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Information for patients and carers

Breast Reconstruction Surgery

Excellent care with compassion

Division of Surgery – Plastic Surgery Department

@LancsHospitals

Breast reconstruction surgery

You have been referred to this hospital for consideration for breast reconstruction surgery. This booklet will explain the various treatment options and what to expect. Please do not hesitate to ask if you have further questions.

Before you will be able to undergo this type of surgery please consider the statement below, this is a very important question.

What if I am a smoker?

Smoking greatly increases the risk of complications with this surgery. Our surgeons will not proceed with this surgery if you are smoking or using nicotine replacement therapy. Stopping smoking can be very difficult. If you need more support in giving up, please make use of the smoking cessation clinics and support agencies in your area and consult your G.P. If you would like a list of stopping smoking advice lines and support, please ask.

The hospital has a no smoking policy throughout its premises which means that smoking is not permitted in any buildings or in the grounds.

Breast reconstruction can be performed at the same time as a mastectomy (removal of the breast), as an immediate reconstruction, or after a mastectomy, as a delayed procedure for breast cancer. It may also be carried out because of a congenital absence of a breast (Poland Syndrome) or other reasons.

Breast reconstruction surgery is usually performed during several operations over a period of approximately 12 to 18 months. The first procedure is usually to create a breast mound, followed by symmetrising surgery (if necessary), to balance and sculpt the breast, followed by nipple reconstruction, if required and finishing with micro pigmentation (tattooing). This information booklet concentrates on the first procedure that of creating the initial breast mound.

Surgeons can create a breast mound using your own tissue (autologous). In this hospital it can be performed using tissue from your abdomen (free Deep Inferior Epigastric Perforator (DIEP) flap or muscle sparing Trans Rectus Abdominis Muscle (TRAM)), or back (Lat Dorsi flap with or without an implant). Occasionally, it may be possible to create this using tissue expanders and implants alone.

Reasons for choosing breast reconstruction

Women choose breast reconstruction for both physical and psychological reasons. The goals of reconstruction are to:

- Make your breasts look balanced when you are wearing a bra so that you feel comfortable about how you look in most types of clothing
- Permanently regain your breast contour
- Provide a stable breast mound so that an external prosthesis is not required
- Help you to feel more feminine and address psychological and psycho-sexual wellbeing

Important factors to consider when deciding if and when to proceed with breast reconstruction

It is important to make your decision about having breast reconstruction only when you feel fully informed about the procedure. There are often many options to think about as you and your surgeon explore what is best for you. It is important to consider the following factors:

- Breast reconstruction usually does not affect your ability to have other breast cancer treatments, such as chemotherapy or radiotherapy. However, having radiotherapy may affect or delay reconstruction options offered to you. Oncological follow-up after treatment is the same as if you had only a mastectomy
- The reconstruction process usually requires more than one operation

- Breast reconstruction surgery takes longer than a mastectomy and is a major operation. This means your overall hospital stay may be longer than for a mastectomy alone
- Not all types of reconstruction are suitable for each patient and this is determined by many influences. Your surgeon will discuss which options are most appropriate for you. You have a choice based on this information / discussion with the specialist surgeon
- The difference between your reconstructed breast and the unaffected breast can be seen when you are naked. A breast reconstruction will not be an exact match
- A reconstructed breast will not experience the sensations of a natural breast
- Your body image and self-esteem may improve after your construction surgery as, naturally, some types of reconstruction may improve areas of your body e.g. uplifted breasts or improved abdominal contour, but this is not always the case. Breast reconstruction will not change anything you may have been unhappy about before your surgery
- You may be disappointed with how your breast looks after surgery. You and those close to you must be realistic about what to expect from reconstruction

You should discuss the benefits and risks of reconstruction with your doctors and breast reconstruction nurses before the date of surgery to give yourself plenty of time to make the best decision for you.

Questions you may wish to ask

It is very important that you ask as many questions to your surgeon as you need before having breast reconstruction. It is always useful to write down any questions as you think of them. Bring a friend or family member with you to your outpatient appointments to help you remember what was said.

