

Alloplastic Breast Reconstruction Clinical Pathway

Site Applicability

Vancouver General Hospital

UBC Hospital

Pathway Patient Goals

Inclusion Criteria

Unilateral or Bilateral Autologous Breast Reconstruction Procedures:

- TISSUE EXPANDER
- IMPLANT

With or without:

- Mastectomy
- Axillary node dissection
- Mastopexy
- Reduction mammoplasty

Home Discharge Criteria

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 (Cerner) or paper chart as per policy

Day of Surgery (Post-op Day 0)	
Focus of Care	Expected Outcomes
Cardiopulmonary <ul style="list-style-type: none"> Deep breathing Q 1 H while awake and leg exercises 	<ul style="list-style-type: none"> Vital signs within normal limits Lab values within normal limits
Bleeding/Hematoma <ul style="list-style-type: none"> Breast assessment Q 4 H: <ul style="list-style-type: none"> Dressings for wound drainage Breast/axilla for hematoma as evidenced by increased swelling, pain or leakage Contralateral breast if had reduction or mastopexy Notify M.D. if drain output excessive, sanguinous & associated with breast swelling (bleeding) 	<ul style="list-style-type: none"> No evidence of hematoma No evidence of bleeding
Drain Care <ul style="list-style-type: none"> Label location of each drain (left and/or right breast) Strip drains Q 6 H and PRN, empty and record output Q 12 H and prn 	<ul style="list-style-type: none"> Drains patient/volume/colour within normal limits
Pain <ul style="list-style-type: none"> Assess pain q1h until controlled then assess Q 4 H 	<ul style="list-style-type: none"> Patients states pain is at an acceptable level
PONV <ul style="list-style-type: none"> Assess post-op nausea and vomiting Q 1 H until controlled. Select antiemetics in the order written on the physicians order form 	<ul style="list-style-type: none"> Patient states nausea is controlled with antiemetics Patient is tolerating sips of fluids
DVT/PE <ul style="list-style-type: none"> Calf compression until fully mobile (walking in hallway TID) TEDS until discharged. Remove TEDS Q 12 H for 20 minutes 	<ul style="list-style-type: none"> Patient understands the importance of mobility
Mobility, Lymphedema <ul style="list-style-type: none"> HOB 20 – 30 degrees Assist to BR today Axillary Node Dissection: <ul style="list-style-type: none"> Elevation affected arm on pillow. If possible, avoid using affected arm for BP, IV/venipuncture Encourage arm activity as tolerated 	
Elimination <ul style="list-style-type: none"> Assist to BR 	<ul style="list-style-type: none"> Urine output at or above 30 ml/hr
Hydration and Nutrition <ul style="list-style-type: none"> Sips to DAT – start regular diet as soon as patient is able to tolerate 	<ul style="list-style-type: none"> Tolerating fluids
Anxiety/Fear	<ul style="list-style-type: none"> Patient describes anxiety as acceptable

<ul style="list-style-type: none"> Anticipate and discuss patient's concerns/fears related to surgery 	
Teaching Nurse Reviews: <ul style="list-style-type: none"> Deep breathing and moving legs Reinforce how to use PCA Strategies to cope with/prevent PONV Need for calf compression until patient is mobile 	

Post-op Day 1	
Focus of Care	Expected Outcomes
Cardiopulmonary <ul style="list-style-type: none"> Deep breathing Q 1 H while awake and leg exercises 	<ul style="list-style-type: none"> Vital signs within normal limits Lab values within normal limits
Bleeding/Hematoma <ul style="list-style-type: none"> Breast assessment Q 4 H: <ul style="list-style-type: none"> Dressings for wound drainage Breast/axilla for hematoma as evidenced by increased swelling, pain or leakage Contralateral breast if had reduction or mastopexy Notify M.D. if drain output excessive, sanguinous & associated with breast swelling (bleeding) 	<ul style="list-style-type: none"> No evidence of hematoma Mo evidence of bleeding
Drain, Wound Care <ul style="list-style-type: none"> Strip drains Q 6 H and PRN, empty and record output Q 12 H and prn Change dressing daily and prn 	<ul style="list-style-type: none"> Drains patient/volume/colour within normal limits
Pain <ul style="list-style-type: none"> Assess pain q1h until controlled then assess Q 4 H 	<ul style="list-style-type: none"> Patients states pain is at an acceptable level
PONV <ul style="list-style-type: none"> Assess post-op nausea and vomiting Q 1 H until controlled. Select antiemetics in the order written on the physicians order form 	<ul style="list-style-type: none"> Patient states nausea is controlled with antiemetics Patient is tolerating sips of fluids
DVT/PE <ul style="list-style-type: none"> Calf compression until fully mobile (walking in hallway TID) TEDS until discharged. Remove TEDS Q 12 H for 20 minutes 	<ul style="list-style-type: none"> Patient understands the importance of mobility
Mobility, Lymphedema <ul style="list-style-type: none"> HOB 20 – 30 degrees Up to BR Axillary Node Dissection: <ul style="list-style-type: none"> Elevation affected arm on pillow. If possible, avoid using affected arm for BP, IV/venipuncture Encourage arm activity as tolerated 	
Elimination	<ul style="list-style-type: none"> Urine output within normal limits
Hydration and Nutrition <ul style="list-style-type: none"> Regular diet 	<ul style="list-style-type: none"> Tolerating fluids and diet
Anxiety/Fear <ul style="list-style-type: none"> Anticipate and discuss patient's concerns/fears related to surgery 	<ul style="list-style-type: none"> Patient describes anxiety as acceptable
Teaching Nurse Reviews:	

