

Surgery ~ Mastopexy Post-Op Instructionse

MASTOPEXY 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 your breast(s) swells to twice its size or your drains bulbs fill immediately (within 30 minutes) after emptying, call Dr. Cooper immediately. Rest assured ~ this is not a subtle event! You will know when to call.

For routine matters, please call the office during normal business hours (9AM – 5PM). 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 or 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. Do not try to reach me first. 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

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. 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.

If your bandages remain dry, simply leave them intact until your follow-up appointment.

PERSONAL CARE

Please do not shower until you have been seen for your first post-op visit. This generally occurs 7-10 days after your procedure. You may take a “sponge bath,” but do not get your incisions wet. Lume wipes & deodorant are useful during your early post-op recovery (www.lumedeoderant.com). Replace your binder immediately thereafter. No tub baths for at least 6 weeks.

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 and 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

If you experience nausea after surgery, a clear liquid diet is advisable until the nausea subsides. Otherwise, there are no dietary restrictions after surgery. 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.

SLEEP

Finding a comfortable position after surgery can be a challenge! Sleeping in a flexed position (with pillows or in a recliner) may be more comfortable for the first few days after your procedure. You may gradually resume sleeping in your natural, preferred position thereafter.

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 is often 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.

GARMENT

A well-fitted surgical bra provides comfort and support following your procedure and will be provided for you after surgery.

STITCHES

Most (if not all) of your stitches are beneath the skin. They are dissolvable and will not need to be removed. Occasionally, however, you may feel a stitch beneath the skin which will need to be removed at your next post-operative visit. This is normal.

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 2 weeks. You may resume light exercise (treadmill, elliptical) at 3-4 weeks. All restrictions on exercise lifted at 6 weeks.

SEXUAL ACTIVITY

If you have drains, you may resume sexual activity once they have been removed. If you do not have drains, you may resume sexual activity after 10-14 days. Please remember that you have recently had a major surgical procedure and utilize good judgement.

ALCOHOL

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

FEVER

If you experience any 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 6 weeks.

Drains must be out and 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 and compromise your results.

Arnica and Bromelain are recommended homeopathic supplements which facilitate resolution of bruising and swelling after surgery. Please refer to product recommendation guide for reference.