



**Queen Victoria Hospital**  
NHS Foundation Trust

# Post-operative information for patients undergoing breast reconstruction surgery



This leaflet has been produced to provide you with specific post-operative information and practical advice following your breast surgery.

## Important advice to all surgical patients

- If you begin to suffer with any of the following:
- Pain/swelling/heat in the calves
- Difference in leg shape/width from one leg to the other
- Shortness of breath
- Please ensure you seek urgent help and advice from one of the following:
- Macmillan Breast Reconstruction Clinical Nurse Specialists (CNS') on 01342 414302 (during office hours)
- Canadian Wing (Margaret Duncombe Ward) 01342 414450 (24hrs a day)
- Your GP
- NHS 111
- Local walk-in centre / urgent treatment centre / A&E

For any general queries, please contact the Macmillan Breast Reconstruction CNS (full contact details at the end of the leaflet).

**If you have been asked to stop your Tamoxifen 3-4 weeks before having your surgery, you may re-start it again 2 weeks afterwards. Please be assured that this will not have a detrimental effect to your cancer treatment.**

## Support garments

Following any breast surgery, we ask that you wear a soft, non-wired and supportive bra.

If you are having a reconstruction using your abdomen you will need to bring in some body shaper support knickers to wear and if you are having a reconstruction using your thigh you will need some supportive body shaper/cycling shorts/leggings. These garments should be worn for six weeks post- surgery. Wear these for 23 hours a day (day and night), removing only for showering/dressing changes.

Supportive knickers and shorts are worn to help prevent a seroma (see below) and provide support to your wounds and reconstruction.

Occasionally, even if a surgical drain has been used, a patient may develop a seroma. This is a buildup of either bloodstained fluid, which can collect under the skin in the breast area, or the donor site (where the tissue for the reconstruction has been taken). If it is small, the surgeons may leave it, as it will normally disperse into your body within a month or two. If it is, a large seroma causing discomfort/pain then treatment is required.

This involves a surgeon or a trained nurse inserting a fine needle into the skin to drain the fluid away.



Support Bra



Body Shapers



Cycling Shorts



Leggings

## Dressings

One of the Macmillan Breast Reconstruction CNS' will call you after discharge to check your progress. If you have any immediate concerns, please do not wait for this call, you can contact the CNS' or Plastics Dressings Clinic (PDC) during office hours for help and support.

For immediate concerns about your wounds outside of office hours, please contact:

- Canadian Wing (Margaret Duncombe Ward) 01342 414450
- Your local A&E / Minor Injuries Unit / Walk-In-Centre / Urgent Treatment Centre
- NHS 111

The dressings you are discharged with are simple adhesive strips and/ or tape. Your dressings should remain in place until your follow up appointment 7-10 days after discharge. At this appointment, a nurse will check your wounds to make sure they are healing. Occasionally, more than one follow up appointment in the plastics dressing clinic needed.

## Stitches

Usually, you will have dissolvable sutures (stitches) that do not need to be removed, although they may take several weeks/months to fully dissolve. Occasionally, as they dissolve they poke out of the skin, irritate slightly, and may need trimming. If non-dissolvable stitches were used, staff will arrange for them to be removed.

## Wound care

The ward nursing staff will advise you whether your dressings are waterproof. If you have been informed that you are able to shower with the dressings in place you **must ensure they are completely dry** before replacing your support garments (Bra/knickers/shorts/leggings). You can pat the dressings dry with a clean towel, leave them to dry in the air or use the cool setting on your hairdryer to dry them. You **must** ensure you have tested the hairdryer on the inside of one of your forearms before use and hold it approximately 10cm away from your body.

You may have a loss of sensation or be completely numb in your breast and donor areas (back, abdomen and groin/inner thigh) and therefore you are at risk of burning yourself.

Please also take care when using hot water bottles, heat pads or holding hot drinks near your reconstructed breast as the risk of burns applies here too, due to the numbness.