Here is a list of questions you may wish to ask them; the answers to these questions may help you make your decisions:

- What type of reconstruction is best for me? Why?
- What results are realistic for me?
- Will the reconstructed breast match my remaining breast size?
- Will I have any feeling in my reconstructed breast?
- What are the risks and possible complications I should know about?
- How much discomfort or pain will I feel?
- How long is the recovery time?
- How much time off is required from work and exercise?
- What do I do if I get swelling in my arm (lymphedema)?
- Will reconstruction interfere with chemotherapy?
- Will reconstruction interfere with radiotherapy?
- How long will an implant last?
- What kind of changes to the breast can I expect over time?
- How will ageing affect the reconstructed breast?
- What happens if I gain or lose weight?
- Are there any other reconstruction options that I should know about or consider?

Bilateral or unilateral breast reconstruction

You may be having one breast reconstruction (unilateral) or both breasts reconstructed (bilateral). If you are having bilateral breast reconstruction, the size of your new breasts will usually be smaller than if you are having a unilateral reconstruction because of the amount of tissue available. Your tissue can only be used from the donor site once.

Immediate or delayed reconstruction

Immediate reconstruction is reconstructive surgery that is done at the same time as the mastectomy when the entire breast is removed leaving the skin envelope. Immediate reconstruction means that the

chest tissues are usually undamaged by radiotherapy or its resulting tissue damage.

Delayed reconstruction is reconstructive surgery that is undertaken at a later time and may be performed several months / years after initial breast cancer surgery. For some women, this may be advised if radiotherapy is to follow mastectomy. This is because radiotherapy following breast reconstruction can increase the risk of complication after surgery.

Decisions about reconstructive surgery will depend on many personal factors such as:

- Your overall health
- Your lifestyle
- The stage of your breast cancer
- The size of your natural breast
- The amount of tissue available
- The equality of your skin
- Your desire to match the appearance of the opposite breast
- Your desire for bilateral reconstructive surgery
- The type of procedure
- The size of implant or reconstructed breast

The decision about the most appropriate type of reconstruction for you is a joint one between you and your surgeon.

Reconstruction surgery using your abdomen

TRAM & MS TRAM (Transverse Rectus Abdominis Muscle) Flap:

The TRAM flap procedure uses your own tissue (Autologous) and muscle from the lower abdominal wall. The tissue from this area is often enough to create a comparable breast size and shape to your unaffected breast. The skin, fat, blood vessels (perforator) and all or some abdominal muscle are moved from the abdomen and to the chest

area. This procedure also results in a tightening of the lower abdomen, or a tummy tuck.

TRAM Flaps:

FREE flap MS TRAM (Muscle Sparing Transverse Rectus Abdominis Muscle) means that the surgeon cuts the flap of skin, together with fat, blood vessels and a small cube of abdominal muscle, free from its original location and then attaches the flap to blood vessels in the chest area. This requires the use of a microscope (microsurgery) to connect the tiny vessels and takes longer to finish than a pedicle flap. The procedure is the second most common, used in approximately 30% of cases.

DIEP (Deep Inferior Epigastric Artery Perforator) Flap:

The most commonly used procedure, undertaken in around 70% of cases; this is a more advanced type of abdominal flap procedure which uses fat and skin from the same area as in the MS TRAM flap but does not use the muscle. This procedure results in a tightening of the lower abdomen, or a 'tummy tuck'. The procedure is carried out as a free-flap, meaning that the tissue is completely detached from the tummy and then moved to the chest area. This requires the use of a microscope (microsurgery) to connect the tiny blood vessels.

Both flap types may involve a small piece of third rib or cartilage being removed to enable access so the tissue can be re-connected, using the microscope, to a blood supply sitting on top of the lung. Sometimes we can find these vessels in between the ribs.

