



## POST-SURGERY INFORMATION: BREAST REDUCTION SURGERY

Patient Name \_\_\_\_\_ Surgery Date \_\_\_\_\_

Once your surgery is completed, you must follow all the instructions given to you in order to heal properly and have good outcomes.

The following instructions are your obligation. Use this as a checklist of progress as you heal. Included are normal post-surgical experiences and key health considerations that may be a cause of concern.

### TYPICAL POST-OPERATIVE SYMPTOMS

Typical symptoms of breast reduction and signs to watch for following breast reduction surgery include the following:

**1. Tightness/heaviness in the chest and/or stiffness; tingling, burning or intermittent shooting pain:** These are normal experiences as the skin, muscles, tissue and sensory nerves heal. Pain medication and muscle relaxants will help you cope with any discomfort. If you have drains, you may experience additional localized discomfort. **Consistent sharp pain should be reported to our office immediately.**

**2. Shiny skin or any itchy feeling:** Swelling can cause the breasts to appear shiny. As the healing process advances, you may also find a mild to severe itchy feeling of the incisions. An antihistamine, such as Benadryl, can help to alleviate severe, constant itchiness. **If the skin becomes red and hot to the touch, contact our office immediately.**

**3. Bruising and swelling** will mostly resolve in 2-4 weeks; however, residual swelling may persist for a longer period of time.

**4. Asymmetry, the breasts look different, or heal differently.** Breasts may look or feel quite different from one another in the days following surgery. This is normal; no two breasts are perfectly symmetrical in nature or following breast reduction surgery.

OUR OFFICE SHOULD BE CONTACTED **IMMEDIATELY** IF YOU EXPERIENCE ANY OF THE FOLLOWING:

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- A high fever, (over 101°) severe nausea and vomiting, continued dizziness or incoherent behavior, such as hallucinations.
- Sudden onset of sharp pain
- Consistent sharp pain or any pain that cannot be controlled by your pain medication.
- Bright red skin that is hot to the touch in the surgical region.
- Excessive bleeding or fluid seeping through the incisions.
- A severely misshapen breast or bruising that is localized to one breast or region of the chest.
- Swelling or tenderness in legs.

We encourage you to call us with any questions or concerns you may have. You may call us during office hours at (404) 841-8450. After 5:00 p.m., you may reach a surgeon at (404) 487-2546 *for immediate, emergent attention.*

### CALL 911 FOR ANY OF THE FOLLOWING SYMPTOMS:

- Loss of consciousness.
- Shortness of breath or stops breathing altogether.
- Acute chest pain.
- Profuse, uncontrollable bleeding.

**Remain calm. Speak clearly.** Tell the emergency operator that you require emergency medical help. Respond directly to the questions the operator asks you. Be prepared to tell the operator and medical responders the last time the patient was given any medication and exactly how much. **Be certain to tell the operator that this is a post-surgical patient.**

### YOUR RELEASE FROM THE HOSPITAL

## POST-SURGERY INSTRUCTIONS: BREAST REDUCTION SURGERY

You will only be released to the care of a responsible adult. All of these instructions must be clear to the adult who will monitor your health and support you, around the clock in your first days home from the hospital.

- ✓ **Rest, but not bed rest:** While rest is important in the early stages of healing, equally important is that you are ambulatory: meaning that you are walking under your own strength. Spend 10 minutes every 2 hours engaged in light walking indoors as you recover. Your caregiver should walk behind or beside you in the event you become unstable or lightheaded.
- ✓ **Recline with your head and chest slightly elevated above your lower body.** This will be more comfortable and can help reduce swelling. If you prefer to SLEEP flat, you may do so beginning 5 days after surgery. Do not lie on your side or stomach at this time.
- ✓ **Monitor post-surgical symptoms and be alert to possible complications.** These are defined, along with the actions you should take, on pages 1-2 of this document.
- ✓ **Fluids are critical following surgery.** Stick to non-carbonated, non-alcoholic, caffeine-free, and green tea-free beverages including fruit juices and water, milk, and yogurt drinks. You must consume at least 8 ounces of fluid every 2 hours.
- ✓ **Good nutrition is important during recovery.** Stick with soft, bland, nutritious diet for the first 24 hours. Constipation and bloating are not uncommon after surgery. This can be improved by increasing fluid intake, reducing salt intake and eating foods such as bananas and bran products. Having a stool softener, such as Colace and a laxative such as Miralax, at home may also help alleviate constipation. Taking prescription pain medicine with food, such as a few crackers or applesauce, will help to reduce any nausea you may experience with this medication.
- ✓ **Take all medication, exactly as prescribed.** Complete all antibiotics unless told otherwise by Dr. Ma. Use the attached POST-SURGERY MEDICATION LOG on page 9 to record the time each medication is given for each day. This will help you to remember when to take each medication.

## POST-SURGERY INSTRUCTIONS: BREAST REDUCTION SURGERY

- ✓ **Keep incisions and dressings clean and dry.** Dressings should be left in place 24-48 hours after surgery, or until you are instructed to remove them. Your incisions will seep fluid and some blood for a short time after surgery. You may shower once cleared by Dr. Ma, but **DO NOT** take a bath or soak incision or drain sites. Pat dressings and incisions dry. The gauze pads should be removed, but not the tape directly covering the incisions (if applicable). Fresh gauze pads should be placed over incisional areas after showering.
- ✓ **DO NOT get drain sites wet.** You will be shown how to care for your drains and how to “strip” them periodically. **Written instructions for drain care are provided on page 7. Record drained fluid on the Drain Log on page 8.**
- ✓ **Do not smoke.** Smoking can greatly impair your safety prior to surgery and your ability to heal following surgery, resulting in more noticeable scars. You must not smoke, and your caregiver must not smoke anywhere near you.
- ✓ **Limit your arm use to daily activities such as brushing your teeth, eating, and combing your hair for the first few days.** Avoid vigorous arm motion that requires pushing, pulling or lifting. Check with Dr. Ma before resuming ANY exercise regimen. Typically, exercise routines may be resumed six weeks after surgery.
- ✓ **You must wear the surgical garment/support bra around the clock, as directed.** You may take it off to shower and to launder it, but it should be consistently worn for 4 weeks following surgery; this will aid the reduction of swelling. After 4 weeks time, you may wear any other bra except underwire. You may wear an underwire bra 3 months following your surgery.
- ✓ **You may apply a cool, not cold, compress to affected sites to alleviate discomfort, swelling or bruising.** Wrap crushed ice or ice packs in a towel before applying to skin. **DO NOT** apply ice or anything frozen directly to the skin. Cool compresses should be applied for no longer than 20-minute intervals. **DO NOT** apply heat to affected areas as this will only worsen swelling.
- ✓ **Relax.** Do not engage in any stressful activities. Do not lift your hands over your head. Do not lift anything heavier than a paperback book (i.e. nothing greater than a pound). Take care of no one, and let others tend to you.
- ✓ **DO NOT drive until after your first post-operative office visit, or until you have been off of pain medication for at least 48 hours.**
- ✓ **Your first post-operative visit will be approximately 7 days after surgery.** At this time, your incisions will be checked and Dr. Ma will assess whether your drains can be removed. Drains are removed when the amount of fluid collected per drain is 30 mL or less in a 24-hour period. **\*\*\*REMEMBER TO BRING YOUR DRAIN LOG WITH YOU TO YOUR APPOINTMENT.\*\*\***

Have your caregiver accompany you to your first postoperative visit scheduled for: \_\_\_\_\_

## POST-SURGERY INSTRUCTIONS: BREAST REDUCTION SURGERY

### ADDITIONAL INSTRUCTIONS FOLLOWING YOUR FIRST POST-OPERATIVE VISIT

During this time you will progress with each day that passes. Ease into your daily activities. You will receive clearance to begin driving or return to work at your post-operative visit, or within.

