

## Procedure Information Sheet - Transverse Rectus Abdominis Myocutaneous Flap Reconstruction (TRAM Flap)

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### **Introduction**

Breast reconstruction is the rebuilding of a breast after mastectomy. Surgeon uses autologous tissue from the abdominal wall (Transverse Rectus Abdominis Myocutaneous Flap –TRAM Flap) to re-construct a natural-looking breast.

### **Procedure**

1. The operation is performed under general anaesthesia.
2. Surgeon uses patient autologous tissue in abdominal wall for constructing a natural-looking breast except nipple and areola.
3. The nipple and areola may be kept if the underlying breast tissue is not involved by the tumor. It can be constructed in second stage when adjuvant therapy is completed.

### **Pre-operative preparation**

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Admit one day before operation for routine investigations such as blood taking, CXR, ECG, Urine analysis etc.
3. Keep fast for 6-8 hours before operation.
4. Remove nail polish and jewelry before admission.
5. Skin preparation for shampooing and bathing.

### **Possible risks and complications**

#### ***A. Complications related to anaesthesia.***

#### ***B. Complications related to procedure.***

- Wound infection.
- Haematoma (for clot evacuation) or Seroma (for aspiration).
- Numbness and tingling sensation over the operated wound.
- Scarring.
- Flap necrosis, loss of flap, partial or total loss.
- Blood vessels and nerve injury.
- Hernia.
- Weakness of abdominal wall muscle.
- May need more procedures when there is flap necrosis or loss of flap. The reconstructed breast may not be the same size or shape as the contralateral breast.

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**Post-operative information**

**A. Hospital care**

1. You need bed rest in semi-supine position for 4-5 days with the knee are raised bent upward and support by pillows and patient do not extend the body and sit with hips and knees slightly bent during ambulation in the first week to prevent abdominal wound dehiscence.
2. Vital sign monitoring and wound observation and particular attention should be paid with avoid pressure to the new flap. Nurses will observe the flap color, capillary refill and temperature every hour.
3. Avoid blood pressure monitoring, blood taking, intravenous infusion or injection in operative upper limb.
4. Inform nurse when feeling of nausea, vomiting or wound pain; antiemetic and pain killer can be taken as necessary if prescribe by your doctor.
5. Wound cover by dressing and it would change after wound inspection from your doctor.
6. Urine catheter and multiple drains will be inserted and it will be removed according to doctor prescription.
7. Resume normal diet and remove the intravenous infusion according to doctor prescription.
8. Encourage for deep breathing exercise and lower limbs movement after general anaesthesia.
9. Refer to Physiotherapist for daily activity training.

➤ **Wound care**

1. Breast wound cover with small pieces of special adhesive tape (Steri-Strips) and transparent dressing for observing the flap circulation which needs to be kept dry and clean. It would be changed after wound inspection from your doctor.
2. Abdominal wound cover with Steri-Strips and dressing would change after wound inspection from your doctor.
3. Drains will be inserted into the operated breast wound and other drains insert into the abdominal wound. All drains will be removed according to doctor's instruction.

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***B. Home care after discharge***

1. **Nutrient:** Normal diet without foods limitation except disease requires.
2. **Activity:** Daily activity can be started gradually as tolerate. Avoid heavy lifting and excess exercise in the affective limb.
3. **Sex-life:** You may resume your sex life after the wound has healed. Share your feelings and anxiety to your partner can help for recovery. Remember the sexual intercourse will not transmit cancer to your partner.
4. Follow up on schedule as instructed by your doctor.

**Remark**

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

**Reference:** [http://www21.ha.org.hk/smartpatient/tc/operationstests\\_procedures.html](http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html)

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I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. \_\_\_\_\_. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

**Name:**

Pt No.:

Case No.:

Sex/Age:

Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: \_\_\_\_\_

Patient / Relative Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

Date: \_\_\_\_\_