

DIEP Flap Breast Reconstruction Guide

Patient Information Leaflet – drsamarthgupta.com

A Personal Note from Dr. Samarth Gupta: *“We understand that being diagnosed with breast cancer and facing a mastectomy is overwhelming. Our goal is to help you feel whole again. My team and I will support you at every step – from your first consultation through surgery and recovery. This guide explains what to expect during a DIEP flap breast reconstruction. Please don’t hesitate to reach out with any questions or concerns. We are here for you, and together we will get you through this journey.” – Dr. Samarth Gupta*

Introduction

Welcome to your DIEP flap breast reconstruction journey. This information leaflet is written in clear, compassionate language to help you understand and prepare for the procedure. It covers all stages of care, including consultation, pre-operative preparation, the surgery itself, hospital recovery, physiotherapy, going home, long-term outcomes, and any further adjustments or revisions that might be needed. Every patient is unique, so your experience may vary slightly, but this guide provides general expectations to aid your recovery. We hope this will answer common questions and help you feel more confident about the road ahead. Remember, our team is here to tailor the care to your needs and support you throughout.

Topics Covered: Consultation – What is a DIEP Flap? – Before Your Operation – The Surgery Day – After the Operation (Recovery in Hospital) – Physiotherapy – Going Home (Discharge & Home Care) – Return to Activities Timeline – Possible Further Procedures – FAQ – Contact Information.

Consultation: Your First Visit

Your journey starts with a detailed consultation with Dr. Samarth Gupta. In this meeting, the doctor will review your medical history, discuss your breast cancer treatment plan, and talk about reconstructive options. You will have the opportunity to ask questions and express your preferences or worries. Often, you will also meet a Breast Reconstruction Nurse who can go over the surgery again with you and provide additional information.

Discussion of Options: Dr. Gupta will explain what a DIEP flap reconstruction involves, how it compares to other methods, and why it may be the best choice for you.

Understanding the Procedure: You’ll learn what the surgery entails – including scars, recovery time, and expected outcomes – so you can make an informed decision.

Support Resources: You may be given reading materials or shown photographs of reconstruction results to help you visualize outcomes. Some patients find it helpful to speak with women who have already undergone the procedure (support groups or prior patients). If time allows, we encourage you to take the information home and discuss with family.

Specialist Nurse Consultation: In some cases, a specialist nurse may follow up with you, either in person or by phone, to go over any concerns you still have after the initial appointment.

Empathy & Decision-Making: It’s completely normal to feel anxious or uncertain. If your cancer treatment timeline allows, you can take a few weeks to decide. If your situation requires a quick

decision, the team will guide you toward the safest and most suitable option.

What is a DIEP Flap Reconstruction?

“DIEP” stands for Deep Inferior Epigastric Perforator. A DIEP flap uses your own skin and fat from the lower abdomen to create a new breast after mastectomy. No abdominal muscle is removed; only skin and fat are taken, which helps preserve core strength. The tissue is disconnected with its tiny blood vessels and reconnected to blood supply in your chest using microsurgery.

Key benefits of DIEP flap reconstruction:

- Natural look & feel using your own tissue; adapts with weight changes.
- Muscle preservation prevents risk of long-term weakness.
- ‘Tummy tuck’ contour improvement at the donor site.
- Long-lasting results without routine implant replacement.
- Can be done immediately (with mastectomy)

Immediate vs. Delayed Reconstruction

Immediate: performed at the time of mastectomy with a skin-sparing approach. The DIEP flap fills the skin envelope; a small ‘skin island’ may replace the nipple-areola skin. Later, nipple reconstruction and areola tattooing can complete the look. Advantage: a single combined operation and no flat-chest interval.

Delayed: performed months or years after mastectomy. Outcomes are excellent; skin may be tighter with more scarring. Nipple reconstruction and tattooing follow once healed.

Optional implants for volume: in select cases where additional size is desired, a small implant or expander can be placed beneath the flap to achieve symmetry.

Before Your Operation (Pre-Op Preparation)

- Pre-anesthesia assessment with necessary tests; CT angiography is requested for planning.
- Medications & supplements: declare all; stop herbal remedies 3 weeks prior; clarify blood thinners/aspirin/NSAIDs with the team.
- Smoking: stop at least 3–4 weeks before and continue abstinence after surgery.
- Skin prep: use your regular soap to wash; avoid shaving/waxing surgical areas pre-op.
- General health: balanced diet, adequate sleep, light activity, stress support.
- Logistics: arrange home support for 1–2 weeks; prepare easy meals; organize childcare/chores.
- Hospital stay: typically 4 days.
- Fasting/day-of meds: follow exact instructions; take only advised meds with sips of water.
- What to bring: ID/insurance, front-opening clothes, front-closing post-op bra (1–2 band sizes larger), toiletries, regular meds, glasses/hearing aids, phone/charger; leave valuables at home.

