

Surgery ~ Gynecomastia Post-Op Instructions

GYNECOMASTIA POST-OP INSTRUCTION SHEET

The following post-operative instructions are specific to your procedure & are meant to serve as guidelines to help you through your recovery. Please read them carefully.

EMERGENCIES

A hematoma is the most common emergent event within the first 24 hours. If one side of the chest begins to swell to twice the size of the opposite side, call Dr. Cooper immediately. Rest assured ~ this is not a subtle event! You will most certainly notice a significantly larger, more firm, painful side.

For routine matters, please call the office during business hours. If you have an emergency that cannot wait, I am available by cell phone (307) 699-3115 on evenings & weekends. Please respect my family time & call ONLY for urgent or emergent issues. Non-emergent phone calls after hours & on weekends will be subject to a \$50.00 fee. Examples of urgent or emergent issues include the following: sudden onset, extreme swelling of the surgical site, redness / warmth involving your incision(s), or unilateral calf pain or swelling. If I do not answer right away, leave a message. I will call you back! If you have a life-threatening emergency, such as crushing chest pain or shortness of breath, call 911 immediately. If you have any questions on a Thursday or Friday, please call the office to have those questions answered. Do not delay those questions & have those issues become an urgent matter over the weekend.

NARCOTICS AND PRESCRIPTION MEDICATIONS

Nausea is normal when taking multiple medications. To minimize this, avoid taking medications on an empty stomach. Try to stagger your medications 20-30 minutes apart. You may “halve” the pain pills or muscle relaxers if they are too strong for you. If your pain is relatively well-controlled, you may alternate your pain medication with extra-strength Tylenol. Motrin / Aleve / Ibuprofen may also be used beginning 7-10 days following your procedure.

You will receive ONE prescription for pain medication. No refills on narcotics will be authorized for this procedure, so please use them wisely. Refills on all other prescriptions will not be authorized after hours or on weekends. Please plan ahead accordingly.

If you are taking narcotics for any other reason prior to your procedure, please take this into consideration. Consultation with your pain management physician prior to your surgery is highly encouraged & is the responsibility of the patient.

ANESTHESIA

You may experience a sore throat after surgery. This is common after general anesthesia & will resolve in a few days.

NAUSEA

Nausea is common after general anesthesia. Anti-nausea medication will be prescribed for you. A clear liquid diet is recommended until the nausea subsides, after which time you may resume a regular diet.

BANDAGES

Your incisions are closed with multiple layers of dissolvable stitches & covered with Dermabond (which is very similar to superglue). Nevertheless, you may notice some blood or drainage on your dressings the first few days following surgery. This is normal & generally results from bleeding along the skin edges. The more tissue removed, the more likely that you will experience drainage. If the bandages become saturated, you may remove the dressings & apply pressure with a gauze or clean washcloth. Ten minutes of continuous pressure will stop minor bleeding. Afterwards, you may redress your incision(s) with dry gauze & tape.

PERSONAL CARE

All dressings are waterproof. You may remove your ACE wrap or compression garment & shower on post-op day 3 facing AWAY from water. A shoe string or ribbon is useful to hold the drains & can easily be tied around your waist or neck. Replace your binder or ACE wrap after you shower.

Do not bathe while your drains are in place.

DRAIN CARE

Careful attention to drain hygiene is important to prevent infection. Do not remove the sterile dressings around your drains. Wash your hands before & after caring for your drains. Strip / Empty / Record Drain output every 8 hours. Bring drain record with you to **EVERY** post-op appointment. Your drains will not be removed until we have seen your drain record to assess not only the quantity, but also the trend of the drain output. **DO NOT REMOVE YOUR OWN DRAINS!** We are not responsible for infection, seroma formation (fluid accumulation), or wound healing complications if you choose to do so.

DIET

No Restrictions. Drink plenty of water. Water intake & stool softeners will help minimize constipation from narcotics (pain medication) after surgery.

CONSTIPATION

Constipation is a common complaint after surgery & can be associated with anesthesia and narcotics (pain medications). Hydration & utilizing pain medication only when absolutely necessary will help minimize this. Stool softeners & laxatives (Colace, Dulcolax, Miralax) are over-the-counter medications that can help alleviate your symptoms. If these are insufficient, a Fleets Enema is the next best option.

ITCHING / RASHES

Itching around your incisions is normal & is to be expected after surgery. It is considered a sign of healing. However, severe itching with redness or blistering can be a sign of a reaction to medications or adhesive. If you experience itching with redness or blistering around your incisions, gently remove your dressings & take an antihistamine. Benadryl, Claritin, Allegra, Zyrtec, or Xyzal are all acceptable. You may also use Benadryl cream, but do not use any topical containing hydrocortisone.

Please let us know if you have a sensitivity to adhesives or tape prior to surgery. This will help avoid skin sensitivity involving your incisions.

SLEEP

Sleeping in a flexed position (with pillows or in a recliner) is recommended for comfort for 1-2 weeks after surgery. You may gradually resume sleeping in your natural, preferred position thereafter.

GARMENT

Continuous wear of your ACE wrap or compression vest for 2 weeks is strongly encouraged. You may remove it to shower.

STITCHES

Most, if not all, of your stitches are beneath the skin. They are dissolvable & will not need to be removed.

DRIVING

Wait at least 24 hours after you have stopped taking prescription pain medication to operate a vehicle.

EXERCISE

Walk frequently - once every hour while awake. No heavy lifting (<10 lbs) for 3 weeks. You may resume light exercise (treadmill, elliptical) at 3-4 weeks. All restrictions on exercise lifted at 6 weeks.

SEXUAL ACTIVITY

You may resume sexual activity after 2 weeks. Please remember that you have recently had a major surgical procedure & utilize good judgement.

ALCOHOL

You may consume alcoholic beverages once you are no longer taking prescription pain medication. However, please take into consideration other medications you may be taking & how they may interact with alcohol.

FEVER

There is no reason to check your temperature after surgery unless you believe it to be extremely high. Your body will respond to the “injury” of surgery with a low-grade fever for several days. This is a normal reaction to stress & part of the healing process. If you do experience increased warmth or redness around your incisions OR fever (>101.5), please call the office.

TRAVEL

No travel for 3-4 weeks following your procedure.

OTHER

No swimming (chlorine / saltwater / other) for 3-4 weeks. Drains must be out & incisions must be completely healed.

NO HEAT or ICE to surgical site. Your recently operated skin cannot sense extremes of temperatures, which can result in heat or cold burns & compromise your results.

Arnica & Bromelain are recommended homeopathic supplements which facilitate resolution of bruising & swelling after surgery. These can be found online at www.vitamedica.com/product/arnica-bromelain-