



NORTHEAST PLASTIC SURGERY
CENTER

5 Davis Road East
Old Lyme, CT 06371

Tel 860.390.6000
Fax 860.215.8150

info@northeastpsc.com
www.northeastpsc.com
Vinod V. Pathy, MD, FACS
Megan J. Phillips, PA-C

Breast Reconstruction: TRAM Flap Post-operative Instructions

- Your post-operative appointment is scheduled for _____.
- Empty your drains every 12 hours and record the measured quantities for each drain, separately, on your chart. Please bring the chart with you to your office visits. The amounts that are draining from each drain will determine when the drains may be removed. The drains may take up to 2 weeks before they may be removed. Once the drains are removed, you should keep a dry gauze dressing for 48 hours over the former sites on the skin to prevent drainage onto your clothing.
- Sponge-bathe only until further instructed. Usually, you may shower 48 hours after the final drain is removed.
- Apply a thin layer of Bacitracin ointment 1-2 times daily to your belly button and cover it with a Telfa nonadherent dressing.
- If a liquid skin adhesive (glue) was used along your incisions, it may take 2 weeks to dissolve. Do not apply Bacitracin directly over the glued area unless instructed as this may prematurely dissolve this dressing. If Steri-Strips were used over your incisions, do not peel them off. Once they begin to curl at their edges, you may trim the curled edges with a pair of scissors.
- Because of the risk of damaging the blood supply to your flap, we ask that you avoid wearing a bra for approximately 3 months. Please check with your surgeon prior to beginning to wear any chest garments.
- Do not wear an abdominal binder as it can limit the blood flow to your breast flap.
- You have received prescriptions for _____ as an antibiotic and _____ for pain relief. You may alternatively take Tylenol for pain relief. You may stop taking your antibiotic after the final drain has been removed. Please take Colace as a stool softener to limit abdominal straining and constipation.
- Avoid aspirin, ibuprofen products (Advil, Motrin), Aleve, Naprosyn, Celebrex, Toradol and products containing Vitamin E for 1 week following your surgery, as they result in a higher risk of bleeding. If you are taking blood thinners such as Coumadin or Lovenox, your regimen will be coordinated with your Coumadin Clinic and medical physicians.
- You may resume your pre-operative diet as tolerated.
- Restrictions are as follows:
 - Lay down in a flexed position for at least 2 weeks. Do not lay on your sides for 6 weeks.
 - You must walk in a flexed position for at least 1-2 weeks post-operatively, and then gradually stand more erect.
 - Avoid all spinal twisting for 2 weeks, then you may gradually increase movements towards each side.
 - No driving for at least 3 weeks. You will be restricted from driving until all narcotic medications have been stopped.
 - No heavy lifting (> 5 lb) for 6 weeks.
 - Avoid vigorous running, jumping, and pulling for 8 weeks.
- Please refrain from nicotine-containing products for at least 4 weeks following your surgery. Nicotine reduces circulation and can therefore result in wound healing impairment.
- There are a number of different modalities that can limit scar formation post-operatively. Starting 2 weeks post-operatively, we normally recommend that you utilize Epi-Derm™ Silicone Gel Strips from Biodermis™. This therapy may be purchased through www.biodermis.com. Silicone sheets should be applied overlying the healing scar for at least 12 hours daily, and ideally closer to 24 hours daily, with gentle cleansing of the scar performed once daily. An individual sheet may be re-used multiple times, with the average lifespan being 7-10 days. Alternatively, you may choose to utilize any number of silicone scar reduction gels (Kelocote®, Mederma®), and massage in a thin coat twice daily to the scar, for 2-3 months.

Please contact us with any additional questions or concerns.