

Postoperative DIEP Flap Protocol

POD#0:

- Clear liquids overnight
- Keep bed flexed at all times
- No ice packs
- SCDs at all times when in bed
- Q1 hour Vioptix checks
- Q4 hour checks for hematoma – undo bra and look at breasts and abdomen
- If low UOP, give IVF boluses
- Keep on 3L of O2 nasal cannula
- Incentive spirometry
- Around the clock meds:
 - Toradol 15 mg q8 hrs,
 - Tylenol 975 mg q8 hrs
 - Tramadol 50 mg q6 hrs,
 - Valium 2 or 5 mg q8hrs
 - Can make tramadol and valium prn if patient drowsy
- Oxycodone prn, morphine if severe pain.
- Colace, senna, Miralax around the clock
- Antibiotics – Ancef until discharged

POD#1:

- AM draw for CBC and CMP
- Q1 hour Vioptix checks
- Q4 hour checks for hematoma – undo bra and look at breasts and abdomen
- Remove foley catheter in am
- Remove foot IV
- D/c telemetry
- SCDs at all times when in bed or in chair
- Start Heparin SQ 5000 q8hr for hospital stay, keep SCDs in place
- Slowly wean O2 over the day 1/2 liter at a time
- Regular diet, d/c IVF when drinking/eating
- OOB to chair in am, walking in evening
- Resume home meds

POD#2:

- Q1 hour Vioptix checks
- Q4 hour checks for hematoma – undo bra and look at breasts and abdomen
- JP care teaching
- Possible d/c home in evening after 48 hrs postop (after 6 pm)
- Discharge home with oral pain meds prn, Valium prn, aspirin 325 mg qd x 1 month, stool softeners and all JPs
- Aspirin 325 mg po qd for one month starting POD #3
- Remove Vioptix monitors and all Tegaderms, leave Steristrips.

**If Vioptix O2 number drops 20 points in 1 hour → flap problem – call surgeon directly and immediately – don't try to reposition without calling.