



POSTOPERATIVE CARE INSTRUCTIONS FOR BREAST PROCEDURES

PLEASE READ ME BEFORE AND AFTER SURGERY

ITEMS TO HAVE BEFORE SURGERY:

<https://www.amazon.com/ideas/amzn1.account.AGXSD5X7BTPBJI7UNCKYYP7VNLKQ>

* Front close bra



* Stool softener/laxative (Peri-Colace)—Pain medication can constipate you. Peri-Colace helps soften the feces (“the mush”) and also helps stimulate the bowels (“the push”). These should be started the day after surgery if you are taking pain medication.

* Extra-Strength Tylenol (500mg): To be used when pain is mild to moderate in place of the narcotic pain medication.

* Compression stockings

* Oral Thermometer: It is important to monitor your temperature after surgery in the event that you feel “feverish” or hot. You have a fever if you have a temperature above 101.5.

ITEMS TO ARRANGE BEFORE SURGERY

*After surgery, have an adult available to stay with you for the first 72 hours, as you will be weak and drowsy. If you are unable to have an adult stay with you for the first 72 hours, you can arrange for a nurse to care for you at an additional fee

* It is highly recommended that you have a competent adult with you for the duration of your stay if you are an out-of-town patient.

***Travel-** Our practice is located in a rural part of Pennsylvania. Because of this, access to ride sharing such as Uber or Lyft is limited. Please arrange for a rental car if needed.

***Accommodations-** Please visit the website for local hotel recommendations

WALKING:

* It is important to get out of bed early and often after your surgery (with assistance) to prevent postoperative problems. Walking encourages blood flow throughout your legs to reduce the chance of blood clot development.

* It is important to walk slightly “stooped over” (bent at the hips) for 7 – 10 days to release tension on the suture lines. Eventually you will notice you can stand straighter each day. By day 10, you should be able to walk straight up.

* IF YOU HAVE SHORTNESS OF BREATH, LEG SWELLING, AND/OR LEG PAIN AT ANY POINT IN YOUR POSTOPERATIVE HEALING, GO TO AN EMERGENCY DEPARTMENT IMMEDIATELY (OR CALL 911) AS THIS COULD SIGNIFY A BLOOD CLOT.

COMPRESSION STOCKINGS/TRAVELING

* If you are an out-of-town patient and will be traveling back home after your surgery, please wear compression stockings on the plane or in the car and remove them after landing.

* When on the airplane or car, please be sure to get up every hour to walk around and encourage blood-flow in your legs. Also, be sure to wiggle your ankles when sitting as if pressing a gas pedal to promote blood flow.

* It is safe to fly 2 weeks after surgery if you have been cleared to do so.

* If you experience shortness of breath after a flight or leg pain with extreme leg swelling, please visit an Emergency Department immediately to rule out a blood clot.

PAIN AND PAIN MEDICATION:

* Ice operative areas (20 minutes every hour)- not directly on the skin, ice over binder or bra

*Take pain medication with food.

* Percocet (Oxycodone + Acetaminophen) or Vicodin (Hydrocodone + Acetaminophen) should be taken as prescribed.

1 tablet every 4 – 6 hours as needed

* If your pain is mild, or if you do not like the effects of the narcotics, you can take Tylenol® (Acetaminophen) 1000mg every 8 hours (which would be 2 tablets of the Extra Strength Tylenol®, purchased over the counter). Please do not exceed 3000mg in a 24-hour period. Please do not mix the Tylenol® with the narcotic pain medication since the narcotic pain medication consists of 325mg of Tylenol®

* If you require additional pain medication, please reach out to our office at 814-849-6591.

* If you are to finish your pain medication during a weekend or after hours, you will need to wait until regular business hours to visit our office to collect your prescription since we are not open on weekends or after hours.

* If you are under the care of a pain management provider or already take narcotic pain medication or an anti-anxiety medication, our office **WILL NOT** be providing you with an initial RX or refill for the aforementioned. It is your responsibility to obtain the necessary medications/refills from your prescribing provider. Please make sure to bring the necessary medications if you are visiting us from out-of-town as we will not be providing it.

* Our office will not be providing any additional medications that are unrelated to the surgical site (i.e., blood pressure meds, muscle relaxers, sleeping pills, etc.). Should you require these in the postoperative period, you will be responsible for acquiring them from your primary care provider.

* Take a stool softener with pain medication to prevent constipation.

* **DO NOT DRIVE WHILE TAKING PAIN MEDICATION.** These medications can result in drowsiness. If you are pulled-over while driving under the influence of narcotics or scheduled substances, you will get a DUI!