The Day of Surgery & Hospital Admission

You'll be admitted to the ward, complete safety checks and consent, and meet the theatre/anesthesia teams. Surgery duration is usually 4-5 hours (longer for bilateral/complex cases). After recovery, you'll transfer to a high-dependency setting for close monitoring.

After the Operation: In the Hospital

- High-dependency care: frequent flap checks for 24–48 hours.
- Positioning & warmth: pillows under knees; warming aids flap circulation.
- Flap monitoring: color/temperature/Doppler; rare urgent return to theatre if blood flow issues occur.
- Pain control: PCA/epidural/nerve blocks → oral meds; report pain promptly.
- Tubes & drains: IV fluids; urinary catheter (removed day 2); breast/abdomen drains (often out before discharge).
- Oxygen & DVT prevention: nasal oxygen initially; stockings/boots; possible blood-thinner injections.
- Diet: clear fluids day 0 → light diet within 24 hours as tolerated; prioritize protein and fiber.
- Breathing exercises: deep-breathing, huff-coughing, incentive spirometry.
- Physiotherapy & mobilization: sit/stand day 1–2; gradual walking (initially slightly bent); gentle shoulder range of motion.
- Visitors: limit early visits to conserve energy and reduce infection risk.

Discharge from Hospital & Home Recovery

Most patients go home 4 days post-op. Ensure constant adult support for at least the first week. Expect fatigue for 1–2 weeks; balance walks and light tasks with rest. Take prescribed pain meds. Keep wounds clean and dry; shower when permitted. If discharged with a drain, follow instructions and schedule removal. Attend follow-ups (~2 weeks and ~6 weeks). Wear abdominal binder and post-op bra as instructed. Begin scar massage only when wounds are fully closed (≈2–3 weeks) and protect scars from sun.

Typical Timeline for Return to Activities

Light tasks: ~2 weeks (no lifting). **Lifting heavy/children:** avoid ~12 weeks. **Driving:** ~6 weeks when off strong pain meds and safe for emergency stop. **Work:** desk- 4 weeks; physical 8–12 weeks. **Exercise:** walking immediately; swim/cycle/yoga ~6–8 weeks when wounds healed; jogging ~6–8 weeks if comfortable; heavy gym/contact sports from ~12 weeks, increasing gradually.

Possible Further Procedures (Revisions or Additions)

Nipple reconstruction (3–6 months, local anaesthetic), **areola tattoo** (2–3 months later), **fat grafting** for contour, 'dog ear' scar correction, and optional **opposite-breast symmetry** surgery after the reconstructed side settles (≥6 months).

Frequently Asked Questions (FAQ)

Q: How long will I be in the hospital?

A: About 4 days, until pain is controlled, you're mobile, and the flap is stable.

Q: When can I drive again?

A: Around 6 weeks, once off strong pain medication and able to perform an emergency stop comfortably.

Q: When can I lift children or heavy objects?

A: Avoid heavy lifting for ~12 weeks (3 months); reintroduce gradually thereafter.

Q: How long should I take off work?

A: Plan 6 weeks. Desk roles may resume at 4 weeks; physical jobs often require ~3 months.

Q: Will I have a lot of scars?

A: Yes, but placed low on the bikini line for the abdomen, plus belly-button and breast scars that typically fade over 12–18 months.

Q: Will my belly be weaker after this surgery?

A: DIEP preserves abdominal muscles; long-term core strength is usually maintained with negligible risk of weakness.

Q: What risks should I watch for?

A: Fever, increasing redness/swelling, foul discharge, sudden breast color/coolness change, calf pain/swelling — contact us immediately.

Q: Will the reconstructed breast feel like my old breast?

A: It feels soft and natural, but sensation is reduced; some limited return over time is possible.

Q: Any long-term special requirements?

A: Continue oncologic follow-up. Routine mammograms usually not required for the reconstructed side. Maintain healthy lifestyle; protect scars from sun.

Contact Information for Appointments and Questions

Dr. Samarth Gupta – Plastic, Reconstructive & Microsurgeon (Breast Reconstruction Specialist)

Clinic: The Chelmer Clinic, J-12/28, Block J, Rajouri Garden Extension, Delhi 110027, India

Phone (Appointments): +91 97277 77026 (9:00 am – 5:00 pm, Monday to Saturday)

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If you have concerns during recovery, call our clinic during hours; for urgent issues after hours, follow your discharge instructions. Attend all follow-ups so we can support your healing. To book a new consultation or second opinion, call us or use the 'Book Consultation' feature on our website.

This leaflet provides general guidance and does not replace personalised medical advice. Care will be tailored to your needs.