

Patient Name _____

Date of Surgery _____

Hospital _____

Arrive at the hospital at 6:00 a.m. the morning of surgery. Surgery will start at 7:30.

Assistant Surgeon _____

Pre Operative Work Up at Hospital _____
(If done in your area these results must be at our office 2 weeks prior to surgery)

CT or MRI _____
Location _____

**** Bring Disc with you to your pre-operative marking appointment****

Pre Operative Appointment at Office _____
Location _____

Post Operative Appointment at Office _____
Location _____

****Call our P.A. Christina or our nurse Chris, with your questions before and after surgery at any of these telephone numbers.....
(843) 388-0660, (843) 849-8418 or (866) 374-2627**

****Things to bring to hospital: Medications**

Questions for my doctor:

Preparing for Surgery

Starting Now

Stop Smoking: Smoking reduces circulation to the skin and impedes healing. (This includes staying out of rooms with smokers.) You must be nicotine free for **at least** 1 month prior to the procedure and throughout the duration of the various stages (about a 10 month minimum). If any amount of nicotine is in your system prior to or following surgery you are at an increased risk for wound healing complications, infections, cardiac complications, pulmonary complications, or flap loss/failure.

Get in Shape: Although this reconstruction process will assist in improving the contour of your body, it is important to be in optimal shape prior to the procedure. Having a Body Mass Index between 19%-25% would be the preferable pre-operative status. We do not recommend “crash diets” or extreme lifestyle changes. However, statistics have shown patients with a lower Body Mass Index have fewer wound healing complications, infections, pulmonary complications, and cardiac complications.

Protein Status: Protein is a very important component to the healing process. There is a recommended formula to calculate the amount of protein you should have in your specific diet pre and post operatively:

Your Weight In kg x 2 = Grams of Protein Daily
(to convert pounds to kg you divide your weight in pounds by 2.2)

Take Multivitamins: Start taking multivitamins (with Vitamin C and iron) twice daily to improve your general health prior to surgery.

Avoid medications that increase bleeding tendency:
(See Medication sheet at end of this booklet)

Discontinue Tamoxifen, Soltamox, Aromasin, Femara, Vitamin E, Fish Oil, and herbal medication intake: 2 weeks pre-operatively and 2 weeks post-operatively. **(Also, please inform your doctor if you are on any other form of hormone therapy or anticoagulation.)** (refer to the Medication sheet at end of the booklet).

Stool Softeners: Begin natural vegetable powder stool softener (i.e. Metamucil) 2 weeks prior to your surgery and

continue for 2 weeks after surgery. Also, be sure to be drinking plenty of water and maintaining a high fiber diet.

Fill your prescriptions: You will be given prescriptions for medications prior to your 1st stage procedure. Please have them filled BEFORE the day you are discharged from the hospital. After being discharged from the hospital you will continue on an antibiotic to prevent infection, a stool softener to prevent constipation, a medication for pain management, a medication to prevent muscle spasms, a medication for nausea, an antibiotic ointment for the incisions, and an injectable blood thinner. These medications will all be explained at your pre-op visit and information regarding each will also be provided on a separate informative sheet.

DIEP patients should avoid shaving the groin area prior to surgery to reduce the risk of infection.

In The Weeks Before Surgery

Labwork: Pre-surgery lab work must be obtained prior to your surgery. Out of town patients can get lab work done in their area and results may be faxed to the hospital and our office (843-849-8419). We recommend that this should usually be done a minimum of 2 weeks before your surgery. You will be given a prescription order to present at the facility of your choice. Patients in our area will have a pre-operative consultation at the hospital, and may have lab work and testing done at that time.

Call the Office

Notify our office promptly if cold, fever, or any illness appears before surgery. Call in any allergies, medications, or conditions that may have changed or began after your initial consultation. It is crucial that we are aware of any and all health conditions.

The Day before Surgery

Cleansing: Starting prior to surgery, you will need to purchase Hibiclens or Dial soap and wash all surgical areas with these products. (The Hibiclens is provided with the other prescriptions given pre-operatively.) DO NOT use this after your surgery unless otherwise instructed.

Eating and Drinking: Do not eat or drink anything after 12:00 midnight the evening prior to surgery. This includes water. No breath mints, no chewing gum.