We advise that you use non-scented toiletries and avoid using sprays, bubble bath or aerosol deodorants on or near the wound for about two weeks. You may return to using your usual soaps and toiletries once the area has fully healed.

## Analgesia (pain relief)

You should make sure you have a supply of paracetamol and ibuprofen at home (if you are able to take them and have never been told that you should not take them). You may also be given some stronger oral analgesia when you are discharged. It is important that you take pain relief on a regular basis for the first week after you have been discharged. Missing doses will reduce the effect of the pain relief medication and potentially cause breakthrough pain, which is harder to control.

Please read medication instructions carefully and if you are unsure of doses please contact the ward or our pharmacy for advice.

Some pain medication can cause constipation and drinking plenty of fluids and eating fresh fruit and vegetables may help prevent this. You may also wish to purchase a supply of laxatives such as Senna tablets or Lactulose to have at home, should you need them.

## Blood thinning injection and anti-embolism stockings

All breast patients who are having a general anaesthetic will receive a pair of anti-embolism stockings to wear 23 hours a day (removing only for washing) and a blood-thinning injection every night you are in hospital.

These are given to prevent a blood clot forming in either the legs (DVT) or lungs (PE).

## Undergoing a MS TRAM, SIEA/DIEP or TUG/DUG/LUG flap reconstruction

Due to the slight increased risk of blood clots, patients having a reconstruction using their abdomen or thigh (MS-TRAM, SIEA/DIEP or TUG/DUG/LUG) will receive a supply of blood thinning Injections on discharge to **self-administer at home**. Instructions on administering the injections will be given by the pre-assessment team and ward nurses during admission.

These patients will also be instructed to wear their stockings for three weeks after they are discharged.

### Activities

The rate at which you can return to most of your normal activities varies from two weeks to twelve weeks. This depends on which surgery you have had and how you recover.

While you are in hospital, you will be given exercise sheets with instructions – you are advised to continue the exercises at home during your recovery.

### Diet

We recommend that you eat a healthy well balanced diet to aid wound healing. Foods rich in protein and iron are beneficial. We would suggest increasing your calorie intake for a few weeks after surgery.

### Medication

If you were asked to stop your Tamoxifen before surgery, please remember to re-start this 2 weeks after your operation.

### Smoking / Vaping / Nicotine products

Smoking can reduce the blood flow to surgical sites. Studies have shown that nicotine and other substances found in cigarettes can be harmful to your heart, lungs and skin.

Nicotine can affect the healing of all surgical wounds and cause infection. The same applies to the use of nicotine replacement therapy as, although this reduces the craving for a cigarette, the nicotine reduces the ability of the blood to carry enough oxygen to the tissues. For this reason, we request you to stop using any nicotine replacement therapies and/or smoking completely before any surgery is considered and do not recommend you restart following surgery.

You can get advice here:

- [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)
- Tel: 0300 123 1044 (free)
- [www.qvh.nhs.uk/for-patients/help-to-stop-smoking](http://www.qvh.nhs.uk/for-patients/help-to-stop-smoking)

The hospital has a smoke free site, which means that smoking is not permitted in any buildings or in the grounds.

## Returning to work

If required, ward staff can provide you with a 'fit note' (previously called sick note / sick certificate). When the decision is made for you to be discharged, please notify the doctor or nurse during the ward round if you need one. Your GP will be informed of the surgery you have had.

Returning to work is dependent on how you feel, the type of work you do and the operation you have had. You may wish to consider discussing with your employer a 'phased return' and start with shortened working hours / less days and gradually building up.

## Psychological impact

The majority of patients are pleased with the results of their surgery. Occasionally women feel very anxious about their treatment or have difficulty coming to terms with their new look.

This could be because their breasts are not as they had imagined they would be or because of a complication. If you feel very anxious, worried about your treatment or depressed please speak to the nurses. If you would like information about the psychological therapy service

offered at QVH, please speak to the Macmillan Breast Reconstruction CNS.

