

POST-SURGERY INSTRUCTIONS: NIPPLE AND AREOLA RECONSTRUCTION

Patient Name _____

Date _____

Surgery Date _____

Once your nipple and areola reconstruction is completed, you must follow all the instructions given to you in order to heal properly and have a good outcome.

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 and signs to watch for following nipple and areola reconstruction include the following:

Tingling, burning, or intermittent shooting pain: These are normal experiences as the skin, tissues and sensory nerves heal. Pain medication and muscle relaxants will help you cope with any discomfort. **Consistent sharp pain should be reported to our office immediately.** You may also feel minor discomfort at the graft donor site of your nipple graft.

Hypersensitivity of nipples or lack of sensitivity: This is normal and will gradually resolve over time. **If this becomes painful or excessive notify 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 or at any nipple graft donor site. 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 surgery.

CALL THE OFFICE 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.

To alleviate any discomfort, and to reduce swelling, you may apply cool, not cold compresses to the breasts or any nipple graft site. Crushed ice or ice packs must be wrapped in a towel before being applied to the skin. Do not apply ice or anything frozen directly to the skin. Apply cool compresses, for no longer than 20-minute intervals.

Do not apply heat.

DAY OF SURGERY INSTRUCTIONS

Following reconstruction of your nipple, 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 the first 24 hours following surgery.

_____ **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, do not lie down.** This will be more comfortable for you, and can reduce swelling.

_____ **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	_____
Pain medication	_____	mg	_____
Muscle relaxant	_____	mg	_____
Other	_____	_____	_____
Supplements	_____	_____	_____
	_____	_____	_____

_____ **Change your incision dressings.** The incisions on your breast and at any nipple graft site 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. Apply anti-bacterial ointment over the steri-strips, and then apply a gauze pad.

_____ **Wear a support bra around the clock.** Follow the instructions specifically and wear this garment at all times. If you do not wear proper support, you may stress any incisions on the breast, which can result in the formation of irregular scars.

_____ **Do not smoke.** Smoking can greatly impair your safety prior to surgery and your ability to heal following surgery. You must not smoke.

_____ **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. Take care of no one, and let others tend to you.

TWO TO SEVEN DAYS FOLLOWING SURGERY

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: _____ days.

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 prescription pain medication to acetaminophen or ibuprofen.
- **Continue to wear your bra around the clock.**
- **Do not resume any exercise other than regular walking.** Walking is essential every day to prevent the formation of blood clots.
- **Maintain a healthy diet. Do not smoke. Do not consume alcohol.**

ONE TO FOUR WEEKS FOLLOWING SURGERY

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

- **Discomfort or tightness and tingling will resolve.** Any lingering nipple sensitivity or lack of sensation should begin to greatly improve.
- **Continue wound care as directed.**
- **Ease into your fitness routine.** 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. For your long-term health, there is no need to resume smoking.
- **Continue to wear a proper support bra.** 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 begin sleeping 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 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 and breast skin are highly susceptible to sunburn or the formation of irregular, darkened pigmentation.

Follow-up as directed. Your second post-operative visit is scheduled for: _____

Tattooing to reconstruct your areola can be scheduled after your incisions have healed, or as directed by Dr. Newman.

YOUR FIRST YEAR

- **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 recommended.** 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 revision surgery at a later date to help maintain your appearance throughout life. Contact our office with any of your questions or concerns, at any time.

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