* **DO NOT DRINK ALCOHOL WHILE TAKING PAIN MEDICATION.** This can be a deadly combination.

* Only take the narcotic pain medication if needed. The quicker you can wean off of the pain medication, the better you will feel and heal.

DO NOT SMOKE. This is very important!!!

* Smoking (tobacco, marijuana, or vapes) can result in a lack of blood supply to tissues and fat causing tissue death or delayed wound healing. Even 0% nicotine vapes contain a trace amount of nicotine that the FDA accepts as 0%.



* Do not allow those caring for you to smoke around you as second-hand smoke can be detrimental to your recovery.

* Smoking can resume 4 weeks after surgery as long as no challenges in healing are present.

SUPPLEMENTS:

* Do not take aspirin (or products containing aspirin), anti-inflammatories, or Ibuprofen (Advil®, Motrin®, Midol®) for 3 weeks after surgery. Also do not begin herbal supplements until 3 weeks after surgery.

* Phentermine or appetite suppressants should not be taken until 6 weeks after surgery as these supplements increase heart rate and blood pressure and can interfere with your recovery.

REMEMBER THE FIVE W'S:

* The most common cause of an elevated temperature/fever after surgery is due to collapse of the lungs (atelectasis). This is a normal occurrence as a result of anesthesia and the physical stress your body is undergoing. In order to decrease your body temperature and expand the lungs, it is important to do the following:

* Wind: Take 10 deep breaths per hour for the first 72 hours.

* Water: Dehydration can also cause an increase in body temperature. It is important that you remain hydrated since surgery can deplete your body of water. 64 ounces of water a day is encouraged.

* Walk: Get up and walk once every hour to keep your blood moving. This is key for preventing a blood clot.

* Wonder drugs: Take your pain medication or Tylenol® as needed. An increase in pain can cause an increase in body temperature. 4

* Wound: Observe the wound for redness, heat, discharge (pus), and openings.

SLEEPING POSITION:

* While resting in bed, keep at least 2-3 pillows behind your back. This position minimizes the tension upon your new breast closure.

* Sleep on your back with your head elevated about 30 degrees. These instructions aid in the quality of your scar. Sleep in this position for 1 week. After 1 week, you may sleep flat on your back.

* You may resume side sleeping after 6 weeks. Stomach sleeping is not recommended.

* You may lie on your stomach if getting a massage after 3 months.

* Mammograms are ok after 6 months.

SHOWERING:

* DO NOT REMOVE THE SURGICAL DRESSINGS

* You may shower or sponge bath 3 days after surgery. Please use the provided lanyard while in the shower to hold your drains in place.

* Make sure someone is with you at your first shower. Make the shower a quick one with your back to the shower head.

DIET:

* A light diet is best after surgery. Begin by taking liquids slowly and progress to soups or Jell-O. You may start a regular diet the next day.

* Though it is impossible to get rid of gas entirely, there are strategies to reduce it. Eat and drink slowly, chew thoroughly and cut down on carbonated drinks. Avoid sugar-free gums and sugar-free candies that contain sorbitol or xylitol – both sweeteners are poorly digested and can result in bloating.

* Stay on a soft diet, high in protein, for 2 – 3 days and avoid spicy food which can cause nausea and gas. Then you may resume a normal, high protein diet.

DRIVING:

* Driving may be resumed when a sharp turn of the steering wheel will not cause pain; this is usually within 5 – 7 days.

* Driving may resume when you are no longer taking the narcotic pain medication

DRAINS:

NOT ALL BREAST SURGERIES REQUIRE DRAINS

* Keep your drainage bulbs collapsed and record time and amounts of drainage over a 24-hour period. All patients heal differently according to many factors. Generally, the drains will be removed when the

drainage is 25 cc or less in a 24- hour period, which usually occurs in 7 – 14 days. Please see drain instruction sheet for details.

- * Empty drains on a schedule. You can choose to empty the drains and record the value three times a day (every 8 hours), twice a day (every 12 hours), or if not producing too much fluid, once a day at the same time. Please bring your drain information to every visit.
- * 24 hours before your 1-week appointment, be sure to not empty your drains so we know how much fluid you have collected in a 24-hour period.
- * It is normal for your drain sites to leak fluid for the first few days. Do not be alarmed if this happens. You can place ABD pads or maxi pads at drain site to collect draining fluid.
- * Be sure to “milk your drains” in order to encourage the fluid to flow through into the drain bulbs.
- * It is normal for drain site to sting or ache a bit or for one drain to drain more or less than the other.
- * It is normal for over-activity to result in more drainage.
- * It is normal for stringy clots to appear in your drain bulb.