The type of reconstruction undertaken is dependent on the position and availability of the blood vessels within the abdomen. A Computed Tomography angiogram (CTA) will be carried out before your surgery which gives the surgeon a 'map' of your blood vessels enabling them to plan your surgery. This will also involve a blood test to measure your kidney function because a dye is injected into your vein during the CTA which is excreted by your kidneys.

Reconstruction surgery using your back with or without implant LD (Latissimus Dorsi) Flap:

The LD Flap procedure involves moving tissue from the upper back. The flap is made up of skin, fat, muscle and blood vessels. It is tunnelled with its blood supply attached under the skin below the armpit to the front the chest. This can provide added protection for an implant and additional skin following mastectomy. Sometimes, if the breast volume required is small the muscle and fat alone can create a breast mound with the need for an implant (extended LD).

There are some important factors for you to think about when deciding on a LD reconstruction with implants:

- Your implants are unlikely to last a lifetime, and you are likely to need additional operations
- You may experience local complications with breast implants such as rupture, pain, capsular contracture (scar tissue around the implant), infection and poor cosmetic result. This means that implants may change shape overtime and become less attractive in appearance
- Some women experience relative weakness in their back, shoulders and arm
- When the muscle is moved from the back to the front, you may experience muscle twitching over the implant

You will be given an additional information leaflet about implants if this is necessary.

What are the risks and complications of surgery?

All surgery and anaesthesia carry some uncertainty and risks. The following list gives you information on the most common or most significant problems that can occur following this type of surgery.

Blood transfusion - it is uncommon to require a blood transfusion after this operation. However, this may occasionally be required. If you have

strong views or religious beliefs about this treatment please discuss any issues with your surgeon before surgery.

Anaemia - if you are found to have a low blood count (anaemia) after your operation, a course of iron tablets may be prescribed. After you are discharged from hospital, your GP may repeat the blood test.

Haematoma - this is a collection of blood underneath the skin, which may occur after surgery. The breast (or abdomen, after a DIEP flap) may become painful and swollen. A second operation may be necessary to remove the haematoma.

Seroma - sometimes serous fluid will collect behind the breast, abdomen, back, or thigh wound after the drains are removed. Usually, this is a small amount only and the body will gradually reabsorb the fluid over a period of a few weeks. Occasionally, a larger amount of fluid collects. This can be drained in the outpatient department and may need to be done on several occasions.

Infection - a wound infection can occur after any surgical procedure, If this happens it may be treated with antibiotics and, if necessary, further dressings. In severe cases, a return to theatre is required to wash out the infected wound. After an infection the scars may not be quite as neat. Any major operation with a general anaesthetic carries a small risk of a chest infection, particularly among people who smoke.

Deep Vein Thrombosis (DVT) - this is a blood clot in the legs and is a potential complication following surgery and bed rest. People who are taking the oral contraceptive pill or hormone replacement therapy and those who smoke are at a greater risk. Occasionally clots can break off and pass to the lungs, known as a pulmonary embolus (PE) which can be life threatening. All patients are given compression socks to try to prevent this problem. Preoperative assessment might identify you as a person who will also need blood thinning injections to reduce the risk. During the first 24 hours following surgery you will also wear ‘flowtron’ boots to massage your calves while you are less mobile. You will be encouraged to mobilise the first day following surgery. Taking

Tamoxifen may increase the risk of DVT; if you have been prescribed Tamoxifen you will be asked to stop taking it four weeks before surgery until two weeks after surgery. This will not affect your cancer treatment.

MS TRAM & DIEP & TUG only will go home with blood thinning injections to see administer into your thigh or abdomen for seven days post-discharge. You will be taught how to give yourself the injections whilst you are an inpatient on the ward. We will also ask you to wear your compression stockings for three weeks after the operation.

Wound breakdown - wound healing may sometimes be delayed. This may be because of tension on the wound, poor blood supply to the area, poor nutritional status and/or infection. Occasionally the wound may break down, resulting in; a longer hospital stay, increased hospital visits to have the wound/s assessed and, possibly, further surgery. Smoking increases the risk of this as smoking can have an adverse effect on the healing of all surgical wounds. Eating a healthy diet promotes good wound healing.