- **Continue to cleanse wounds as directed.** Take a warm, not hot shower. DO NOT take a bath; You must receive clearance from Dr. Ma before you are able to take a bath. Limit your shower to 10 minutes. Do not remove any steri-strips. Do not rub your incisions.
- **Take antibiotic medications and supplements as directed.** You must take the antibiotics until all of your drains have been removed. When all drains have been removed, you should discontinue the antibiotic unless you have been given specific instructions to the contrary. Take pain medication and muscle relaxants only as needed. You may wish to switch from prescriptive pain medication to acetaminophen or ibuprofen.
- **Maintain daily walking.** Walking is essential every day to prevent the formation of blood clots. In addition, you may begin stretching and range of motion exercises.
- **Maintain a healthy diet. Do not smoke. Do not consume alcohol.**

### TWO to FOUR WEEKS FOLLOWING SURGERY

As you resume your normal daily activities, you must continue proper care and healing.

- **Continue wound care as directed.** Your scars will be firm and pink for at least six weeks; it typically takes approximately six months to a year for the scars to fade and flatten. They never disappear completely. After your surgical tape has been removed in the office, ask about Biocorneum, or other scar creams, that you may then begin to use to help with the healing process.
- **Ease into light weight-bearing exercise (nothing more than 10 pounds for 8 weeks after surgery). However no twisting or lifting anything over your head.** No tennis, golf, softball or other sports with similar swinging motions for 8 weeks following surgery. Avoid aerobic exercise that may cause a lot of bounce.
- **Do not smoke.** While incisions may have sealed, smoking deprives your body of necessary oxygen that can result in poorly healed, wide, raised scars.

## POST-SURGERY INSTRUCTIONS: BREAST REDUCTION SURGERY

- **No underwire bras for 3 months.** You may sleep without a bra; however a camisole with built-in shelf support can be comfortable and provides added support as you continue to heal.
- **You may sleep on your side 2-3 weeks following surgery. If you have drains, you may not lie on your side until all drains are removed.** If you are a side-sleeper, a soft pillow under your mid-back and shoulders may offer more comfort and support than a single pillow under your head. You may sleep on your stomach beginning at 8 weeks.
- **Practice good sun protection.** Do not expose your breasts to direct sunlight. If you are outdoors, apply at least an SPF 30 to exposed skin at least 15 minutes prior to sun exposure and reapply every 2 hours. Perform this protective regimen even on cloudy days. Your chest region and breast skin are highly susceptible to sunburn or the formation of irregular, darkened pigmentation. If possible, stay out of the sun between the hours of 10am-3pm; this is when the sun's rays are strongest.

## SIX WEEKS FOLLOWING SURGERY

Healing will progress and your breasts will settle into a more final shape and position.

- **You may ease into your regular fitness routine.** However realize that your upper body may require some time to return to prior strength. Lift nothing heavier than 5 pounds for a minimum of 6 weeks after surgery.
- **Discomfort or tightness and tingling will resolve.** Any lingering nipple sensitivity or lack of sensation should begin to greatly improve.
- **No need to resume smoking.** You have now gone 10 weeks (4 weeks prior to surgery and 6 weeks following) without a cigarette. For your long-term health, there is no need to resume smoking.

## YOUR FIRST YEAR

- **Practice monthly breast self exam.** Routine mammograms should be continued for women in the appropriate age group, or as requested by your physician.
- **Continue healthy nutrition, fitness and sun protection.**
- **Your scars will continue to refine.** If they become raised, red or thickened, or appear to widen, contact our office. Early intervention is important to achieving well-healed scars. After the incisions have completely healed, you can start applying pressure massage to the incisions to improve the appearance of the scars. Scars are generally refined to fine incision lines one year after surgery.
- **A one-year post surgery follow-up is required.** However, you may call our office at any time with your concerns or for needed follow-up.

**Your body will change with age.** The appearance of your breasts will change too. You may wish to undergo revisional surgery again in the future to help maintain your appearance throughout life. Contact our office with any of your questions or concerns, at any time.