SUTURES:

- * We use dissolvable sutures on your incision.
- * Do not apply anything on your incisions for 3 weeks unless asked to do so. Keep the incisions clean and dry.
- * 3 – 4 weeks after surgery (or when all of your scabs have fallen off and there are no breaks in the skin), you can begin scar treatment.
- * Every patient will also have additional layers of dissolvable sutures under their skin. These dissolvable sutures (Monocryl sutures) can take up to 119 days to absorb under the skin. On occasion, you may see or feel what seems to be a fishing line material protruding from the incision. If this should happen to you, please trim the clear stitch at the skin using sterile scissors or plan to visit our office (or your local provider) so that it can be removed.

SCAR THERAPY:

- *You may begin using silicone scar sheets as soon as the skin is fully closed, after all sutures are removed and after all scabs have fallen off. This usually occurs anywhere between 3 – 6 weeks from surgery.
- * All incisions will be extremely sensitive to sunlight during the healing phase. Direct sun contact or tanning booths are to be avoided for 9 months. Use a water-resistant sunscreen with SPF of 50+ with UVA and UVB protection for at least 9 months. Sun damage to the scars may result in permanent hyperpigmentation or hypopigmentation to your scars.

* Please note that use of medical grade silicone sheeting or silicone cream on surgical scars will temporarily result in red/purple pigment on the scars. This takes place as blood rushes to the surgical incision to create collagen for wound healing and scar maturation. It can take 9 months on average for the discoloration to begin to fade.

POSTOPERATIVE BRA:

- * Wear the surgical bra that we have provided for the first week following surgery.
- * Feel free to bring your own front closure bra to your one week post op appointment.
- * A front closure bra is to be worn 24/7 for the first 4 weeks following surgery.
- * After 4 weeks, the bra is to be worn during the day, and off at night to sleep for an additional 2 weeks.



EXERCISE AND SEXUAL ACTIVITY:

- * No overheating for the first 3 weeks (spas, exercising in the sun, etc).
- * At 4 weeks, you can consider passive or less vigorous sexual activity that will not cause abdominal movement.
- * Cardio may resume at 4 weeks following surgery.
- * Do not lift anything heavier than 10 lbs. for the first 6 weeks.
- * You may begin swimming 3 weeks post-operatively if healing is complete.

BREAST EXERCISES:

Breast exercises will help reduce the development of capsular contracture. The LPS provider will review the exercises that will need to be done multiple times a day as long as implants are in place.

WHAT TO EXPECT:

- * Abdominal bloating is to be expected in the early postoperative period. Bloating results from sodium present in your medications and in the anesthesia.

* Most patients report difficulty sleeping and difficulty with pain management the first night after surgery. This is usually secondary to the effects of anesthesia and should subside within 24-28 hours.

* Sensations like numbness, sharpness, burning, and shooting pains at the breast or underarm areas, hands, arms, back are common during the healing process and can take up to 9 months to resolve. These sensations may last several weeks and will gradually disappear. The sensations can radiate to your back and even down your arm. This is expected and normal.

* Moderate swelling of your breasts is to be expected. Be patient. The swelling will gradually subside and you will be back to normal in 3 – 6 months. Swelling will be at its worst between 3 – 5 days. Swelling starts to subside at 6 weeks but may take 6 months to resolve.

* Bruising is a normal expectation following surgery. Bruising could be apparent for as long as 3 – 4 weeks afterwards. The bruises will move down your body as they are absorbed

* If this is your first augmentation, you will initially feel like your implants are too high, too flat, and too large. This will resolve over the first 4 – 6 weeks post operatively.

* Gurgling and sloshing sounds or sensations from breasts are normal. The noise is produced from air and fluid trapped in the breast pocket. It will subside over time.

* It takes 6 MONTHS FOR FINAL RESULTS to appear. In the interim, you may notice: - Incision asymmetry - Breast asymmetry – Nipple and areola asymmetry - Pleating along incisions - Swelling that changes from day-to-day - Redness to incisions that may take 9 months to fade - Be patient please and try not to focus on these issues before the 6-month period.

* Numbness is expected to resolve by 9-24 months on average.

COMMON COMPLICATIONS:

* **SEROMA/HEMATOMA:** * If you are an out-of-town patient and will be leaving before the 2-week period, it is your responsibility to ensure that your medical provider rules out a seroma at your appointment.

