



MICROSURGICAL BREAST RECONSTRUCTION AND LYMPH NODE TRANSFER FOR LYMPHEDEMA

MARGA F. MASSEY, MD, LLC

HELPER DOCTORS

To Our Prospective "Helper Physician":

Your patient _____ is interested in pursuing breast reconstruction at our center with locations in Charleston, Chicago and Salt Lake City. Most of our patients must commute by plane providing us with a challenge to ensure only the highest quality of peri-operative care.

Ms. _____ has identified you as a potential "Helper Physician" to assist her. We would like to facilitate her choice by providing you some information *before* surgery to insure that you are comfortable with her selection of you as a local physician who would be able to follow her after surgery.

In general, most patients are hospitalized with us for 4 nights after surgery. They are discharged to a local hotel with the assistance of a family member or friend. They are fully ambulatory and are permitted to shower. Patients are seen in our office on post operative day #7 for initial surgical drain and suture removal in the setting of a wound check. We typically release patients for air travel on post operative day 8-10 depending on their final destination being domestic or international.

Post-operative care at home is straightforward as it is unusual for a free flap to require a surgical intervention after one week post-operatively.

Patients do have surgical drains that remain in the donor locations for up to 14-21 days post operatively. All patients are placed on prophylactic antibiotics while their drains are in place and receive education for care and maintenance while hospitalized. They are further educated on weight lifting restrictions of 5 pounds for 6 weeks. Instructions are provided regarding showering/bathing/hot tubing.

In general, we need help removing drains when their output is less than 30 cc per day per drain x 3 days. Drain removal is very easy to include cutting of the stay suture, unplugging the drain and applying a negative lateral force to remove the entirety of the drain. We recommend discontinuing oral antibiotics 24 hours after the last JP drain is removed.

Occasionally, patients will develop seromas after their drains are removed. Such seromas may require needle aspiration or the placement of a drain under ultrasound guidance typically by an interventional radiologist.

Some patients may develop wound healing problems which may require a minor debridement and normal saline wet to dry dressing changes. Rarely, a patient may develop a donor site problem that might require the need of a wound vac.



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Please know that we are always available for assistance. Our team of Personal Care Coordinator's can be reached at 866-446-0962. I may be reached on my cell 843-743-8989 or my pager 773-333-5527.

To ensure continuity of care, please provide us with your contact information
(FAX 800 630-3631)

"Helper Physician":

Address:

Phone:

FAX:

Practice Nurse:

Thank you for helping _____ with her microsurgical reconstruction.

Sincerely,

Marga F. Massey, MD, FACS

