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THE FOLLOWING INFORMATION IS TO HELP YOU THROUGH THE POSTOPERATIVE PERIOD:

AFTER LEAVING THE HOSPITAL:

1. DO NOT remove skin tapes.
2. DO NOT drive for three weeks.
3. DO NOT lift anything heavier than 5 pounds for the next six weeks.
4. DO NOT jog, bicycle, lift weights, or play tennis or golf for the next six weeks.
5. DO NOT raise arms above shoulder level for 4 weeks, except as directed by your surgeon.
6. DO NOT massage the TRAM flap.
7. DO NOT wear a bra unless instructed to do so by your surgeon.
8. **ABSOLUTELY NO SMOKING** for one month (avoid being in the same room with smokers).
9. You may shower after the drains have been removed – be sure to pat the skin tape dry afterward.
10. You may begin to gradually stand erect when you leave the hospital.
11. You may take walks – this is good exercise for you.
12. You may begin swimming 4-6 weeks after surgery.
13. If you have a drain, record the volume of drainage and empty the drain three times a day or however often is necessary.

**CALL YOUR PLASTIC SURGEON REGARDING ANY PROBLEMS, ESPECIALLY:**

- \*Sudden change in the color or temperature of the flap.
- \*Increasing pain and/or redness, accompanied by fever – suggesting infection.
- \*Any questions Regarding activity

## ***INFORMED CONSENT/TRAM FLAP RECONSTRUCTION***

### **INSTRUCTIONS**

This is an informed-consent document which has been prepared to help your plastic surgeon inform you about TRAM flap breast reconstruction, its risks, and alternative treatments.

It is important that you read this information carefully and completely. Please initial each page at the bottom, indicating that you have read the page and sign the last page on the line indicated.

### **GENERAL INFORMATION**

Women who choose to undergo breast reconstruction following or simultaneously with a mastectomy may be candidates for the TRAM flap technique. This operation involves the use of the skin and fat from the abdomen in the reconstruction of one or both breasts. Survival of the tissues depend on blood flow through a portion of abdominal muscle (the “rectus” muscle) that is taken with the tissue. The abdomen is made thinner and tighter in the same manner as a “tummy tuck”. Generally, reconstruction that use a woman’s own body tissue are more complex than those that use breast implants, but offer advantages that implants may not offer.

Not all patients are considered appropriate candidates for a TRAM flap. Women who are not suitable candidates are likely to be better candidates for other methods utilizing implants or alternative body tissue techniques. There are both risks and complications associated with TRAM flap breast reconstruction. The risks are somewhat higher for reconstruction simultaneous with the mastectomy – decisions about timing should be discussed with your plastic surgeon.

### **ALTERNATIVE TREATMENTS**

TRAM flap breast reconstruction after mastectomy is an elective surgical operation. Alternative treatments would consist of not undergoing any breast reconstruction, undergoing reconstruction with another method using body tissue, or undergoing reconstruction with breast implants. Risks and potential complications are associated with alternative surgical forms of treatment. The tissue taken from the abdomen during the TRAM flap can only be used once; hence, other methods of reconstruction would be necessary in the minority of patients who require a mastectomy on the opposite breast at a later date.

### **RISKS of TRAM FLAP BREAST RECONSTRUCTION**

Every surgical procedure involves a certain amount of risks, and it is important that you understand the risks involved in TRAM flap breast reconstruction. As individual’s choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of women do not experience the following complications, you should discuss each of them with your plastic surgeon to make sure you understand the risks, potential complications, and consequences of this procedure.

**BLEEDING-** It is possible, though unusual, to have a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood or blood transfusion. If scheduling permits, patients may donate one or two units of their own blood in advance of the surgery. Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding.

**SKIN SCARRING-** All surgical incisions produce scarring. Following the TRAM flap, there are scars in the breast mound area, the umbilicus, and across the lower abdomen. The quality of these scars is unpredictable. Abnormal scars may occur within the skin and deeper tissue. In some cases, scars may require surgical revision or other treatments. The abdominal incisions will often cause some numbness or change in sensation in the abdominal skin that improves to varying degrees. The position of the umbilicus may shift in a subtle manner toward the side in which the rectus muscle has been used.