Pre-Operative Office Visit: It is necessary for you to come into the office the day prior to surgery *with your MRA disk*. At that time, we will talk about the planned procedure, answer any questions you may have, review the list of prescriptions, and apply the surgical markings. Be sure to set up this appointment with our receptionist.

The Morning of Surgery

Special Information: Do not eat or drink anything! If you take a daily medication, you may take it with a sip of water in the early morning unless the hospital has given you instructions otherwise. No breath mints, no chewing gum.

Oral Hygiene: You may brush your teeth but do not swallow the water.

Cleansing: Shower and wash the surgical areas again with HIBICLENS or DIAL soap.

Make-up: Please do not wear any moisturizers, creams, lotions, or make-up.

Clothing: Wear only comfortable, loose fitting clothing that does not go over your head. Remove hairpins, wigs, and jewelry. Please do not bring valuables with you.

Going to Surgery

The Operating Suite

Going to the operating room is not a normal experience for most of us. Dr. Kline and Dr. Craigie and all of the professional staff caring for you recognize the natural anxiety with which most patients approach this step in the process of achieving their goals. We believe a description of the surgery experience will be helpful.

Your surgery will be performed in a state-of-the-art operating suite. Professionals using the most modern equipment and techniques will attend you. The team includes anesthesiologists, trained operating room technicians, and nurses.

When you arrive at the hospital you will be escorted to the admitting ward. You will be asked to change into a gown and be given foot covers. Family members are usually allowed to stay with you at this point.

You will be taken to the preoperative holding area when the time for your surgery nears. Medications are given to relax you and the nurse or anesthesiologist will start an intravenous drip in your arm.

Once you enter the operating room, you will be made comfortable on our padded operating table. At the same time, to ensure your safety, our staff will connect you to monitoring devices. You will then be given medicines that will make you drowsy.

After Surgery

Family members will be notified of your progress periodically during your surgery.

Following the procedure, you will be moved to a special unit in the hospital where you will be connected to monitoring equipment and nurses specifically trained in post operative care of breast reconstruction patients will be monitoring you at all times. Family members can visit with you during visiting hours.

Furthermore, you will receive another informative sheet that discusses your specific information and post-operative care following "1st Stage Breast Reconstruction". This usually will include information concerning JP drain care, because it is important to monitor how much the drains are putting out in a 24 hour period so we will know when to remove them. You will also have a temperature measurement on your chest, which serves as an additional way of monitoring the flap. Other specifics and information will be provided in your post-operative packets.

General Surgical Risks

About Risks

We want you to understand fully the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. We will use our expertise and knowledge to avoid any foreseeable complications. If a complication does occur, we will use those same skills in an attempt to solve the problem quickly. The importance of having a highly qualified medical/surgical team and the use of a certified facility cannot be overestimated.

In general, the least serious problems occur more often and the more serious problems occur rarely. If a complication does arise, you, your doctor, and the nursing staff will cooperate in order to resolve the problem.

Normal Symptoms

Swelling and Bruising: Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection and should be reported to our office immediately.

Discomfort and Pain: Mild to moderate discomfort or pain is normal after any surgery.

Numbness: Small sensory nerves to the skin are cut when an incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas usually returns gradually over 2 to 3 months as the healing progresses.

Itching: Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massage are frequently helpful. These symptoms are common during the recovery period.

Redness of Scars: All new scars are red, dark pink, or purple. Scars on the face usually fade within 3 to 6 months. Scars on the breasts or body may take a year or longer to fade completely.

Common Risks

Hematoma/Seroma: Small collections of blood and fluid under the skin are usually allowed to absorb spontaneously. Larger fluid collections may require aspiration, drainage, or even surgical removal to achieve the best result.

Inflammation and Infection: A superficial infection may require antibiotic ointment. Deeper infections are treated with antibiotics. Development of an abscess may require surgical drainage.

Thick, Wide or Depressed Scars: Abnormal scars may occur even though we have used the most modern plastic surgery techniques. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally necessary. Some areas of your body scar more than others and some people

scar more than others do. Your own history of scarring should give you some indication of what you can expect.

Rare Complications

If severe, any of the problems mentioned under Common Risks may significantly delay healing or necessitate further surgical procedures.

