

Breast Reduction

Pre-Operative Instructions for Breast Reduction

Shopping list

- Prescriptions**
Submitted to your pharmacy. Your pharmacy should contact you when ready to pick up.
- Stool Softener (Miralax or Metamucil)**
Helps with constipation associated with narcotic pain relievers.
- Tylenol**
Alternative to narcotic pain medication if pain is not severe. Do NOT take NSAIDS.
- No-Slip Socks or Slippers**
To prevent accidental falls and aid in safe movement around home.

Night Before and Day of Surgery

- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT OR SURGERY WILL BE CANCELLED.** If prescribed, take medications with a small sip of water.
- **Set up home recovery area.** This may include pillows, blankets, books, television, and anything else for a comfortable recovery.
- **Shower with Hibiclens the night before and the morning of surgery.** This antibiotic wash will help with infection control following your surgery. We have included a sample in your care package. It can also be purchased at any pharmacy.

Day of Surgery

- **Dress Comfortably:** Dress in comfortable, clean, and loose-fitting clothes. Shirts that can be buttoned or zipped up are preferred.
- **Do NOT wear** any makeup, jewelry, cosmetic creams, hair products, deodorant, sunscreen.
- **Please remove ALL piercings**

Post-Operative Instructions for Breast Reduction

Medications

- **Pain:** You will be prescribed a pain medication for post-operative pain control. If your discomfort after surgery is not strong, you are welcome to take Tylenol in place of the prescribed medication. Do NOT combine the prescribed medication with Tylenol. Often the medication that is prescribed to you will have Tylenol in it and combining it with more Tylenol could cause an overdose. **Do not exceed 4,000 mg of Tylenol in any 24-hour period.** Take medications with food to minimize the risk of nausea.
- **Nausea:** A common side effect after general anesthesia and strong medications. If you are experiencing nausea, we advise that you take your nausea medication.
- **Constipation:** It is quite common to experience constipation when taking narcotic pain medications or after having general anesthesia. MiraLax or other over the counter laxatives are recommended. Also beginning a regimen of Metamucil or other fiber supplement is also advisable. Do not wait until you are constipated.
- **Medications to avoid:** You will find a list of medications to avoid in this packet. In general, you should avoid anything that is known to thin the blood (such as aspirin or NSAIDS) or interact with anesthesia. A full and comprehensive list of medications to avoid prior to surgery is included in this packet. In general, these should be stopped 2-6 weeks prior to surgery, but if you have any specific questions, bring these up ahead of surgery with plenty of time to allow you to come off the medication.

Nutrition

- **Diet:** A light, low fat diet is best after surgery. You may start a regular diet the day after surgery if you are not feeling nauseous or vomiting. Start with liquids for the first few hours after surgery and then slowly advance to more solid foods.
- **Hydration:** Stay hydrated by drinking 8-10 glasses of water a day. Avoid alcohol for 48 hours after surgery and do not combine with pain medications.

Activity

- **Movement is important:** Make sure to get out of bed and maintain movement (walking around) immediately after your surgery. When lying down in bed or on the couch, make sure you are moving your legs and ankles. Take deep breaths frequently to keep your lungs clear.
- **Sleep:** Sleep on your back with your head elevated about 30-40 degrees (2-3 pillows). Do not sleep on your side or stomach. Keeping your body more upright will minimize swelling. Continue this for one week.
- **Exercise:** Normal activity can be resumed a few days after surgery. You can resume a light exercise regimen in approximately one week after surgery, although you should remember to start easy and build back up your previous exercise levels. At 6 weeks or when further instructed by your surgeon, more intense exercise can be started. Just know that transient swelling may be worse with exercise.
- **Arm movement:** Limit your arm use to daily activities such as brushing your teeth, eating, and combing/shampooing your hair. Avoid rigorous movement and do not lift anything more than 5 lbs. Let pain be your limiting factor. If it hurts, please do not do it.
- **Compression bra:** Expect to wear a surgical bra for the entire first week after surgery and then as recommended by your surgeon. The bra should fit snugly but not too tight. The surgical bra is to provide support while you heal from surgery.
- **Driving:** DO NOT operate a vehicle or make important decisions until you have been off pain medications for 24 hours. If you feel that you would not be able to react quickly should a child jump in front of your car, you should not be driving. You should not drive until you feel well enough to react and move in these situations. Use good judgement.
- **Travel:** Automobile travel can resume immediately, though frequent breaks are needed approximately every two hours to prevent blood pooling and clots. Airline travel is restricted until one week postop. You will notice increased swelling with airline travel which can happen even 6-8 weeks postop due to pressure changes that occur.
- **Return to work:** Most patients require approximately 5-7 days off work depending upon their job responsibilities. Returning to work with a light schedule initially or even part-time can be beneficial as well.
- **Sexual intercourse:** Sexual activity can be resumed with no restrictions when your incisions have completely healed and when you feel ready.
- **Showering:** You may shower with assistance the day following your surgery. Remove your garment and your dressings. If you have drains, you may shower right over them. When done, pat your incisions dry and replace your bra.
- **Swimming:** Do not submerge in a bathtub, swimming pool or other body of water for 3 weeks following your surgery. You may go up to your waist and it is fine to be splashed by water to cool down in the summer heat, but until your incisions have fully healed and sealed, you should not

