

BREAST RECONSTRUCTION PROCEDURE GUIDE

SGAP Flap Procedure

Welcome to the Center for Breast Restoration. The goal of this procedure guide is to explain the different surgical options available to ensure a result with which you will be pleased. Remember, this procedure guide does not replace your consultation and you should write down any questions you may want to ask later.

Dr. Spiegel understands the diagnosis of breast cancer can be overwhelming and devastating. Many women feel especially anxious and uncertain about choosing a breast restoration option after mastectomy. Her goal is to provide innovative breast reconstruction in a caring, supportive environment, allowing each woman to complete successful rehabilitation from breast cancer and other breast-related problems. Like an orchid flower that boldly unfurls with color and beauty, women who have had a mastectomy or lumpectomy now have the option to regain natural breast shape and fullness. Ultimately, the selection of the optimal type of breast restoration procedure is very individualized and based on your goals and desires. Dr. Spiegel specializes in the most advanced techniques of breast reconstruction and is experienced in all types of reconstructive options. She has performed over 1200 autologous breast reconstructions such as the DIEP/SIEA, SGAP, and TAP flaps. She helps you understand the many options - ranging from the simplest, such as implants only, to the most complex autologous flaps. Autologous breast reconstruction utilizes your body's own excess tissue to reconstruct the breast mound using microsurgical techniques. When considering your optimal breast reconstruction, be sure to choose a surgeon who is experienced in all the available options.

PROCEDURES –

The SGAP/IGAP flap (buttock flap) is ideal for those who do not have an adequate amount of excess tummy tissue. The breast may be reconstructed with the skin, fat, and the tiny blood vessels taken from the buttock area to achieve a B or C cup breast size.

The SGAP (Superior Gluteal Artery Perforator) flap procedure uses tissue from the top part of the buttock without injury or sacrifice of the underlying gluteal muscles. A slight buttock lift results in the donor area with a fine line incision easily hidden within the panty line.

The IGAP (Inferior Gluteal Artery Perforator) flap procedure uses tissue from the bottom part of the buttock, near the lower buttock fold. The tissue is then transplanted to the breast and a microscope is used to connect the blood vessels supplying this tissue to those at the mastectomy site. The tissue is then sculpted into the new breast mound.

Both SGAP and IGAP flap procedures are considerably more demanding and lengthier than earlier methods of breast reconstruction due to the precision required in this microsurgical procedure. However, the surgical effort is rewarded by the excellent aesthetic results that can be achieved. It is a less invasive procedure that results in less pain and faster recovery.

PREPARATION FOR SURGERY –

If you have had radiation therapy, Dr. Spiegel will ask that you wait at least six months to allow for changes resulting from radiation so she can provide a more pleasing aesthetic result with the additional recuperation time.

Smoking compromises blood flow by causing spasms of blood vessels and significantly increases the risk of flap complications and additional wound healing problems. Therefore, **DO NOT SMOKE** for at least 8 weeks before and 6 weeks after surgery, and avoid nicotine gums and patches. This also applies to second hand smoke; so do not stay in the room with smokers.

Depending on your particular history, you may be asked to obtain cardiac clearance, complete blood work screening, and donate your own blood two to three weeks prior to surgery.

Please stop all medications containing aspirin and non-steroidal anti-inflammatories such as Aleve, Advil, Motrin, etc., and vitamin E (in any multi-vitamins) at least two weeks prior to surgery, and Tamoxifen at least three weeks prior to surgery, because these medications may increase bleeding during surgery.

At your pre-op consult, you will be asked to start iron supplements, which also aid in red blood cell production. Oh, and be sure to drink lots of water in the days leading up to your procedure!

Three days before surgery, you should begin using Hibiclens® for bathing. This is an antibacterial cleanser that you can purchase without a prescription. On the night before surgery, it is very important that you refrain from eating or drinking anything after midnight.

If you develop any illness or rash, please notify us immediately before, or at the time of, surgery.

RECOVERY AFTER SURGERY –

The hospital stay is usually three to four days following the surgery. For the first night after surgery, you will stay in the Intensive Care Unit for monitoring of the flap. You will be able to get out of bed into a recliner your first day after surgery.

Then you will be transferred to a special plastic surgery unit where you will be able to recuperate for the rest of your hospital stay in a private room. If you wish, a visitor will be allowed to stay in the room with you. On postoperative day number two, your pain “pump” and foley catheter will be discontinued. You will be encouraged to walk in the hallway and to take a shower with assistance.

You will most likely be able to go home on the third or fourth day after surgery. You will be discharged from the hospital with all of your drains, the “blue” Doppler wires, an antibiotic, pain medication, a muscle relaxer, and a stool softener. Dr. Spiegel asks that you continue to take your iron supplement and zinc for the first month after surgery, and begin to take one aspirin a day for the first two weeks that you are home. Once home and ambulatory, you are not required to wear your white circulation stockings.

You should sleep on your back the first six to eight weeks. Do not sleep on your side or your abdomen as this can compromise the breast flap. It is recommended for you to sleep in a recliner, which will help prevent you from rolling to your side or stomach. Do not wear underwear or waistbands that are tight over the abdominal incision.

You may walk and use stairs, as you feel comfortable. Do not lift, push, or pull anything greater than five pounds with the arm on the side of the mastectomy for the first two weeks, and do not raise your arms above shoulder level. Pain and discomfort will limit your activity. The recovery process is different for everyone so please listen to your body.

To make your first post-operative visit in 7-10 days more comfortable, wear loose clothing that opens in the front. At this visit Dr. Spiegel will remove your “blue” Doppler wires and any drain for which the output is less than 25cc in a 24-hour period. After this visit you are usually allowed to raise your arms above your shoulders.

On your second post-operative visit, you will be fitted for a bra. If all incisions are healing well and there are no issues, a follow-up visit in six to eight weeks will be scheduled for you.

Two weeks after surgery, you can slowly resume light household chores. You will be asked to continue your antibiotics for as long as you have drains. Dr. Spiegel asks that you do not drive while you are taking pain medication or have drains. This is usually only for the first two weeks, but may be different for each person. At four weeks, you can return to a desk job and gradually resume normal activities. After week six, you can return to full activities at home and at work.

The information in this procedure guide is available for your review at any time. Please review and re-read any part you like. Also, look at the before and after photos on the website for a better idea of the results you may achieve. If you have any remaining questions, or are ready to schedule your breast reconstruction, please call us at 713-441-6102. We are here to help.