If you have been trying to lose weight, you may wish to take a vitamin or mineral supplement in addition to a healthy diet, but we advise you to take no more than your recommended daily amount.

Scars - any operation will leave a permanent scar. Infection can cause a wound to reopen; this may lead to problems with scar formation such as stretching or thickening. At first, even without any healing problem, the scar will look red, slightly lumpy and raised.

Regular massage of the scar using a light non-perfumed moisturising cream and using sensible sun protection measures, such as a factor 30 sun block, should help it to settle in time and fade over some months. This may take up to two years. Some people may be prone to the development of keloid or hypertrophic scars which are raised, itchy, and red. If you have a tendency to produce scars like these, please discuss this with the surgeon. In the majority of cases, scars settle to become less noticeable.

Symmetry - although every effort will be made to make your breasts equal in size and shape, you may find that there is a difference between the two breasts. This is quite normal, but if you have any concerns or questions please talk to the surgeon. If necessary, revision surgery may be performed to improve the look of your breasts. A degree of asymmetry in all women is normal.

Flap failure – there is a small chance that the flap or part of the flap may die. If its blood supply is insufficient, there is an approximate risk of failure rate (ranging between 2 to 10%). This is rare, and is most likely to happen within the first 24-48 hours post operatively. If this does occur you will need another operation to remove the affected area. Your surgeon will also discuss with you other reconstruction options that are available. Occasionally it is possible to save the flap, if the problem with the blood supply can be rectified, but this usually involves a return to the operating theatre.

Fat necrosis – this is an uncommon, benign condition where fat cells within the breast may become unhealthy and delay wound healing. It is usually painless and the body repairs the tissue over a period of weeks/months. Occasionally the fatty tissue swells and may become painful. The fat cells may die and their contents form a collection of greasy fluid which will drain to the skin surface. The remaining tissue may become hard. In severe cases the overlying skin may become unhealthy too. It is uncommon to require further surgery.

Other factors to consider

Body Image - the majority of patients are pleased with the results of their surgery. However, not all surgery is completely successful and you may not be pleased with your cosmetic result. Occasionally, women feel very anxious about their treatment or have difficulty coming to terms with their new look because their breasts are not as they had imagined they would be or as a result of a complication. If you feel very anxious, worried about your treatment or depressed please speak to the breast

reconstruction nurses for more information about the Psychological therapy service available.

Intimacy - initially, your breasts and abdomen or back will feel tender and you may not feel up to intimate physical contact. However, you may resume your sex-life as soon as you feel comfortable.

Breast reconstruction restores the shape of the breasts but cannot restore your normal breast sensation. With time, the skin on the reconstructed breast can become more sensitive, but it will not give you the same kind of pleasure as before a mastectomy.

Some women are concerned that her partner hesitates to touch her and this makes the woman feel less attractive. The most likely reason for this is that her partner is afraid of hurting her. Couples need to talk about their fears and feelings.

Sport - some sport can be resumed within 6 to 8 weeks, but we suggest that you check with your surgeon or breast reconstruction nurse first. If the sport involves strenuous upper body movements for example aerobics, golf, swimming and any racquet sports then it is probably advisable to return gradually to these activities and ensure you have a supportive sports bra on during the activity.

Wound healing - surgeons may suggest you delay having the operation for one reason or another. This may happen if you smoke or have other health conditions. Many surgeons require you to stop smoking prior to reconstructive surgery to allow for better healing.

There is written evidence to show that wound healing is impaired dramatically the higher your body mass index (BMI). Many surgeons will ask that your BMI falls between a healthy range and does not exceed 35, this is in order to reduce the chance of a complication arising. Your surgeon may ask you to lose weight before agreeing to operate to achieve the best long-term results.

Clinical findings support evidence showing those patients undertaking a delayed reconstruction are more emotionally accepting than those having immediate reconstruction.

It may be possible to preserve your breast skin envelope using an expander at time of mastectomy if you cannot make a decision at this time.

The surgeon may recommend surgery to re-shape the remaining breast to match the reconstructed breast. This could include reducing or enlarging the size of the breast or lifting the breast at a later stage.

Following breast reconstruction surgery you may experience one or some of these common effects:

All types of reconstruction:

- Areas of specific discomfort where new breast mound is sutured to chest wall
- Dissolving sutures spitting out
- Feeling of heaviness/fullness to the reconstructed breast
- Numbness or lack of sensation to reconstructed breast
- Feeling of bulkiness under armpit to your reconstructed side
- Red lumpy scars during healing process
- Difficulty in getting bras to fit for duration of reconstruction journey

DIEP/ MS TRAM flap reconstructions only:

- Some discomfort to the ribs above the reconstructed breast
- As the newly connected blood vessels / nerves are healing it is possible that you may experience tingling, electric shock or warm sensations in your chest, although this is less common

DIEP / MS TRAM flap reconstructions only:

- Numbness or a loss of sensation to the incision line and the area directly below the umbilicus
- Tightness/hardness to the abdomen
- Stepped appearance of abdomen scar

Emotional response

An admission to hospital can be an anxiety-provoking experience. You are in a different environment away from family and friends. You are not in control of your daily routine, e.g. meal times, visiting times. After surgery you may experience some pain and discomfort, or anxiety about the end result, or 'post-surgery blues'. These are normal reactions. However, if you find they are causing you undue concern let the nursing staff know. They can arrange for a member of the psychological therapy team to meet or ring to speak with you and discuss how best to manage your anxieties.

What arrangements do I need to make?

The hospital stay is usually between three and five days. You will be discharged as soon as you are clinically fit to go home. You will need to arrange help with shopping, housework and care of small children, as you will not be able to manage these on your own for at least two to three weeks after surgery. It may be necessary to organise between 8 to 12 weeks off work and you may need to consider a phased return to work if you have a physical job.

You will not be able to drive immediately after your operation for approximately four to six weeks. However, you should only consider driving when sufficient healing has taken place to allow you to wear a seatbelt without pain and you are able to perform an emergency stop(practice in a car park first). Before you drive, following surgery, we suggest that you check with your insurance company to ensure that you have the appropriate cover. Make sure you take note of the date and the name of the person you spoke to. Some companies ban driving for

a specific period following surgery. Failure to comply with that condition would mean that you were driving without insurance, which the law regards as a serious offence.

If you are taking the oral contraceptive pill or hormone replacement therapies, do not stop taking this medication. Always seek medical advice. Talk to your GP or visit your local Family Planning Clinic. You will need to bring a list of any medicines (prescribed, over-the counter or herbal remedies) that you are currently taking to the Outpatient Department appointments, Pre-assessment Clinic and with you on admission to the hospital along with the prescribed medication (if possible complete in its box).

If you are prescribed Tamoxifen you will be asked to stop taking these four weeks before surgery and can re-commence two weeks after your surgery. This will not affect your cancer treatment in any way.

Pre-assessment clinic

All patients are seen in the Pre-assessment clinic prior to surgery and a letter will be sent to you giving the date and time of your appointment or you may be sent direct from clinic.
The pre-admission assessment can include:

- Discussing your current medication, any allergies you may have and information on your planned treatment and about the hospital services
- Assessing your general health and fitness before surgery by carrying out various tests and investigations, including blood tests and ECG (electrocardiogram - heart tracing)

Photographs may be taken to provide a record for your notes. Allow plenty of time, as these procedures may take a few hours to complete. If you have any further questions, write them down and discuss with the doctors and nurses.

It is important that you are completely satisfied that you have been given all the information you need and that you fully understand the risks and benefits of your surgery before you sign your consent form. You can change your mind at any time before surgery.

Before the operation

Remove all jewellery and rings before surgery. Any valuables are brought into hospital at your own risk.

For your safety, it is important that you remove all make-up and finger and toe nail varnish (including nail acrylics/false nails) is removed before surgery. Mascara can cause corneal (eye) abrasions whilst you are under anaesthetic and foundation and nail polish/false nails can interfere with oxygen monitoring.

