

INTRODUCTION

The following is a list of general expectations and instructions for your care prior to and following your breast reduction. Please thoroughly read these instructions, as most of your questions should be answered here. Instructions for your care will also be reviewed with you the morning after surgery. Following these instructions carefully should help you get the best results from your surgery.

PREOPERATIVE

- Please read your entire pre-op packet.
- Plan ahead to ensure a more relaxed recovery; stock the house with comfort foods and arrange a comfortable place to sleep.
- Set up a support system, someone reliable to drive you to postoperative appointments and help with postoperative care.
- NO SMOKING one month before and after your surgery.
- Stop blood thinners (aspirin, Advil, Aleve, Motrin, ibuprofen, Plavix, etc.) one week prior to your surgery, unless otherwise instructed.

POSTOPERATIVE CARE

Help at Home

It is very important to have a strong support system during the post-op period. You must have someone available to drive you home after surgery and stay with you through the night. We will not perform the surgery if these arrangements have not been made. A breast reduction is a major operation done on an outpatient basis, therefore it is very important that you have another responsible person available to care for and assist you during the first three days. It is normal for a patient to become lightheaded when rising from a sitting or lying position or when removing dressings, this is why it is important to have someone with you to help.

Medications

- Prescriptions for post op medications will be given to you the day of your surgery. You will be given a narcotic pain medication. If you have a history of nausea while taking narcotic pain medications, you may also be given a prescription for this. Postoperative antibiotics are usually not needed. Please take these medications as directed when needed beginning the day of surgery. If you are unable to take any of the medications, please contact our office so we can arrange for other medications to be prescribed.
- If you are prescribed oxycodone, you can also take two extra strength Tylenol (acetaminophen) every six hours.
- If you are prescribed a version of hydrocodone (Norco, Lortab, Vicodin), this has Tylenol in the pill, and extra Tylenol should not be taken. You may take Tylenol instead of the hydrocodone pill.
- If you experience nausea or vomiting, it is most likely due to the narcotic in the prescription pain medication. Please try to take the prescription with food; if symptoms persist, please contact our office.
- Prescription pain medications can cause constipation. If you feel that you may be getting constipated, take a gentle laxative, such as Milk of Magnesia, or call our office for a stool softener or laxative prescription.
- Unless you have reason not to, start taking ibuprofen (Advil/Motrin) the day after surgery. Take a full dose according to the package for at least three weeks after surgery.



Dressings

After your surgery you will leave the operating room with a large amount of dressings around your chest and a loose fitting surgical bra covering these dressings. These dressings will need to be left in place until you return to see Dr. Lewis for your first post op appointment, usually two days after surgery. Dr. Lewis will then remove the large dressings and will replace them with a lighter one. You should plan to keep a loose covering of gauze over your incisions for about a week after the surgery. You should not need to apply any ointment to the incisions, unless otherwise directed to do so by Dr. Lewis.

Drains

You will have a surgical drain in each breast; these drains are in place to prevent extra fluid from accumulating within your breast. The nurse taking care of you after the operation will demonstrate to you and your family how to empty and recharge the drain. The suction from the drain comes from the shape of the drain bulb. If the drain bulb is in the shape of an egg then it is not providing suction and the bulb needs to be emptied, squeezed and the cap should be replaced. The drain bulb should remain collapsed. With the help of a friend or family member, you should record the output of the drains, please bring these recordings with you to your first post op appointment. With most patients, the drains are removed two days after surgery.

Sutures

Sutures are usually internal and, therefore, not visible. Instead, you will find a skin glue on your incision site. This skin glue is called Dermabond and will likely be in place for about 10-14 days. Once you begin showering, the glue will begin to flake off, this is normal. Healing of the incision is a process; at six weeks, your surgical incision line will have gained 80% of its overall strength. Complete healing does not occur for up to one year.

Showering and Bathing

After two days you can begin to shower. After showering, cover the incision with some dry gauze and reapply your surgical bra or loose bra with no underwire.

Position

Sleep on your back for at least the first week of surgery. In order to avoid turning on your side, you may use a pillow on each side of you during sleep. If you are a restless sleeper, you may consider sleeping in a recliner chair. Using two pillows to elevate and support your head and back while you sleep will reduce the amount of swelling in the breast.

Use of Arms/Pecs

Starting the day after surgery, you should perform gentle range of motion exercises of your shoulders; this includes lifting your arms above your head.

Activities

Any type of strenuous activity can induce swelling and bleeding, especially during the first ten to fourteen days after surgery. In general, guide your activities by your discomfort—that is, if an activity hurts, don't do it. If your job keeps you sedentary, you may feel well enough to return to work within five to seven days. If you have an active job, you will need more time. If the swelling or discomfort increases, you most likely have done too much too soon. In general, you should avoid strenuous activities for at least four weeks and then gradually increase activity. At six weeks after surgery, you should be able to resume normal, full strength lifting and exercise.

Smoking

Smoking greatly increases the risks associated with breast reduction surgery. You should have stopped smoking one month prior to surgery and will need to remain smoke free for one month following surgery. If you cannot stop smoking for one month prior to surgery, we will cancel the surgery. Nicotine causes the majority of the bad effects from smoking and therefore, nicotine replacements (patches, gum etc.) are not permitted either.



Exposure to Sunlight

Sunlight will cause all surgical incisions to darken. Surgical incisions are darkest from two to three months after the surgery. One to two years after the surgery, the surgical incisions will fade gradually. During the early postoperative period, protecting surgical incisions from sunlight will promote quicker fading. Even through clothes, a good deal of sunlight can reach the skin and cause damage. It is imperative that you wear a sunscreen with a skin-protection factor (SPF) of at least 30 when you are going to be in the sun.

POSTOPERATIVE EXPECTATIONS

Healing of Sensory Nerves

As nerves heal, they can produce areas of burning and tingling. If these sensations cause pain, gentle self-massage can help desensitize the area tenderness. If the pain gets progressively worse and intolerable, please contact our office to schedule an appointment with Dr. Lewis. This will help to ensure that you are not developing an infection or hematoma (blood accumulation).

Asymmetry

The two breasts commonly heal quite differently. One breast may swell more, feel more uncomfortable, or have a different initial shape than the other. Everyone has some asymmetry in their breasts; your surgery was designed to minimize this, but will not eliminate asymmetry. After complete healing, they will look remarkably similar and natural. You must have patience, but if this causes concern, contact our office immediately.

POSTOPERATIVE APPOINTMENTS

Your first post op visit to our office will be two days after your surgery. At that time, your operative dressings and surgical drains will be removed. You will then return to our office ten days after initial post op appointment and then in one month. If you, or Dr. Lewis, have any concerns your post op visits will be more frequent. Visits will decrease in frequency, but Dr. Lewis would like to see you every two years indefinitely to confirm that all is going well with you.

CALL DR. LEWIS IF:

- Temperature greater than 101.5
- Redness around incision
- Increasing pain that is intolerable
- Pus coming from incision
- Severe or sudden swelling
- Swelling in one or both legs
- Shortness of breath
- Heavy bleeding

Please do not hesitate to ever contact our office

804-267-6009

