



## Operation Information

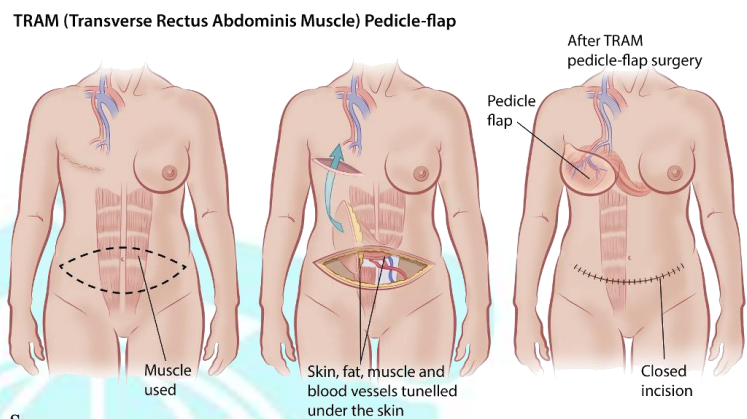
### Pedicle Transverse Rectus Abdominous Muscle (TRAM) Flap Reconstruction

#### Introduction

TRAM Flap Reconstruction is a procedure to restore the shape of the breast after mastectomy. This reconstruction will use a section of tissue from the abdomen to create a neo-breast that is aesthetically similar to the one removed.

#### Outcomes

This operation is significantly helpful to maintain women's body image through a reconstructed breast in order to reduce the feeling of frustration and loss. It also helps to rebuild self-confidence after a mastectomy.



Source:  
<https://www.cbc.ca/web/default/files/public/surgreyGuide/tram%20ped%20small.jpg>  
eg

#### Procedures

1. The operation is performed under general anaesthesia.
2. Incisions are made across the lower abdominal wall and the skin, fat and muscles are loosened. This section of tissue is tunneled under the skin to the mastectomized chest wall forming the neo-breast.
3. The incisions on the abdomen will be sutured.
4. Subsequent surgery is needed to construct a nipple and areola for the new breast (if necessary) (usually under local anaesthesia).

#### Possible Risks and Complications

1. Wound infection
2. Numbness or loss of sensation at the wound site
3. Scar or keloid formation
4. Asymmetry of the breasts
5. Tissue necrosis or flap necrosis (Less than 1%), re-operation may be required
6. Bleeding, another operation may be required to control the bleeding
7. Fluid collection (Seroma), drainage may be required
8. Abdominal hernia or abdominal bulge

\*\* The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral

organ damage or post-operative haemorrhage or leakage, further operations may be required.

## **Pre-operative Preparations**

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of the operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa and Chinese medicine.
4. No food or drink six hours before the operation.
5. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
6. Please empty your bladder before the operation.

## **Post-operative Instructions**

### General

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse(s) of wound pain. Analgesics may be given as prescribed by the doctor.
3. You may have a catheter inserted for up to 3 to 4 days.
4. You may lie in supine position for 2 to 3 days until the catheter can be removed.

### Wound Care

1. The doctor and nurses will closely monitor the circulation of the breast and abdomen.
2. The wound will be covered by a sterile transparent waterproof dressing.
3. Nurse will empty the drain as per the doctor's instructions. The drain can only be removed when the drainage becomes minimal.
4. Nurse will teach you about drain care upon discharge.
5. Please keep the wound clean and dry.
6. Wear loose clothing to avoid pressure on the affected area. A skirt which opens in the front is most preferable.

### Diet

Resume normal diet after the effects of the anaesthetic wear off.

### Activities

1. If there is no discomfort after resuming a normal diet, you can resume normal activities gradually.
2. Do not have blood pressure taken on the affected limb.
3. Do not lift or carry heavy objects with the affected limb.
4. Usually you can be discharged the day after the operation.

## **Advice on Discharge**

1. First 3 to 4 weeks:
  - Keep back bent
  - Sleep with head of bed elevated to 30 degrees (semi-fowlers position)
  - Avoid standing upright
2. Wear supportive bra to support the breasts and reduce pain.
3. The wound will heal in three to four weeks and sexual life can be resumed.
4. Some patients may have certain degree of psychological disturbance and they are encouraged to communicate with their partners and consult the doctor or nurse whenever necessary.
5. Immediately consult your doctor or return to hospital for professional attention in the event of severe wound pain and redness, tenderness, pus or blood oozing, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
6. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

---

---

---

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification