Recovery after breast reconstruction

This information is from the booklet Understanding breast reconstruction. You may find the full booklet helpful. We can send you a free copy – see page 6.

Contents

• Recovery after your operation
• Pain or discomfort
• Constipation
• Wearing a bra
• Exercises
• Going home
• At home
• Adjusting to the change in your body
• Sex
• Looking after your skin
• Work
• Driving

Recovery after your operation

Immediately after surgery, your reconstructed breast may be covered with dressings. Alternatively, the wound may be held together with sticky plastic strips, which are left in place until the wound has healed.

Your reconstructed breast will be swollen to begin with. The swelling gradually gets less over a few weeks.

If you have breast reconstruction using your own tissue, the reconstructed breast will need to be kept warm for the first few hours after the operation. Warmth improves blood circulation to the tissue. You may have a special blanket called a ‘bair hugger’, which circulates warm air over you. Or you may have a thick gauze pad over the breast.
There will be a drainage tube or tubes coming out of the wound(s). These will be attached to a small container to collect any excess blood or body fluid. A nurse will remove them a few days after the operation.

Once you are up and about, your surgeon or nurse will tell you whether you should keep the area dry or if you can gently shower the wound with clean water.

## Pain or discomfort

After any type of operation, you will have some pain or discomfort. Some women need painkillers for a few weeks after surgery. Make sure you ask for pain-relieving medicines if you need them. This will help you recover more quickly.

## Constipation

Constipation is common after surgery. It can happen because of changes in your activity levels or diet while you’re in hospital. Drinking plenty of fluids, increasing the fibre in your diet and eating fruit and vegetables can help.

Some painkillers can cause constipation. You may need to take laxatives while you’re taking these. Your doctor can prescribe these for you or you can get them from your local chemist.

## Wearing a bra

If you are advised to wear a bra to support your newly reconstructed breast, a soft, supportive bra without underwires will be more comfortable to begin with. Ask your breast care nurse for advice. If you have reconstruction with an implant, you may be given a Velcro® band to wear for several weeks. This sits on top of the implant and helps make sure it stays in the correct position and doesn’t twist. You should wear this during the day and at night.
Exercises

Your physiotherapist or breast care nurse will show you exercises to do. At first, you may have some discomfort when you move your arm on the side where you’ve had surgery. But it’s important to keep using your arm and to do the exercises suggested.

If you’ve had surgery to other areas, such as your back or tummy, you’ll be given exercises for these areas too.

Going home

Your surgical team will tell you how long you will be in hospital after your operation. This will depend on the type of surgery you have and on whether you have immediate or delayed reconstruction. If you have a breast implant, you may be in hospital for up to three days. After an operation using a tissue flap, you may be in hospital for up to seven days.

At home

When you first get home it’s a good idea to have someone around who can help you. You’ll probably feel tired for the first 1–2 weeks at home. After this, you can start doing more and gradually increase your level of activity. Avoid strenuous housework such as vacuuming. Just do light tasks to begin with and slowly build up from there. Don’t move or lift anything heavy for a few weeks until your surgeon says it’s okay to do so. This includes lifting babies or children.

Adjusting to the change in your body

You will need time to adjust to the change in your body. Looking at and touching your reconstructed breast will help you get used to it. Try to gradually build up the times you look at and feel your breast. If you find this difficult or are avoiding looking at your breast, it’s important to talk to someone. Your healthcare team can give you extra support if you need it.
Sex

It’s fine to have sex when you feel comfortable to. This will probably be a few weeks after your operation, but it may take longer.

Having breast reconstruction will create a breast shape, but the sensations in the breast and the nipple will not be the same as before. This can affect sexual arousal if you were previously aroused by having your breasts touched.

Just take things at your own pace. If you have a partner, talk to them about any concerns you have. Some women feel nervous about how their partner will react to their body. It may take some time for you to feel comfortable talking about your surgery and showing them your reconstructed breast.

Sometimes a partner may be afraid of touching the reconstructed breast, because they worry they may hurt you. It can help for you and your partner to talk about how you both feel and any fears either of you have. Your breast care nurse can also advise you.

Our booklet Sexuality and cancer – information for women discusses these issues in more detail.

Looking after your skin

Your wound may feel itchy at times, but it’s important not to scratch the healing skin. The itching will get better as the wound heals. It usually takes about six weeks for it to heal fully.

Once your wounds have healed, most surgeons recommend you massage the scars over your reconstructed breast and at the donor site (if you have one) with body oil or moisturiser at least once a day. Massaging along the length of the scar(s) helps stop them sticking to tissue underneath. It can also help soften your scars. Your surgeon or breast care nurse can tell you what they recommend, and show you how much pressure to use.
To begin with, scars will be quite firm and may be slightly raised. If you have lighter skin they will be red, and if you have dark skin they will be darker. But over time, most scars flatten and fade. It can take from 18 months to two years for scars to fully settle and fade.

‘The scars on the breast are minimal considering what the surgeon did. And the tummy scar is hip bone to hip bone, but very low, and I am told it will fade very well in due course.’

Gill

Work

When you can return to work depends on the type of work you do and on the type of operation you had. In general, if your job doesn’t involve heavy manual work, you can go back to work sooner. But you’re likely to feel more tired than usual for a while and you may find it difficult to concentrate fully at first.

‘At the moment I can’t go back to work, so I’m filling my time and using my energy on something I hope is useful. That makes me feel like I get up in the morning and I’ve got something to focus on. I’m actually doing something, and that helps.’

Sarah
Driving

You can usually start driving again:

• once you can use the gear stick and handbrake

• as long as you could do an emergency stop and move the steering wheel suddenly if necessary.

Some women are able to drive within a few weeks of their surgery, while others find it takes longer. Insurance companies often have their own guidelines about when you can drive again after an operation, so you should check this with your car insurance company.

More information and support

More than one in three of us will get cancer. For most of us it will be the toughest fight we ever face. And the feelings of isolation and loneliness that so many people experience make it even harder. But you don’t have to go through it alone. The Macmillan team is with you every step of the way.

To order a copy of Understanding breast reconstruction or any other cancer information, visit be.macmillan.org.uk or call 0808 808 00 00.

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