

Dr. Jennifer Robinson
Plastic Surgeon

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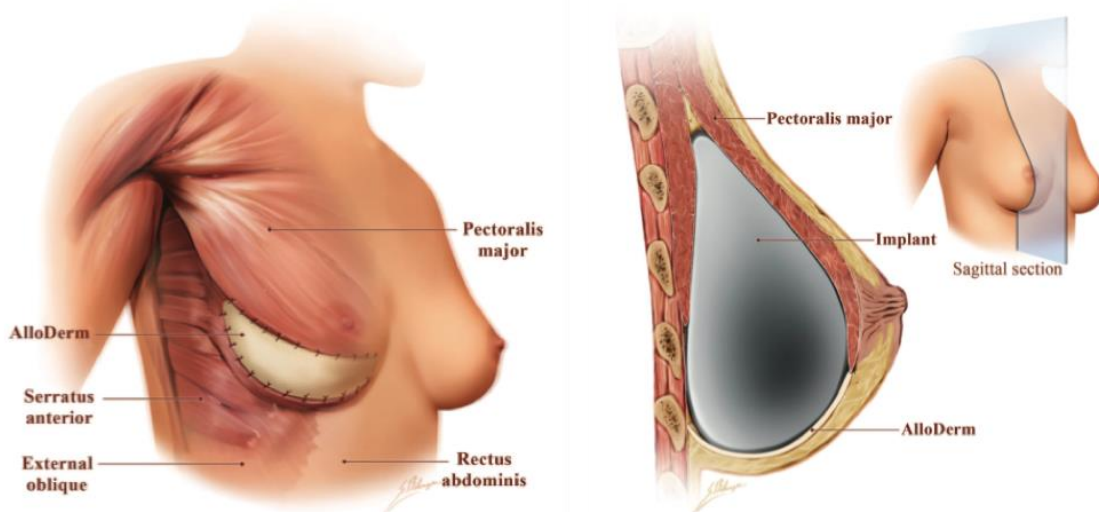
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IMMEDIATE BREAST RECONSTRUCTION – DIRECT TO IMPLANT WITH ACELLULAR DERMAL MATRIX (ADM)

During your surgery, the mastectomy, with or without lymph node surgery, is performed by your general surgeon. During the same surgery, your plastic surgeon will place a breast implant/prosthesis underneath the pectoralis muscle. Since only the upper portion of the implant can be covered with this muscle, the lower portion is covered with **acellular dermal matrix (ADM)**. This material is composed of donated cadaveric human skin that has had all of the cellular elements removed from it, has been sterilized, and consists essentially of collagen fibers. Your body's blood vessels will grow into this tissue and it becomes part of you as you heal. This tissue is used to protect and accurately position the implant, and to optimize the end result. Its use also avoids tissue expansion, which is otherwise required



What to expect/instructions:

- There will be steri-strips or tapes on the incisions with a covering dressing. Remove this outer dressing 3 days postoperatively and leave the tapes on until they fall off.
- You will have drains on each surgical side to prevent fluid from accumulating under the skin. You will receive teaching from the nurses before going home about how to manage your drains. 24-hour outputs should be recorded and they are removed one at a time when outputs are less than 30 cc/24h period. Gently clean the drain sites with a clean cloth daily and apply polysporin and a dressing. You can shower once the drains are removed. Avoid submerging in water for 2 weeks.
- A prescription for pain medications will be given to you postoperatively.
- Sleep on your back with arms on pillows for comfort for at least 2 weeks.

- Please avoid wearing a bra for 1 week. After this, you can wear a non-constricting bra or bralette for support. At 4 weeks most bras can be worn. Underwire bras can be worn after 3 months.
- Limit any arm range of motion that engages the pectoralis muscles for 2 weeks. This includes lifting your arms up over your head, pushing, lifting, and squeezing your arms together.
- Gradually increase your shoulder range of motion over the following 4 weeks. Full return to exercise and heavy lifting is permitted 6 weeks postoperatively.
- If you have a postoperative concern, call Dr. Robinson's office. When to call:
 - Progressive and significant swelling or bruising on one side;
 - Fever, chills, night sweats, increasing pain, redness, and increasing discharge from the incision(s).
- If you have an emergent concern after hours, the on-call plastic surgeon can be reached at the number on Dr. Robinson's office answering machine.