Medical complications such as pulmonary embolism, severe allergic reactions to medications, cardiac arrhythmias, and heart attack are rare but serious and life threatening problems. Having trained professionals present at your surgery reduces these risks as much as possible. (Failure to disclose all pertinent medical data before surgery may cause serious problems for you and for the medical team during surgery.)

Specific Surgical Risks

Breast Reconstruction

Hematoma/Seroma: Some postoperative bleeding into the surgical space is expected. If the bleeding is minimal, your surgical drains will compensate for it. Marked swelling may require surgical removal of the blood.

Infection: Postoperative infection is uncommon, but possible. We reduce this risk to a minimum by giving antibiotics during surgery and oral antibiotics after surgery. Most infections are mild and resolve without incident. If serious infection develops, hospitalization may be required to administer intravenous antibiotics.

Wound Healing Problems: Prescription dressings or treatments may be necessary and may involve specialized equipment and nursing for a prolonged period of time. This usually involves a "Wound Vac". A "Wound Vac" is commonly used to expedite the healing of the surgical opening/wound by providing negative pressure to the wound. Most wound healing complications involve an extension of the recovery period rather than any permanent effect on your final result.

Loss of Sensation to Skin: Nerves that supply skin sensation may be cut or damaged during surgery. It can happen no matter how carefully the surgery is performed. If sensory loss occurs, the nerves slowly recover over a period of 1 to 2 years in about 85% of the cases.

Loss of Skin or Umbilicus: This is a rare complication at the site of flap harvest. This is more common in smokers and those who

have had previous abdominal surgeries. This very rare complication will usually involve only small areas that will eventually heal with good wound care. Secondary surgery may be required for wound revision.

Flap Loss/Failure: Microsurgery is a delicate art. Very rarely, despite every effort to control the behavior of the flap after surgery, failure may occur. Under the care of Dr Craigie and Dr Kline, there is a 1% chance of flap loss/failure and a 5% chance that the patient may need to return to the operating room for adjustments or revisions. If there is any question about the health of the flap in the first few days after surgery, Dr Craigie or Dr Kline may require a return to the operating room to inspect and correct the problem. Should the flap fail, it would require removal and consideration of other reconstructive options once you recover.

Fat Necrosis: Small areas of the reconstructed breast can become firm. These areas are usually addressed in the 2nd stage, however there is a possibility of contour irregularities in the flap from fat necrosis.

Specific Post Operative Instructions

Breast Reconstruction

Arrange to have someone with you for the first few days after you go home from the hospital. If you live outside of our area, we ask that you plan to stay in Charleston or Mount Pleasant for at least a week after you are discharged from the hospital.

Position: You must sit and sleep in a flexed position (bent at the waist to take tension off your incision line). Generally pillows under your back and knees work well. You may also consider sleeping in a reclining type chair if comfortable.

Activity: Avoid heavy lifting and straining for two weeks at a minimum. **Do not drive until the drains are removed and you have stopped all pain medications, sleeping pills, and muscle relaxants for at least 24 hours.** Avoid any activity that causes pain. Let your body tell you what you can or cannot do. Also, remember that even when you are starting to regain your strength and energy, it is still important to not “over do it”.

Dressings: The surgical garment acts as a “dressing” holding things in position. If the garment feels too tight or hurts, you may adjust it until it feels comfortable. A garment that is too tight or creased can cause ulceration of the skin, so pay attention to this issue. We want you to wear the garment at all times for 2 weeks (this includes sleeping). You may change any soiled dressing as

needed. Avoid hot compresses or heating pad application to the reconstructed breast, abdomen or buttock since burns may occur. After 2 weeks, your doctor will tell you if you may stop wearing the garment.

Showering and Bathing: You may shower starting 1 to 2 days after surgery. Tub baths are allowed when all sutures have dissolved. Leave any adhesive covers on your skin.

Exposure to Sunlight: Scars take at least one year to fade completely. During this time, you must protect them from the sun. Even through a bathing suit, a good deal of sunlight can reach the skin and cause damage and/or permanent pigmentation. Wear a sunscreen with a skin protection factor (SPF) of at least 45 at all times when in the sunshine. Be extremely careful if areas of your skin have reduced sensitivity.