A seroma is a collection of serous fluid that can accumulate in a breast after breast surgery whereas a hematoma is an accumulation of usually old blood in the form of a clot in the breast following breast surgery.

* Hematomas can be dangerous if they are unstable and require prompt surgical evacuation.

Symptoms and signs of a hematoma:

- Sudden increase in breast size (usually one breast) with fullness towards the clavicular area.
- Significant bruising to breast
- Oozing of dark/thick fluid from breast incisions that resembles castor oil
- Significant throbbing pain to one breast that is severe.

- Increase in heart rate.
- Firmness to affected breast

Symptoms of a seroma:

- Sudden increase in breast size (usually one breast) with fullness towards the clavicular area.
- Oozing of clear/yellow/pinkish fluid from breast incisions that resembles Kool-Aid
- Significant throbbing pain to one breast that is severe.
- Firmness to affected breast.

Treatment of a seroma:

- If a seroma is detectable (palpable or visible) then it can be treated via ultrasound guided aspiration or drain placement at an interventional radiology center. An order for ultrasound guided drain placement or aspiration can be provided by our staff upon evaluation (if you are a local patient) or by your primary care provider if you are an out-of-town patient. Failure to treat a seroma can result in capsular contracture.

Treatment of a hematoma:

- If a hematoma is rapidly expanding, the hematoma will be evacuated in the operating room. This is a medical emergency and needs to be addressed in the ER as soon as it is discovered.
- If a hematoma is stable and not expanding, then it can be treated via ultrasound guided aspiration or drain placement at an interventional radiology center. Failure to treat a hematoma can result in capsular contracture.

BREAST IMPLANT EXPOSURE:

*Breast implant exposure is a serious complication resulting from wound separation with subsequent exposure of a breast implant through an incision site. If breast implant exposure is detected while you are still local to us, you will need to undergo prompt removal of your breast implant. A new implant may be placed after 6 -12 weeks depending on your healing. If this takes place while you are in your hometown, please visit your local ER or local plastic surgeon for evaluation and care as waiting too long for removal of the affected breast implant may result in infection. We do not recommend traveling long distances with an exposed breast implant and as such out-of-town patients are encouraged to visit with their local providers/ER promptly if exposure of the breast implant is suspected.

CAPSULAR CONTRACTURE:

*Capsular contracture is the most common breast augmentation complication that develops when internal scar tissue forms a tight or constricting capsule around a breast implant. The scar tissue may continue to contract resulting in a misshapen and hard breast. As a result, the breast may feel painful and stiff, and the capsule may affect the appearance or shape of the breast.

* Scar tissue is the body's natural response to the placement of any foreign object into the body. Capsules form around every breast implant, silicone or saline. It is only when that scar tissue tightens or contracts and restricts the movement of the implant that the breast may develop capsular contracture.

* Capsular contracture can occur at any time. About 75% of capsules occur within the first two years following surgery.

* Predicting who will develop capsular contracture and when it will happen is nearly impossible. It is an unpredictable complication.

* Symptoms of capsular contracture usually emerge slowly and may first be noticed as a high-riding or misshapen breast. As firmness increases, the breasts may feel tight or even painful, especially when you are lying on them. The breasts can appear very round, almost "ball-like."

Non-Surgical Treatment of Capsular Contracture:

- Oral vitamin E (1000 IU daily) § Anti-inflammatory leukotrienes such as Accolate or Singulair.
- The effectiveness of these treatments is based on anecdotal evidence, and they only occasionally provide significant improvement.
- These medications are taken for 3 months. If there is an improvement in the capsular contracture, then the medication is continued for an additional 3 months. If there is no improvement, the medication is discontinued.
- Liver function testing via blood work must be completed monthly when taking these medications as the above medications can affect liver function.
- If you are an out-of-town patient, your primary care provider will need to prescribe the medication for you as we cannot treat you from a distance.

Surgical Treatment of Capsular Contracture:

- The only treatment that guarantees the condition won't return is the permanent removal of the implants and surrounding scar tissue (explantation of breast implants and capsulectomy).
- The best treatment for capsular contracture is to go back to the operating room and have your surgeon release the scar tissue surgically (capsulectomy).



SPITTING SUTURES: * Spitting sutures are to be expected. Every patient will also have additional layers of dissolvable sutures under their skin. These dissolvable sutures (Monocryl sutures) can take up to 119 days to absorb under the skin. On occasion, you may see or feel what seems to be a fishing line material protruding from the incision. If this should happen to you, please trim the clear stitch at the skin using sterile scissors or plan to visit our office (or your local provider) so that it can be removed.

