



Deep Inferior Epigastric Perforator Breast Flap Reconstruction Discharge Instructions:

- **Medications** (pain medication, antibiotic, blood thinner) :
 - Alternate Narcotic with Ibuprofen 800 mg. Time it so that you are taking something every three hours. Example: Norco at noon and then ibuprofen at 3PM then Norco at 6PM.
 - Take Gabapentin 300 mg PO Q12
 - Xarelto 10 mg PO Qday
 - Augmentin or Keflex as prescribed
- **Drain care:** Strip, empty, record output, and recharge. Keep daily log of drain outputs for each drain separately. Call the office to schedule an appointment when drain out-put is less than 30 mL over 24 hours for two consecutive days for any drain. See log form. Never let your drains hang, and make sure they are supported in the shower.
- **Incision care:** You will have tape and/or skin glue over your incisions. **DO NOT REMOVE.** If the tape begins to peel up, you may trim the edges. You should wear an abdominal binder or garment at all times other than showering or washing the garment. You should not wear a bra or any tight shirts. Do not lay on or place any pressure on your chest. Clean the belly button with soap and water daily. Once you leave the hospital, it is ok to shower with fragrance free soap and water, but do not let the water directly hit your chest. Do not bathe, swim or soak.

- If you notice any change in the color of your flaps please call the office immediately
- We want you to be walking and getting out of bed, but no heavy exercise or lifting >2 pounds. You must limit activity with your upper body---no lifting arms above the shoulders and be careful no to place the full weight over your body on your arms (when getting in and out of bed etc.)---have someone help you with activities as needed.
- You will need to stay bent at the waist at all times for the first 2 weeks until your abdomen heals and the skin starts to stretch out. Sleep in a recliner or with several pillows behind your back or under your knees for the first two weeks. It's normal to walk 'hunched-over' for the first 1-2 weeks after surgery. Walk a lot, stairs are ok.
- Take an over-the-counter stool softener (ex. Colace, miralax) while taking narcotic pain medicine.
- **NO DRIVING** until cleared by your surgeon
- **ABSOLUTELY NO SMOKING.** This will cause wound healing, and may kill your flaps.
- Expect to be run down for the first 10-14 days or longer. By the end of the second week energy levels should be greatly improved.

- You may not consume beverages or foods high in caffeine (coffee, soda, chocolate etc.) as they may decrease blood flow to your flaps

Activity restrictions and clarification:

- **Week 0-2** – No strenuous activity. Immediately after hospital discharge patients are expected to walk (including stairs), shower, and perform all normal activities of daily living.
- **Weeks 2-4** – Ok to do low impact activities that elevate your heart rate (ex. brisk walk or elliptical machine), but nothing that uses excessive upper body movement or causes bouncing of the chest.
- **Weeks 4-12** – Higher impact activities are ok. No heavy lifting. After 12 weeks – Heavy lifting can be done with caution. Sit-ups and core-straining activities shouldn't be done until cleared by your surgeon.
- See attached specific activity protocol

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