Exercise: You may take gentle walks within a few days. Do not return to aerobic exercise for 4 weeks. Typically by 6 weeks, you have no restrictions on activity.

Follow Up

When you leave the hospital; be sure to call our office at 843-849-8418 or (866) 374-2627 to schedule your first postoperative visit if you have not already scheduled this appointment prior to your surgery.

Reminder

ABSOLUTELY NO SMOKING after surgery (this includes staying out of rooms with smokers).

As You Heal

Family and Friends

Support from family and friends is very helpful, but because they may not understand what constitutes a normal postoperative course, some comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your result will be. Please trust in our knowledge and experience when we discuss your progress with you.

Depression

Some patients experience a brief period of “let down” or depression after surgery. As the healing occurs, these thoughts usually disappear quickly. If you feel slightly depressed, understanding that this can be a “natural” phase of the healing process may help you to cope with this emotional state.

Healing

Everyone has the capacity to heal themselves to one degree or another. Clearly this ability is variable and depends upon a number of factors such as your genetic background, your overall state of health and lifestyle (exercise, smoking, drinking, etc.).

Many people believe the surgeon “heals” the patient. No person can make another heal. Dr Craigie and Dr Kline can facilitate, but not accelerate, the healing process. Your cooperation and close attention is extremely important and in your best interest.

Bruising: Bruising tends to resolve in a time frame much like any other bruise you may have experienced. You should avoid sun exposure while the bruising is present to help prevent any permanent pigmentation.

Healing and Sensory Nerves: Regeneration of the sensory nerves is accompanied by tingling, burning, or shooting pains, which disappear with time and are nothing to be alarmed about. However, if this is accompanied by swelling or redness, infection, or bleeding, then you will need to be seen in the office.

Swelling: You may find swelling of your new breast and abdomen (DIEP) or buttock (GAP) to be troublesome and your clothes may not fit. Be patient, this swelling will gradually subside and you will feel better in a few weeks. There will be a certain amount of tightness in the area where the flap was taken from. This will slowly relax in a few months.

Following Instructions: Another major factor in the course of healing is your paying strict attention to following the instructions given by Dr. Craigie and Kline’s staff. Such guidelines as listed in this booklet are designed to promote the healing process and to prevent the occurrence of anything which may interfere with your recovery. We believe “the difference is in the details” and strive to achieve the best possible results for you. It is imperative that you recognize that you are a partner in this process and not just a passive participant. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.

Complications: Unexpected occurrences are very infrequent. When they occur, it is usually a result of an individual’s variable healing capacity or failure to pay strict attention to recommended pre and post surgical guidelines. Rest assured we will assist you in any way possible with regard to such events. Should the unexpected occur, we will work together with your participation as a complete team and support you through any difficulties on your way to reaching your goal.

Oncologist: You must continue seeing your oncologist or general surgeon on a regular basis. Mammograms may be performed on the reconstructed breast, but are usually not necessary as the tissue used for reconstruction is not breast tissue.

Stage II and III

Second Stage

Reconstruction of the nipple/areola, refinements in the size or shape of the breast, and any other body contouring issues may be done as early as 3 to 4 months after the initial procedure. This is done at your convenience and is an outpatient procedure. For this stage, the donor site skin and tissue is used to create the new nipple. Additional adjustments will also be made during this stage to improve the new breast mound's symmetry and revise any other areas of concern. Also, at times, patients may require body contouring around the donor site. This sometimes involves direct excision or liposuction to the affected areas.

Third Stage

Completion of the nipple reconstruction occurs at a third stage during which the color of the nipple and areola are reproduced with medical tattooing. This is done in the office with local anesthesia. Unfortunately, some insurance companies do not cover this portion of the reconstruction and a small fee may need to be collected by our office staff when you come for the procedure.

AVOID BEFORE AND AFTER SURGERY

To Our Patients:

For the two-week period prior to the date of your surgery, please do not take any medication that contains aspirin. Aspirin has an effect on your blood's ability to clot and could increase your tendency to bleed at the time of surgery and during the postoperative period. Please check the labels of medications that you take (even non-prescription medications) to see that you do not take aspirin.

If you need minor pain medication, please take Tylenol. If you are allergic to Tylenol or unable to take it for some reason, please notify us so that we might arrange for a substitute.