## Symmetrising surgery

Although you will be keen to move on to the next stage of your reconstructive journey it is important to leave a certain amount of time between surgeries to guarantee adequate wound healing and to ensure your reconstruction has had time to “settle”. The decision to place you on the waiting list for further procedures will be made by your surgeon at a follow up outpatient appointment.

## Important

People heal at different rates, so do not worry if you think your recovery is much slower than you expected. Take into consideration your current medical health, your diet and whether you smoke, as these factors can all affect the rate at which your wounds heal.

**If you notice any redness, heat, swelling or discharge from the wound(s), you feel unwell and/or develop a temperature, please contact Queen Victoria Hospital for advice.**

**Contact numbers for all departments are at the back of this booklet.**

## Scar massage

For four to six weeks after surgery, your scars may be covered with tan-coloured surgical tape. Whilst this tape is in place, you do not need to massage the scars.

Scars take approximately 18 to 24 months to fully mature (i.e., become flatter, paler and softer). They are fragile and can be easily damaged if knocked. They often change in colour, dependent on the temperature.

Scarred skin can become thick and lumpy, as it is often unable to produce its own oil or sweat. You may find your scar becomes dry and itchy. When instructed to do so, start massaging your scar. Massage helps to soften the scar, prevent skin breakdown, improve

appearance and stop it sticking to underlying structures and reducing movement.

You should massage the scar line in circular movements using your fingertips, as well as in movements straight across the scar. Lubricate using a non-perfumed moisturising cream, such as E45. You should start gently to get used to the massage but as soon as possible, you should apply enough pressure to blanch or lighten the scar. If you are unsure, please ask a nurse, physiotherapist or surgeon to demonstrate.

You should carry out scar massage 2 - 3 times a day for 5 to 10 minutes each time. Try to build it into your normal daily routine. Please continue until the scars are soft, pale and flat.

Scars can be sensitive and will burn easily. Total sun block (SPF 50+) must be used for up to two years over the scars (including underneath swimwear).

## Mastectomy

If you have had a mastectomy as part of your cancer treatment, you will receive an appointment with your referring hospital approximately two to three weeks after surgery. This appointment will be to receive the results of the tissue removed during surgery after the referring hospital's multi-disciplinary team (MDT) discussion.

## Lymphoedema

If your surgery involved taking some or all of the lymph nodes under your armpit, then you need to be aware this may affect the lymphatic system. The lymphatic system is made up of lymphatic vessels (similar to blood vessels) and lymphatic nodes (glands) which can be found in the neck, armpit and groin. This system forms part of your immune system and helps to deal with infection. It is responsible for cleansing your tissues and maintaining a balance of fluids in your body.

People with lymphoedema are more susceptible to infection because infection-fighting white blood cells (lymphocytes) are carried in the lymphatic system.

Lymphoedema is a swelling caused by a buildup of lymph fluid in the tissues. This build up is a result of damage to the lymphatic system because of surgery or radiotherapy to the lymph nodes in the armpit. This can occur immediately or develop later.

Lymphoedema is a chronic (long-term) condition and can affect people in different ways. The most common symptom is swelling in the arm (sometimes including the hand and fingers) but can also occur in the chest/breast or shoulder area. Your skin may feel stretched and you may find it uncomfortable to move your arm.

For some people the arm feels heavy and aches.

If you notice any swelling in your hand, arm, fingers or chest please tell a breast care nurse, your GP or hospital specialist as soon as possible. They will be able to rule out other reasons for swelling and confirm lymphoedema. You will then be referred to a lymphoedema specialist.

Symptoms of lymphoedema are not curable but they do respond well to treatment and can be controlled. This can be done by looking after your skin, exercising and, if needed, wearing an elastic compression stocking/sleeve. In some cases a particular type of massage can be used which must be carried out by a specially trained therapist.