spend time fully submerged under water. Public pools, rivers and lakes should be avoided for at least 6 weeks following surgery

How to Take Care of Your Incisions

- **Incisions:** Your incisions are covered with a waterproof dressing. You may remove this to take your first shower. Following this, pat the incisions dry and replace your compression garment. On your first postop visit, your incision will be taped with a special brown tape. This special tape helps with scar healing and improves the appearance of your scar. Continue to cover your incision sites with the brown tape for as long as your surgeon suggests. We have provided a roll of tape for you in your care package.
- **Stitches:** All stitches are dissolvable
- **Scar Ointment:** They may take up to a year to fully heal. After your incisions have completely healed and when your doctor has told you it is safe, you can begin to use silicone-based ointment on your scars to improve healing.
- **Laser:** Scars can remain reddish for up to a year and beyond in some cases. You can hasten the maturation of a scar and thus make it as invisible as possible with a series of laser treatments. We would be happy to provide you with a quote for a series of laser treatments if you wish to purchase a package. This will help your scars become as close to invisible as possible as quickly as possible.

How to Take Care of Your Drains

- **Drains:** Suction drains are occasionally needed after breast reduction surgery. They prevent fluid build up and help with healing. If drains are placed, you will need to empty their contents and record their output. The nurses in the recovery room will provide detailed instructions on how to care for your drains. You should bring your record of drain output to each follow up appointment. Your drains will be able to be removed when their output is less than 30 ccs over a 24-hour period for two days in a row. If you meet this criterion and do not have an appointment in the next day or so, call and we may be able to fit you in to remove the drains before your next post op appointment.

What to Expect

- **Drainage:** Drainage can occur from the incision sites for the first 24-72 hours. The drainage will be blood tinged. You may use a gauze or light pad to reinforce postop dressings if needed.
- **Bruising:** You can expect to have bruising. Most bruising will resolve after about 2-3 weeks. The bruise will go from a purplish color to a yellow/green shade as it starts to resolve.
- **Swelling:** Swelling is to be expected with surgery for weeks and sometimes months. The swelling can improve with intermittent rest and compression garments. Exercise and physical activity can transiently worsen swelling but is encouraged.
- **Itching:** Itching at the incision sites is normal for a few days. You may take Benadryl to help with this.
- **Pain:** It is normal to experience tightness, pressure, soreness, itchiness, and fatigue for several days to weeks following surgery. You may experience muscle spasms that usually subside over three to four days.
- **Sensory changes in your skin:** You may notice numbness or a tingling sensation around your incision sites and throughout the liposuction areas, which is normal. You can expect a return of normal sensation after a few months.
- **Final result:** It may take about 3-6 months to see final results.

Do Nots

- **Do NOT apply hydrogen peroxide to incision sites:** Keep post op dressings in place until follow-up.
- **Do NOT soak in bathtubs, jacuzzies or hot tubs** until incisions have fully healed.
- **Do NOT take aspirin, Ibuprofen, Naproxen, or other blood thinners** until your surgeon advises you that it is safe.
- **Do NOT apply heating pads, or ice packs to the treated areas** unless otherwise instructed by your surgeon.

Emergency Situations

When to call the office or go to the emergency room

- **Signs of infection:** Spreading redness, worsening swelling, increased drainage, or drainage of pus, worsening pain, warmth at the incision site and temperature above 101.5°F
- **Excessive bleeding:** If the dressings are saturated with bright red blood and you are having to make frequent dressing changes.
- **Other emergency situations:** Shortness of breath or difficulty breathing, chest pain, lightheadedness that does not quickly resolve, severe vomiting, pain, or asymmetric swelling of your legs.