We request that when showers are taken the morning of surgery that care is taken not to wash off surgical markings. Patients are advised not to use perfumed deodorant or lotions.

For patients having the DIEP or TUG reconstruction it may be necessary during your procedure for hair close to your bikini line and lower abdomen to be shaved for hygiene purposes as it is close to the donor-site and wound drains may be placed here. You may want to consider your own hair removal prior to admission. You may be given a foil blanket to wrap around you before you go to theatre. These have been requested by our anaesthetists to ensure your body temperature is maintained.

Please bring a dressing gown and slippers as you may be asked to walk to theatres before your operation.

After the operation

All the procedures in this booklet usually mean you will be away from the ward for a considerable period of time (usually most of the day). Your surgeon or nurse can advise you of times as it varies depending on the type of surgery performed. When you wake up after the surgery, you will be in the recovery area where you will stay until the nursing staff feel you are able to return to the ward. The recovery team is very experienced and they will ensure that your recovery is as comfortable as possible. After review by the anaesthetic team you will return to the ward or occasionally, to High Dependency Unit.

We would not advise a visit from your family on the day of surgery however the HDU/ward nurses carry a mobile phone so will be able to pass the phone to you so you can talk to them.

The nurses will look at and touch your flap (new breast) every half an hour for the first night to monitor the warmth, colour, sensation, tightness and blood flow. Initially it is very important to keep your new breast warm. You may have a heated blanket over your body to keep you warm.

Wound drains are usually inserted into the breast(s) and donor-sites at the time of surgery to allow any fluid collecting to drain away. The drainage tube is attached to a vacuum bottle where the fluid is measured. The nurses will remove them on the doctor's instruction, usually over two to four days later depending on the amount and colour of the fluid drained.

Following removal, a small amount of leakage from the wound is not unusual; a light gauze pad can absorb this. A wound dressing will be in place and changed according to daily assessment by the doctors and nurses.

You will usually have an indwelling urinary catheter which will be removed the day after surgery or once you are more mobile.

You will have a PCA (patient controlled analgesia) pump attached via a vein that will allow you to self-administer painkilling medicine. You will not be able to overdose on this as it locks out after each dose for a controlled period of time.

You will have oxygen delivered to you overnight and you will have regular blood pressure and oxygenation monitoring.

You will wear ‘flowtron boots’ that massage your calves over night to help prevent blood clots in leg veins (DVT).

You will not be able to eat anything and will only be allowed clear fluids to drink for the first night. This is precautionary in case you need to return to theatre.

You will have intravenous (IV) fluids that will hydrate you for the first night after your operation. It is important to ensure you are well hydrated for optimum blood flow to your reconstructed breast. When the IV fluid is removed we encourage you to drink up to five jugs of water/ liquids per day.

The physiotherapists will visit you the day after surgery and give you an exercise sheet so that you will be able to follow some gentle exercises.

You will be able to have a shower on the ward over the next few days as you mobilise more; nursing staff will be able to advise you depending on the type of dressing used and how you are feeling and give assistance where necessary.

What support garments will I need after surgery?

Support garments are required for patients undergoing all types of breast reconstruction surgery. You will need to buy a good supporting, non-wired sports-type bra that does up at the back, as advised by your surgeon and breast reconstruction nurses. It should be worn for six weeks, for 23 out of 24 hours a day (including night time), and should be taken off only for showering/washing. This is to help support the underlying tissue and suture (stitch) lines while healing and prevent

build-up of seroma. It is important the wound dressings are completely dried after showering and before dressing.

The ward nurses will help you into your bra and make sure it is comfortable for you. We would suggest bringing in bra extenders that would help to loosen the bra to allow for postoperative swelling and drainage tubes.

After surgery there will be swelling and your breasts will seem high and firm which may seem unnatural. However, the swelling will reduce, you will become more comfortable and, after a while, the breasts will look more of a breast like natural shape. After a settling in period that varies depending on the patient, it is advisable to have your breasts measured to determine what new bra size you may need.

