

Breast Reconstruction With Implant; Clinical Pathway

Site Applicability

Providence Health Care Acute Care Inpatient Units using the Cerner Electronic Health Record

Instructions

1. Review pathway once per shift for patient care goals and expected outcomes
2. Do not document on this pathway, complete documentation in the Electronic Health Record or paper chart as per policy

Pathway Patient Goals

1. Patient is prepared both physically and psychologically for surgery prior to hospital admission
2. Patient has received education and is aware of the treatment plan and expected LOS
3. Patient is aware and understands discharge criteria

Inclusion Criteria

All patients admitted with breast reconstruction with implant

Exclusion Criteria

Patients who have contraindication for breast reconstruction

Pathway

Pre-Surgery (Pre-admission Clinic Visit or Pre-op on ward (if applicable))	
Care Category/Tasks & Activities	Expected Outcomes
Teaching & Discharge Planning	Discharge Planning: Patient /Caregiver are aware of expected discharge POD 1 Provide patient with Support Group and Breast Cancer Resources: <ul style="list-style-type: none"> Received patient education booklet Websites: BC Cancer Agency, Canadian Cancer Society, HealthLink BC
Tests	Blood work and ECG (if ordered)
Medications	Review personal medications. Provide specific instruction on what medications to take or not to take before and after surgery as ordered by Anesthesiologist or Surgeon. Reinforce need to discontinue the following medications 7 days prior to surgery: <ul style="list-style-type: none"> ASA or ASA products Anti-inflammatory Vitamin and Natural/herbal supplements (non- prescription, over-the-counter)
Consults	Anesthesia Transition Services Team referral form included in chart
Pain	Understands pain scale Understands PCA use (if applicable)
Nausea	Understands to notify the nurse and ask for medications to control nausea after surgery
Nutrition	Review fasting guideline: <ul style="list-style-type: none"> Do not eat solid food after midnight the night before surgery May drink clear fluids (water, apple juice or cranberry juice) only up to 2 hours prior to arriving to the hospital
Anxiety / Fear	If patient / family counseling at BCCA required, contact attending surgeon
Patient Teaching	Patient / Family understands rationale for: <ul style="list-style-type: none"> Fasting guidelines before surgery

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	<ul style="list-style-type: none">• Post-op nursing assessments (i.e. the nurse will monitor and check the patient Q4H post-op)• Pain scale, relief options and importance of round the clock analgesia• Patient understands need to notify nurse when nauseated• Deep breathing, leg exercises and need to ambulate• Wound care (dressing and drain)• Early ambulation, arms and shoulders ROM exercises• Use of calf compression device until ambulating (if applicable)• Patient has realistic expectations about surgical outcomes• States expected length of stay• Has plan for transport home• Describes anxiety as acceptable
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Day of Surgery – Post Op (Ward)	
Care Category/Tasks & Activities	Expected Outcomes
Cardio / Pulmonary	Clear breath sounds in all lungs Vital signs within patient's usual range on admission, then Q4H and PRN Lab values within normal limits
Incision Care	Breasts and/or axillary site assessment on admission, then Q4H and PRN No evidence of bleeding, hematoma or swelling and bruising Dressing dry and intact
Drain Care / Wound Care	Assess on admission then Q4H and PRN Drains patent / volume less than 200 mL in 4 hours
Lymphedema	Axillary Node Dissection: <ul style="list-style-type: none"> No swelling (edema) to affected hand, arm, chest and back Patient aware of importance to elevate affected arm on pillow Patient able to do ROM exercises on the affected arm(s)
Pain	Patient states pain is at an acceptable level
Nausea	Understands to notify the nurse and ask for medications to control nausea
GI	Patient states nausea is controlled Patient has no episodes of retching or vomiting
Nutrition	Patient is on regular diet
Mobility	Ambulating independently HOB elevated 20 to 30 degrees Calf compression device until ambulating, if ordered Physiotherapy reviewed arms and shoulders ROM exercises Universal Falls Prevention (Safe Step) in place Fall Risk Assessment and Care Plan, if applicable
Elimination	Patient able to void independently
Anxiety / Fear	Patient describes anxiety as acceptable
Teaching / Discharge	Nurse reviews deep breathing, arm ROM exercises, leg exercises,

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Planning	<p>ambulation, pain management strategies</p> <p>Reinforce how to use PCA where applicable</p> <p>Strategies to cope with / prevent GI symptoms</p> <p>Wound care, dressing and drain management (TST referral)</p> <p>Drain emptying and return demonstration by patient/family</p> <p>Review activity restrictions, if applicable</p>
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Post Operative Day 1/ Discharge Day	
Care Category/Tasks & Activities	Expected Outcomes
Cardio / Pulmonary	Vital signs within patient's usual range on admission, then Q4H and PRN Lab values within normal limits (if ordered)
Incision Care	Dressing dry and intact No evidence of hematoma, no evidence of bleeding, swelling or bruising
Drain Care	Drain(s) intact/patent Drains volume less than 200 mL in 4 hours
Lymphedema	Axillary Node Dissection: <ul style="list-style-type: none"> • No swelling (edema) to affected hand, arm, chest and back • Patient aware of importance to elevate affected arm on pillow
Pain	Patient states pain is at an acceptable level
GI	Patient has no episodes of retching or vomiting Patient states nausea is controlled
Nutrition	Tolerating regular diet
Mobility	Ambulating independently Physiotherapist reviews exercises- patient performs and understands arms and shoulders ROM exercises
Elimination	Voiding independently
Anxiety / Fear	Patient describes anxiety as acceptable
Teaching / Discharge Planning	Discharge instructions and prescription given to patient Follow up appointment with surgeon and family doctor Information about BCCA counseling services if applicable Review activity level and arm exercises Review exercise booklet with patient "Physiotherapy After Your Breast Surgery" and patient seen by a physiotherapist Transition Service Team arranged for dressing and drain care Patient going home with responsible adult

Effective Date:	08-AUG-2019
Posted Date:	08-AUG-2019
Last Revised:	
Last Reviewed:	
Approved By:	PHC
	Professional Practice Standards Committee
Owners:	PHC
	Surgery