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

- Drain care:
 - Drain emptying/stripping demonstrated
 - return demonstration by patient/family
 - May shower 24 hrs after drain(s) removed
 - Provide drain care booklet and explain how to document drain output
 - Provide measuring cups, alcohol swabs, etc for drain care
 - Review activity restrictions
 - Review pain management
 - Constipation management
 - Complications reviewed (seroma, infection, DVT)
 - Provide Patient Information Booklet Tissue expander if did not receive in MD's office
 - Follow-up appointment with ☐ plastic surgeon and ☐ general surgeon if mastectomy.
 - Prescription and discharge instructions given to patient
 - Information about BCCA counselling services if needed.
- PT reviews:**
- exercise if mastectomy and provides exercise pamphlet

Post-op Day 2 or more	
Focus of Care	Expected Outcomes
Cardiopulmonary <ul style="list-style-type: none"> Deep breathing Q 1 H while awake and leg exercises 	<ul style="list-style-type: none"> Vital signs within normal limits Lab values within normal limits
Bleeding/Hematoma <ul style="list-style-type: none"> Breast assessment Q 4 H: <ul style="list-style-type: none"> Dressings for wound drainage Breast/axilla for hematoma as evidenced by increased swelling, pain or leakage Contralateral breast if had reduction or mastopexy Notify M.D. if drain output excessive, sanguinous & associated with breast swelling (bleeding) 	<ul style="list-style-type: none"> No evidence of hematoma
Drain, Wound Care <ul style="list-style-type: none"> Strip drains Q 6 H and PRN, empty and record output Q 12 H and prn Change dressing daily and prn 	<ul style="list-style-type: none"> Drains patient/volume/colour within normal limits
Pain <ul style="list-style-type: none"> Assess pain q1h until controlled then assess Q 4 H 	<ul style="list-style-type: none"> Patients states pain is at an acceptable level
PONV <ul style="list-style-type: none"> Assess post-op nausea and vomiting Q 1 H until controlled. Select antiemetics in the order written on the physicians order form 	<ul style="list-style-type: none"> Patient states nausea is controlled with antiemetics Patient is tolerating fluids
DVT/PE <ul style="list-style-type: none"> Calf compression until fully mobile (walking in hallway TID) TEDS until discharged. Remove TEDS Q 12 H for 20 minutes 	<ul style="list-style-type: none"> Patient understands the importance of mobility
Mobility, Lymphedema <ul style="list-style-type: none"> HOB 20 – 30 degrees Up to BR Axillary Node Dissection: <ul style="list-style-type: none"> Elevation affected arm on pillow. If possible, avoid using affected arm for BP, IV/venipuncture Encourage arm activity as tolerated 	
Elimination <ul style="list-style-type: none"> Assist to BR 	<ul style="list-style-type: none"> Urine output within normal limits
Hydration and Nutrition <ul style="list-style-type: none"> Regular diet 	<ul style="list-style-type: none"> Tolerating fluids and diet
Anxiety/Fear <ul style="list-style-type: none"> Anticipate and discuss patient's concerns/fears related to surgery 	<ul style="list-style-type: none"> Patient describes anxiety as acceptable
Teaching	

This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

Nurse Reviews:

- Drain care:
 - Drain emptying/stripping demonstrated
 - return demonstration by patient/family
 - May shower 24 hrs after drain(s) removed
 - Provide drain care booklet and explain how to document drain output
 - Provide measuring cups, alcohol swabs, etc for drain care
 - Review activity restrictions
 - Review pain management
- Constipation management
- Complications reviewed (seroma, infection, DVT)
- Provide Patient Information Booklet Tissue expander if did not receive in MD's office
- Follow-up appointment with plastic surgeon and general surgeon if mastectomy.
- Prescription and discharge instructions given to patient
- Information about BCCA counselling services if needed.

PT reviews:

- exercise if mastectomy and provides exercise pamphlet

Developed By

Effective Date:	
Posted Date:	
Last Revised:	
Last Reviewed:	
Approved By:	
	Endorsed By:
	Final Sign Off:
Owners:	VCH
	Developer Lead(s): <ul style="list-style-type: none"> • Clinical Nurse Educator, High Acuity Unit, UBCH