The following drugs either contain aspirin and/or have undesirable effects that may affect your surgery (abnormal bleeding and bruising). Please let us know if you are currently taking any of these medications.

It is also recommended that you discontinue the use of all herbal supplements and extra vitamins other than those contained in your multivitamin.

Aches-N-Pain	Duragesic	Orphenogestic
Advil	Easprin	Roxiprin
Aleve	Ecotrin	Rufen
Alka-Seltzer	Emagrin Forte	SAC tablets
Alka-Seltzer Plus	Empirin	Saletto
Anacin Products	Emprazil	Salocol
Anaprox	Equagesic	Sine-Off
Anexsia w/Codeine	EquazineM	Sinutab
Anodynos	Excedrin	Oxycodon
APC	Feldene	Pabalate
Arthritis Pain Formula	Fiogestic	PAC
ASA	Fiorgen PF	Pedia Profen
Ascriptin	Fiorinal	Pepto Bismol
Axotal	4-Way Cold Tablets	Percodan
Azdone	Garlic Supplements	Persistin
BAC	Gelpirin Tablets	Phenapehn
Bayer Products	Gemisyn	Presalin
BC Powder	Goody's Powder	Propoxyphene
Bexophene	Haltran	Robaxisal
Buffaprin	Ibutab	Soma Compound
Bufferin	Ibuprofen	SK-65
Buffinol	Indocin	St. Joseph Aspirin
Cama Arthritis Pain Reliever	Lortab ASA	Supac
Cephalgesic	Magan	Synalgos-DC
Cheracol	Magnaprin	Talwin
Congesprin	Marnal	Tolectin
Cope	Measurin	Trendav
Coricidin	Medipren	Triaminicin
Cortisone Medications	Meprobamate	Trigesic
Coumadin	Methocarbamol	Trilisate
Damason-P	Midol	Ursinus Inlay-Tabs
Darvon	Mobigesic	Vanquish
Dia-Gesic	Momentum	Vitamin E
Disalcid	Motrin	Zactrin
Doan's Pills	Naprosyn	Zomax
Dolprin #3 Tablets	Norgesic	Zoprin
Doxaphene	Norwich	

Mount Pleasant (East Cooper) Location:

1300 Hospital Drive, Suite 120, Mount Pleasant, S.C. 29464
843-849-8418



From I-26 — Take the last exit to Highway 17N/Mount Pleasant. Cross the Cooper River Bridge. Follow 17N to Bowman Road. Turn left onto Bowman Road. Take your first right onto Von Kolnitz Drive, and your first left onto Hospital Drive. Follow Hospital Drive past the lake, you will see our building on the left.

From I-526 — Follow I-526 to Charleston/Highway 17S exit. Once you are on Highway 17S, at the first stop light turn right onto Bowman Road. Take your first right onto Von Kolnitz Drive, and your first left onto Hospital Drive. Follow Hospital Drive past the lake, you will see our building on the left.

East Cooper Plastic Surgery - The Center for Natural Breast Reconstruction

Charleston/West Ashley Location (Charleston Breast Center)
1930 Charlie Hall Blvd.
Charleston, S.C. 29414
843-556-0036



From I-26 (Moncks Corner, Goose Creek, and North Charleston):

Travel I-26 East toward Charleston. Merge onto I-526 West via exit number 212B toward Savannah. Take first exit toward Ashley River Road/SC-61 N. Merge onto Paul Cantrell Boulevard. Turn right onto Charlie Hall Boulevard past Home Depot. The building will be on your left.

From HIGHWAY 61 (Summerville):

Travel Southeast on State Road-61, Ashley River Road toward Charleston. Take right at Bees Ferry Road stop light. Take left onto Glenn McConnell Parkway. Turn left onto Charlie Hall Boulevard. The building will be on your left.

From DOWNTOWN (Georgetown, IOP, Mt. Pleasant):

Travel South over the Cooper River Bridges toward Charleston. Merge onto I-26 heading toward Columbia. Merge onto I-526 West/Mark Clark Expressway toward Savannah. Take the Ashley River Road/SC-61 N Exit. Turn right onto Charlie Hall Boulevard past Home Depot. The building will be on your left.