## POST-SURGERY INSTRUCTIONS: BREAST REDUCTION SURGERY

### DRAIN CARE INSTRUCTIONS

Drain care is required 3 times per day immediately following surgery, and at any time the drainage bulb is more than 1/3 full. Follow the instructions provided below *explicitly* and record drainage as required on the drain log provided on page 8.

**\*\*\*YOU MUST BRING YOUR DRAIN LOG WITH YOU TO EVERY FOLLOW-UP APPOINTMENT\*\*\***

1. Wash your hands well with soap and water.
2. Open cap on the drain bulb. Pour out drainage into a clean **measuring cup**. Record the amount of drainage and time of day, as indicated on the drain log. Dispose of drainage in the toilet and flush.
3. **Squeeze bulbs tightly and replace cap.** The compressed bulb is what provides the suction, so doing this is *very important*.

Once you have measured your fluid drainage, you must **"milk", or strip, the drain tubing**. This is done to prevent small clots from blocking fluid outflow.

4. To do this, hold the tubing *securely* at the skin site with one hand. With the other hand, pinch the tubing between your thumb and index finger and apply firm pressure as you strip the tubing towards the bulb. You may use an alcohol swab to make it easier to strip the tubing.

5. If the tubing and bulb come apart, wipe the ends with alcohol and reconnect. Squeeze the bulb, again, and replace the cap.

#### Reminders

- **DO NOT get drain sites wet.** The dressings over the drain site will be changed in the office during your follow-up visits.
- **DO NOT** clean the inside of the bulbs or place ANYTHING inside of the bulbs. Doing so will *greatly* increase your risk of infection.

#### Additional Instructions

- Always secure the drain to your clothing so that there is no tension on the drain at the incision site.
- Do not cut the drains.
- Keep tubes connected to the bulbs.
- Ensure that the bulb is always compressed (deflated or flat) so that it will hold suction and drain properly.

#### Call the office *immediately* at (404) 841-8450 if any of the following should occur:

- You develop a fever of 100.5 or higher.
- A large amount of leakage around the drain site dressing.
- A marked increase in drainage output (double your usual output).
- Increased heat, redness or tenderness around the drain insertion site.
- The drainage develops a foul odor.

**DRAIN LOG:** Patient Name: \_\_\_\_\_ Week of: \_\_\_\_\_

**POST-SURGERY INSTRUCTIONS: BREAST REDUCTION SURGERY**

DRAINAGE RECORDER				DRAINAGE RECORDER			
DATE	TIME	DRAIN 1	DRAIN 2	DRAIN 3	DRAIN 4	DRAIN 5	DRAIN 6
__/__/__	MORNING						
	AFTERNOON						
	EVENING						
	<b>DAILY TOTAL</b>						
__/__/__	MORNING						
	AFTERNOON						
	EVENING						
	<b>DAILY TOTAL</b>						
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__/__/__	MORNING						
	AFTERNOON						
	EVENING						
	<b>DAILY TOTAL</b>						
__/__/__	MORNING						
	AFTERNOON						
	EVENING						
	<b>DAILY TOTAL</b>						

**\*\*\*YOU MUST BRING YOUR DRAIN LOG WITH YOU TO EVERY FOLLOW-UP APPOINTMENT\*\*\***

**MEDICATION LOG** Patient Name: \_\_\_\_\_ Week of: \_\_\_\_\_

Administer all medication, **EXACTLY as prescribed**. Use this document to record the time each medication is given each day.

Antibiotic: \_\_\_\_\_ mg \_\_\_\_\_ x per day  
Time/Day

Pain medication: \_\_\_\_\_ mg \_\_\_\_\_ x per day  
Time/Day

Muscle relaxant: \_\_\_\_\_ mg \_\_\_\_\_ x per day  
Time/Day

Other: \_\_\_\_\_ mg \_\_\_\_\_ x per day  
Time/Day



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Other: \_\_\_\_\_ mg \_\_\_\_\_ x per day  
Time/Day

Other: \_\_\_\_\_ mg \_\_\_\_\_ x per day  
Time/Day