## Risks of TRAM Flap Breast Reconstruction, continued

**PAIN**- Abnormal scarring in the skin and deeper tissues of the operated areas may produce pain. This may be related to the reconstruction or the mastectomy.

**DELAYED HEALING**- Wound disruption or delayed wound healing is possible. Some areas of the reconstructed breast mound may not heal normally and may take a long time to heal. It is even possible to have loss of flap tissue. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Delays in healing may impact the administration of chemotherapy in select patients.

**ASYMMETRY**- Some breast asymmetry naturally occurs in most women. Differences in shape and size between the TRAM flap and the opposite breast often occurs, but may be minimal. Additional surgery may be necessary to achieve better symmetry – this may be combined with other procedures such as nipple reconstruction or lifting of the opposite breast where appropriate.

**ALLERGIC REACTIONS**- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

**SURGICAL ANESTHESIA**- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

**FLAP LOSS**- Survival and satisfactory healing of the TRAM flap requires adequate blood flow *into* and *out* of the tissues being used to build the new breast mound. Rarely, there may not be adequate flow resulting in partial or total loss of the flap. For instance of partial loss, a prolonged period of local wound care and dressing changes may be necessary. In addition, supplemental procedures using body tissue or even implants may be needed to complete the reconstruction. Total flap loss would mandate an alternative method of reconstruction the breast mound in patients who so desire. Your surgeon will attempt to salvage any flap that is showing signs of inadequate blood flow during of after the procedure. This may require special maneuvers, including the possible use of microsurgery techniques to connect additional blood vessels to the TRAM flap. Such maneuvers require extended operative time, carry their own risks and complications, and are not successful in every case.

**FAT NECROSIS**- Areas of the reconstructed breast mound may develop firmness or lumpiness after the surgery. Such areas may represent changes in the fat tissue and are recommend to be surgically removed in they persist.

**LOWER ABDOMINAL SKIN LOSS**- Because the abdominal incision is sutured under tension (as with a “tummy tuck”), there may be loss of portions of the skin adjacent to the suture line. This will likely result in delayed healing of the abdominal incision.

**HERNIA**- The use of one or both of the rectus abdominal muscles during the operation may result in subsequent protrusion or hernia of the lower abdomen. In some instances, this may require additional surgery to correct. The use of these muscles will also weaken the ability to perform “sit-ups,” especially early after surgery. Patients have rarely found this to be a long term problem.

**INFECTION**- An infection is quite unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

**UNSATISFACTORY RESULTS**- There is the possibility of a poor result from your TRAM flap breast reconstruction. You may be disappointed with the size and shape of your reconstructed breast.

## **Risk of TRAM Flap Breast Reconstruction, continued**

### **HEALTH INSURANCE**

Breast reconstruction is considered a covered benefit under your health plan. Additional procedures may be recommended to enhance the reconstruction (examples include shaping, nipple reconstruction, alterations to the opposite “normal” breasts). These secondary or revision procedures are generally covered as part of the reconstruction. Your surgeon will decide whether additional procedures will be beneficial and thereby warranted.

### **UNSATISFACTORY RESULTS**

There are many variable conditions that may influence the long term result of breast reconstruction. Secondary surgery may be necessary to further improve the quality of the reconstruction. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited in this form are particularly associated with TRAM flap surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty, expressed or implied, on the results that may be obtained.

### **DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge. Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**IT IS IMPORTANT THAT YOU READ THE ABOVE INFORMATION CAREFULLY AND HAVE ALL OF YOUR QUESTIONS ANSWERED BEFORE SIGNING BOTH THE BOTTOM OF THIS PAGE AND THE SURGICAL CONSENT FORM.**

## **CONSENT FOR SURGERY OR TREATMENT**

1. I hereby authorize **Dr. Jon Bishop** and such assistants as may be selected to perform the following procedure or treatment:

**INFORMED-CONSENT OF TRAM FLAP BREAST RECONSTRUCTION**

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the result that may be obtained.
5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific, or educational purposes, provided my identity is not revealed by the pictures.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices, or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration if applicable.
9. **IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:**
- A. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
  - B. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
  - C. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

**I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I HAVE BEEN ASKED IF I WANT A MORE DETAILED EXPLANATION, BUT I AM SATISFIED WITH THE EXPLANATION AND DO NOT WANT MORE INFORMATION.**

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**PATIENT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**DATE**

