



## OHIO PLASTIC SURGERY SPECIALISTS

WALTER L. BERNACKI, MD • CHRISTOPHER G. ZOCHOWSKI, MD

*Board Certified Plastic Surgeons*

### **Post-Operative Instructions for Breast Surgery**

#### **Diet**

Most people can resume a normal diet the evening of surgery. If you feel queasy or nauseated, start with clear liquids or soup. Advance your diet as tolerated to a regular diet. You may experience some constipation as a result of the pain medication. Over the counter laxatives such as Milk of Magnesia or stool softener is recommended. If this is not sufficient, then dulcolax or a glycerin suppository may be necessary. This can be purchased over the counter at your pharmacy.

#### **Activity**

Only very mild activity is encouraged during the first few post-operative days. Walking short distances is fine, however no lifting, pushing or pulling. Avoid use of your arms and do not raise your arms above your head. Wearing clothing that is loose and buttons/zips in the front is wise. Moderate physical exercise can be resumed when recommended by the doctor, usually 3-4 weeks post op. Please refrain from high impact or heavy exercise until released to do so. **YOU MUST SLEEP ON YOUR BACK.**

#### **Wound Care**

Unless you have an allergy to surgical glue, your incisions are sealed with a surgical glue and tape. No ointment or Neosporin is needed for the incision line. Simply place dry/clean gauze along the incision line and then the surgical bra. The gauze helps prevent friction to the incisions.

You may shower when you feel well enough, but **NO BATHS**. Following a shower, apply clean gauze to the incisions and put the surgical bra on. The surgical bra should be worn at all times until the doctor advises otherwise.

See the separate **Drain Instruction Sheet**. The drains should be emptied **AT LEAST** twice daily and the output recorded. The drainage will go from red, to yellow, and back to red. This is normal. Do not put the drain grenade or tubing under the bra as this can cause a pressure ulcer. In addition, do not detach the tubing from the grenade, as this is a sterile one way environment. The drain exit site has an antibiotic disk over top. This only needs changed once a week unless the site becomes itchy or saturated. If this is the case, start daily dressing changes with Neosporin and clean gauze.

Any residual surgical soap (yellow) or marker can be gently removed with rubbing alcohol.

Swelling, bruising, redness and of the skin is normal and will resolve over time. Many patients have drainage from the bottom of the breasts where the incisions often come together. This drainage is quite normal and may be bloody, yellow or clear in color.

### **Pain Control**

Take the narcotic pain medicine as instructed and needed. Do not drive until you are no longer taking the narcotics and are free of significant pain. AVOID ASPIRIN.

### **Emergencies**

If there is a problem, please call our office 614.682.5095. Most issues are easily addressed and do not require significant intervention.

The most common emergencies that might need attention are:

- Nausea that lasts 4 hours or more and does not respond to medication
- Bleeding that is persistent and uncontrolled
- **Sudden** enlargement and/or **pain** of one side with bruising
- High fever lasting more than a few hours and not responding to medication
- Shortness of breath
- Chest pain that is considerably worse on one side
- Leg swelling

If you feel the situation is urgent, call 911 and/or proceed directly to the closest emergency room. Please call us as well.

### **Follow-Up**

Follow-up is typically in 7-10 days and should be scheduled by calling our office at 614.682.5095 if it has not already been arranged.