If you have had the MS TRAM / DIEP procedure you will need to buy medium support body shaper 'knickers' to support your abdomen. Make sure they extend up just under your bra and do not cut across your umbilicus (tummy button). This is to prevent them rolling down & provide compression to your abdomen to prevent fluid collecting. Your breast reconstruction nurse can advise you were to purchase these.

Going home

The doctors on the ward can provide you with a 'social security and sick pay statement of fitness to work' (sick certificate) for up to two weeks. When the decision is made for you to be discharged, please notify the doctor or nurse during the ward round if you need one.

You will be given an appointment to be seen in the Plastic Surgery Dressing's Clinic (situated next to Ward 4) one week after your discharge. At this appointment your wounds will be checked for healing and dressings changed (where necessary). You will also receive a follow-up appointment with your surgical team four to six weeks after you have been discharged. Please be aware that this may not necessarily be with your consultant.

If you had the mastectomy at the time of reconstruction you should have an appointment with your referring hospital about two weeks after your discharge when you will be given the results of the mastectomy.

Make sure you set some time aside during the day for yourself. Do not be afraid to take some time out for yourself as this will enable you to rest your mind as well as your body.

If you have had only one breast removed, it is important to have regularly-scheduled mammograms (a type of x-ray of the breast) on the opposite breast. If you have had a tissue flap reconstruction, you do not need a mammogram of that reconstructed breast but should continue with screening of the other breast. You should also continue with routine oncology follow-up that will be arranged for you by your breast surgeon and oncologist.

What should I look out for?

Once you have gone home after surgery it is important to check your wounds. If they become red, hot, swollen and painful or you notice a discharge, please contact Ward 4 or The Dressing Clinic on the numbers below.

Questions or concerns

If you need any further information or you are concerned about any of the issues raised in this booklet, please talk to the surgeon at your outpatient appointment or contact any of the nursing team on Ward 4 they are available for you to contact if you have any concerns before, during or after your stay.

Contact details

Should you require further advice or information please contact:

Ward 4: 01772 522244

Dressing clinic: 01772 523542

Sources of further information

If you would like any further information you may find these contacts useful:

Breast Cancer Care
Free and confidential service, run by specially trained nurses
Website: www.breastcancercare.org.uk
Helpline: Tel: 0808 800 6000
Text phone: Tel: 0808 800 6001

Macmillan Cancer Support
Provides practical, medical, emotional and financial support
Website: www.macmillan.org.uk
Free phone: Tel: 0808 800 0000

www.lancsteachinghospitals.nhs.uk
www.nhs.uk
www.patient.co.uk
www.accessable.co.uk

All our patient information leaflets are available on our website for patients to access and download:
www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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Lancashire Teaching Hospitals is a smoke-free site.
On 31 May 2017 Lancashire Teaching Hospitals became a smoke-free organisation. From that date smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking including Nicotine Replacement Therapy to help manage your symptoms of withdrawal.

If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Cantonese:
如果你希望以另外一種格式接收該資訊，請和我們聯絡，不必猶豫。

Gujarati:
જો તમને આ માહિતી બીજી રચના કે ફોર્મેટમાં મેળવવાની ઈચ્છા હોય, તો કૃપા કરી અમારો સંપર્ક કરતા અચકાશો નહિ.

Hungarian:
Kérjük, vegye fel velünk a kapcsolatot, ha más formában kéri ezt az információt.

Polish:
Jeżeli chciał(a)by Pan/Pani otrzymać niniejsze informacje w innym formacie, prosimy o kontakt.

Punjabi:
ਜੇ ਤੁਸੀਂ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿਚ ਇਹ ਜਾਣਕਾਰੀ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਤੋਂ ਨਾ ਝਿਜਕੋ।

Urdu:
اگر آپ اس معلومات کو کسی اور صورت میں حاصل کرنا چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کرنے میں ہچکچاہٹ محسوس نہ کریں۔

Department: Plastic Surgery Department
Division: Specialist Services
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