

POSTOPERATIVE BREAST SURGERY INSTRUCTIONS

GENERAL

Please have a responsible adult with you for the first 24 hours after surgery. Due to the use of anesthetic drugs, you should not make any major decisions for the first 48 hours after surgery. No alcohol, driving, or operating dangerous equipment while on any narcotic pain medications.

WOUND CARE

If your wounds are covered with a bandage you can remove it and shower 48 hours after surgery. You may have small white tapes (steri strips) covering the incision. You can shower with these in place and they will fall off on their own after 7-10 days.

If your bandage is skin glue, you may shower with this in place 24 hrs after surgery. No additional bandages are needed. The glue will flake off in 7-10 days on its own. If you have a drain in place, please ask your surgeon when you can start showering. Most of the time you will need to sponge bath while the drain is in place, and can shower after it is removed.

Regardless of your dressing, your stitches dissolve on their own. If you see a stitch sticking out, do not pick at it. Do not swim or submerge your wound for 2 weeks after surgery, or until your wound has healed.

Things to watch for at the incision: fevers, increased pain, redness, swelling or any discharge are signs of a possible infection. Please call the office immediately if you experience any of these symptoms.

SCAR MANAGEMENT

Scars evolve over time, but in the early stages your body is working hard to make them strong. Expect them to darken in the first 3-6 weeks. After that, they should lighten with time. It can take up to a year for a scar to fully mature. After obtaining approval from your surgeon (>3 weeks after surgery), you can use any non-fragranced, non-colored lotion such as Aquaphor, Lubriderm, Neutrogena, or Eucerin, but it's not necessary. If your scar will be exposed to the sun, apply sunscreen, otherwise your scar may get darker or turn red if it gets too much sun. Contact our office if you would like to purchase an advanced scar care system.

DRAIN CARE

If you had a mastectomy or axillary lymph node dissection, you will have a small, round drain in place. The "grenade" suction bulb should always be depressed or flattened, ensuring a suction action on the system. The goal of the drain(s) is to keep fluid out of the wound bed and to ensure good healing of the skin down to the chest wall. If the fluid builds up in the space, new blood vessels cannot form and you can get poor healing and breakdown of the skin. Please empty the bulb when it accumulates fluid (do not let it completely fill before emptying it) and **keep track of how much fluid comes out of the drain twice per day, every day.** The nurses at the hospital will teach you how to do this before you are discharged. Usually, the drain(s) will be removed when the drainage is less than 30 mL per 24 hours for 3 days in a row. This decision will be made at your office visit.

ACTIVITY

Moderate exercise is encouraged. Limit your exercise to walking in the immediate week following surgery, then can slowly increase after that. Please use both arms in your normal activities of daily living.

- Week of surgery: Dangle your arm beside you and make small, slow circles with your fingertips pointing

toward the ground. Do this 2-3 times daily.

- After your first postop appointment (>1wk after surgery): stand sideways next to a wall and place your hand on the wall. Slowly, walk your fingers up the wall until your arm is all the way over your head and your side is touching the wall. Do this twice per day, slowly working up to getting your arm over your head. This exercise will prevent “frozen shoulder”.

Physical therapy is often recommended to ensure normal function of your arm postop. If you experience issues down the road, please let our office know so we can get you back in with PT.

MEDICATIONS

- Narcotic pain medication is available by prescription only. There may be a tendency to dizziness, nausea, or constipation. Please take with food to prevent side effects. Do not drive or drink alcohol while on narcotic pain medications.
- Ibuprofen (Advil or Motrin) are all the same type of anti-inflammatory medication broken down in your kidneys. They are in the same class of medication as Aspirin. We recommend using 1 -3 tablets (200mg each) every 6 hours for the first 3 days if you are having pain. After three days, use the medication only as needed. If you have a history of stomach ulcers, gastrointestinal bleeding, a history of kidney problems do not take these medications, instead, take only Tylenol.
- Tylenol (acetaminophen) is a pain reliever that is broken down in your liver. The recommended dose for Tylenol is 500-1,000 mg every 8 hours.
- **Ibuprofen and Tylenol can be taken together safely. We recommend alternating the medications every 3-4 hours for best relief so they overlap.**
- Stool Softeners are recommended while taking pain meds. (Colace 100mg or Miralax). If your bowel movements are too loose, stop the medication. You may take twice daily if necessary.

If your pain is not controlled with the combination of these drugs, please call the office. If you have breast reconstruction, your plastic surgeon may be the provider that is prescribing your medication, and if so, would be responsible for refills or medication changes.

DIET

Narcotic pain medications can make you constipated, so it is important to take in plenty of fluids. Protein is important for wound healing. A balanced diet of lean meat, fish, vegetables and fruits is important to give you strength for the healing process.

PATHOLOGY

Your pathology results should be back 3-4 business days after surgery. We will attempt to call you with results if your clinic visit isn't scheduled within the week. Feel free to call the office on the 5th business day following your surgery if you want to discuss the results and have not heard from someone in the office.

Please call the office if you have any additional questions at 303-812-6850.