Group (Breast) by Hospital Authority: Breast Reconstruction (2021)

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

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