## Important

It is not possible to completely prevent lymphoedema but following this advice long term may help reduce your chances of developing it. Following removal of some/all of the lymph nodes in your armpit (axilla) you should avoid the arm on the side of your surgery being used for taking blood pressure, having injections, taking of blood or acupuncture.

Regularly observe for any signs of infection (redness, pain, warmth, sudden swelling and fever). Contact your GP immediately if you notice any of these signs. You may need antibiotics prescribed.

## What can you do to help yourself?

- Use a moisturiser daily to keep your skin supple
- Take care when cutting/filing nails

- Protect your skin from sunburn. Always use a sunscreen with a high sun protection factor (SPF), particularly on your scars. We recommend SPF 50+
- Reduce the risk of insect bites/stings by using repellents
- Treat scratches, cuts or bites promptly with an antiseptic cream
- Wear gloves to protect your hands when gardening/washing up
- Avoid very hot baths or showers
- Take care when removing unwanted underarm hair. The safest way is to use an electric razor or depilatory cream
- Avoid constriction from tight bra straps, sleeves, watches, rings or heavy shoulder bags
- Avoid heavy lifting/strenuous activities and repetitive energetic movements such as step ladders/washing/paintwork/decorating
- When flying or travelling by coach/car move your arm regularly - clenching and unclenching your fist aids fluid return. Keep well hydrated and wear loose clothing
- Try to take regular gentle exercise such as swimming

Sometimes, no matter how careful you are, lymphoedema can still occur and daily skin care is a lifelong commitment.

## Bra measurement

We recommend that you have a professional bra fitting undertaken 3 - 4 months after your surgery. Most department stores provide this service. It is likely that at this stage you will have a change in size due to the decreased swelling/bruising and natural drop of your tissue. Therefore, it is important that your bra is well fitting and provides you with adequate support. After you are fully healed, you may wish to start wearing under-wired bras/bras of a different shape and it is perfectly safe to do so. If you are unsure, ask your surgeon or nurse.

Should you have any further questions or need advice or information, please do not hesitate to contact the Macmillan Breast Reconstruction Nurse Specialists.

## “Softies” and nipples following reconstruction

Following your breast reconstruction, you may have some breast

asymmetry. If you are conscious about this, please ask a nurse to provide you with a temporary soft prosthesis called a “softie” or “Priform”. This can be used until your wounds have fully healed and you either have further symmetrising surgery or can be fitted for permanent shell prosthesis.

## Useful contact information

Should you have any further questions or need further advice or information please do not hesitate to contact the hospital.

### **Macmillan Breast Reconstruction Clinical Nurse Specialists (CNS)**

Tel: 01342 414302 or 01342 414306 (answer machine available) Qvh.  
breastcare@nhs.net

### **Photographic Portal** [onlineservices.qvh.nhs.uk](https://onlineservices.qvh.nhs.uk)

#### Plastics Dressing Clinic (PDC)

Tel: 01342 414442 (Monday-Friday 08:30 – 16:30, excluding bank holidays)

#### Canadian Wing - Margaret Duncombe Ward

Tel: 01342 414450 (nurses available 24/7 every day)

#### Canadian Wing - Ross Tilley Ward

Tel: 01342 414501 (nurses available 24/7 every day)

#### Minor Injuries Unit

Tel: 01342 414375 (08:00-20:00 every day)

#### Hospital Switchboard (for service coordinators and secretaries)

Tel: 01342 414000

#### Appointments

Tel: 01342 414141

#### Pharmacy / Patient medication helpline

Tel: 01342 414215

#### Psychological Therapies

Tel: 01342 414478

For urgent enquiries **out of hours**, please call switchboard on 01342 414000 and ask to speak to the plastic surgery doctor on call or the site practitioners.





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please visit [www.supportqvh.org](http://www.supportqvh.org)



Please ask if you  
would like this leaflet  
in larger print or an  
alternative format.

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