

## POST-SURGERY INSTRUCTIONS: BREAST IMPLANT PLACEMENT FOLLOWING TISSUE EXPANSION

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

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 reconstruction and signs to watch for following placement of an implant after tissue expansion include the following:

**Tightness in the chest region and stiffness ; Tingling, burning or intermittent shooting pain:** These are normal experiences as the skin, muscles and tissue stretch, and as 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.**

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

**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 reconstruction surgery.

**A sloshing sound or sensation:** This is not the result of your implant filler, but rather of air that is trapped in the expander pocket and fluid that may naturally accumulate. This is perfectly normal and will resolve within 2-4 weeks.

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

- **A high fever, (over 101°) severe nausea and vomiting, continued dizziness or incoherent behavior, such as hallucinations.**
- **Any pain that cannot be controlled by your pain medication.**
- **Bright red skin that is hot to the touch.**
- **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.

Do not apply heat or cold unless specifically instructed by Dr. Newman.

**YOUR RELEASE FROM THE HOSPITAL**

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.

\_\_\_\_\_ **Recline with your head and chest slightly elevated above your lower body.**

**Good nutrition:** 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. Stick with soft, bland, nutritious food for the first 24 hours.  
 \_\_\_\_\_

\_\_\_\_\_ **Take all medication, exactly as prescribed:** If you have a pain pump, follow the instructions specifically for your pain pump. Oral pain medication, antibiotics and other medications you must take include:

Antibiotic	_____	_____ mg	_____ x per day
Pain medication	_____	_____ mg	_____
Muscle relaxant	_____	_____ mg	_____
Other	_____	_____	_____

\_\_\_\_\_ **Change your incision dressings.** Your incisions will seep fluid and some blood for a short time after surgery. Keep dressings clean and dry. A cotton swab with peroxide is appropriate for cleansing incisions. Do not remove any steri-strips over your stitches. If you have a drain placed in your incisions, carefully follow the instructions for drain care and record drained fluid on the **Drain Care Instructions and Log.**

\_\_\_\_\_ **Wear a support bra or your surgical garment around the clock.** Follow the instructions specifically and wear this garment at all times.

\_\_\_\_\_ **Do not smoke or use any nicotine products.** Smoking can greatly impair your safety prior to surgery and your ability to heal following surgery. You must not smoke or even be around smokers.

\_\_\_\_\_ **Relax.** Do not engage in any stressful activities. Do not lift your hands over your head. Do not lift anything heavier than 10lbs. Take care of no one, and let others tend to you.



## TWO TO TEN DAYS FOLLOWING SURGERY

During this time you will progress with each day that passes. Ease into your daily activities.

Your post-operative visit is scheduled for: \_\_\_\_\_

- **Continue to cleanse wounds as directed; you may shower.** Take a warm, not hot shower. Do not take a bath. Limit your shower to 10 minutes. Do not remove any steri-strips. Do not rub your incisions. Apply a fragrance free moisturizer to breast and surrounding skin, however not on your incisions.
- **Take antibiotic medications and supplements as directed.** 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.**
- **Drain care:** Place bacitracin ointment where drain goes into skin before and after showering. Bring drain log with you to all appointments.

## TWO to FOUR WEEKS FOLLOWING SURGERY

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

- **Ease into light weight-bearing exercise (nothing more than one to two pounds). However no twisting or lifting anything over your head.** No tennis, golf, softball or other sports with similar swinging motions. 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.
- **Continue to wear a proper support bra.** The bra you first wore following surgery may feel somewhat loose. You may replace it, however **no under wires for 6 weeks**. 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 flat.** However do not sleep on your stomach. 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.
- **Practice good sun protection.** Do not expose your breasts or back to direct sunlight. If you are outdoors, apply at least an SPF 30 to the chest area at least 30 minutes prior to sun exposure. Your chest region, breast skin and donor site are highly susceptible to sunburn or the formation of irregular, darkened pigmentation.
- **Follow-up with any breast implant manufacturer paperwork and warrantee as necessary.**

## 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.
- **Continue your breast massage ;** this is essential for as long as you plan to have breast implants.
- **You may resume wearing under wires,** although these are not necessary.
- **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

- **Continue your breast massage, and practice monthly breast self exam.**
- **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. 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.
- **If your breasts begin to develop an unusually hard feeling, or a highly rounded “squeezed” appearance, call us as soon as possible.** Early treatment is the best solution to capsular contracture. Breast massage is the most important form of early intervention.

## YOUR SECOND, THIRD and FOURTH YEARS

- **A two-year post surgery follow-up is required to assess the condition of silicone filled implants.** This consists of a physical examination ; an MRI may be recommended if it is suspected your implant shell has been compromised. However you may call our office at any time with your concerns or for needed follow-up.

## YOUR FIFTH YEAR

- **A five-year post surgery follow-up is required to assess the condition of silicone implants.**  
This consists of a physical examination and an MRI. However you may call our office at any time with your concerns or for needed follow-up.

**If your implants should rupture, or you suspect an implant is leaking, call our office as soon as possible.**

**Your body will change with age.** The appearance of your breasts will change too. You may wish to have your implants replaced or to undergo revision 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.

**In addition, you should discuss antibiotic options** with our office if you plan on having any extensive dental work or any invasive procedure at any time that you have implants in your body.

**I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask my doctor and his or her staff any questions I have related to these instructions or about my procedure, health and healing.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Practice Representative and Witness