DELAYED WOUND HEALING: *Breast surgeries can result in areas of separation at the incision sites or in areas of delayed wound healing well beyond the 1-week visit. Should this happen to you, you will need to visit with your local wound care center for evaluation and treatment. Wound cultures may be necessary to rule out infection. Wound care using daily wound dressings may also be necessary to speed up the healing process. In most instances, the incisions heal very well with no evidence of a complication.

* Should your incision open, it cannot be sutured closed since at that point the wound has already been contaminated with bacteria and may result in severe infection with wound closure. The wound will need to close on its own using wound care.

* Wound separation is a common complication that takes place after because of the high tension to the area. It is imperative that you seek care with your local wound care center should your incisions separate.



KELOIDS: * Keloids are firm, rubbery, lumpy lesions or shiny fibrous nodules on the skin that's usually raised. It often looks like liquid spilled on the skin and then hardened. When skin is injured, fibrous tissue called scar tissue forms over a wound to repair and protect the injury. In some cases, scar tissue grows excessively, forming smooth, hard growths called keloids. An estimated 10 percent of people experience keloid scarring.

* If keloids are detected, your provider can: - Inject corticosteroids to the keloid to reduce inflammation (usually one injection every 6 weeks for up to four sessions) - Continue silicone gel sheeting - Begin laser treatments and micro needling to reduce scar tissue

* In addition to keloid formation, can form dark and wide scarring along their incision sites. These types of scars can be addressed with light therapy (like intense pulse light) at your local medical spa/dermatologist or with scar revision. It is important to note that poor scarring can be secondary to a person's immune system

INFECTION: *Infections are most likely to take place between day 10-14 from surgery.

* Symptoms and signs of infection include: - Redness, warmth, fever, tenderness, pus, malaise

* Most infections, if detected early, can be treated with proper antibiotic therapy. If infections are severe or not responding to antibiotic therapy, then prompt visit to an ER for IV antibiotic therapy or wound exploration may be necessary.

* If you are an out-of-town patient and you develop an infection, you will need to visit with your local provider or local ER for evaluation and care. If fever and pus accompany redness, please visit with your local ER to rule out and manage a possible abscess via CT scan. It is not recommended that you travel long distances with an infection



EMOTIONAL EXPECTATIONS FOLLOWING SURGERY:

* It is not unusual for patients to undergo significant emotional “ups and downs” after any type of surgery. Factors such as underlying stress, medications, and/or psychological tendencies can result in patients experiencing a “postoperative depression” that generally resolves after a few weeks. Having a partner, family member, or friend who is supportive can help with this process. Understanding the stages of emotional “ups and downs” can help patients stay calm and recover from this emotional process faster:

Phase 1: Being Out of It: Swelling and discomfort is most severe over the first few days after surgery. Pain medications also can make you disoriented and emotional.

Phase 2: Mood Swings - Having just had surgery, patients are adjusting to a sudden change in their appearance with much anticipation. The presence of bruising, swelling, and asymmetries will distort a patient’s results thereby concealing the final outcome. Mood swings (especially sadness), worry and depression are common emotions as a result. Patients may even ask, "What have I done?" or think that "I never should have done it."

Phase 3: Being over critical - During the second week, patients will probably be feeling a lot better. The swelling and muscle cramping/spasms will be decreasing and sutures will be out. Because of

anticipation, it is natural for patients to look critically at their new body worrying about symmetry, scars, and so on. At this point, it's normal to wonder if they have achieved their goal and what they paid for. This is too soon to tell and most concerns are resolved with time.

Phase 4: Happy at last - Finally, about 3 – 6 months out of surgery, patients will probably start liking how they look and are feeling much better. They may be in the mood to check out some bathing suits or outfits to show off their new figure.

FOLLOW UP APPOINTMENTS:

- * It is important to be seen by our office for your post-op appointments
- * Depending on your surgery, it may be strongly advised that you stay locally for the first 2 weeks following surgery if you are an out-of-town patient.
- * It's important to keep in mind that these appointments are patient-specific and may vary depending on your own individual healing and/or complications.
- Our practice can evaluate you via facetime, google duo or zoom from a distance. If you have a cosmetic or functional complication, please plan to visit our office for a postoperative visit. We can provide referrals and do our best to help manage complications from a distance.
- * Call to schedule your appointments at (814) 849-6591 between the hours of 8:00 AM and 4:00 PM, Monday – Friday. The office is closed on Saturday and Sunday.
- * **The office is closed on Saturday and Sunday. Should you experience a complication over the weekend, you will need to be seen by an urgent care and/or Emergency Room.**