

POST-SURGERY INSTRUCTIONS: BREAST AUGMENTATION WITH SALINE IMPLANTS

Patient Name _____

Date _____

Surgery Date _____

Once your surgery is completed, your healing and good outcomes require following all the instructions you are given.

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 surgery and signs to watch for following surgery with saline filled implants 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 to accommodate your implants, and as 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.**

Hypersensitivity of nipples or lack of sensitivity: This is normal and will gradually resolve over time. You may also experience a small amount of fluid or milk seeping through the nipples. **If this becomes painful or excessive notify our office immediately.**

A feeling of heaviness: It is normal for your chest to feel heavy as you adjust to you implants. This will subside within 2-4 weeks following surgery.

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. Although no two breasts in nature or following surgery are perfectly symmetrical, breast massage and time will produce breasts that are similar in shape, position and size.

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

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 upper portion of your breast. **DO NOT APPLY ICE OR ANYTHING FROZEN DIRECTLY ONTO SKIN OR INCISIONS!** Apply cool compresses, for no longer than 20 minute intervals.

DAY OF SURGERY INSTRUCTIONS

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 your 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:** Oral pain medication, antibiotics and other medications you must take include:

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

_____ **Change your incision dressings.** You will have surgical glue on your incisions. Do not remove surgical glue. Glue will come off on its own within a week or two. You may apply gauze dressing if there is any drainage.

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

_____ **Begin your breast massage** exactly when and as defined.

_____ **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 10lbs or a gallon of milk. 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.

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 surgical glue. Do not rub your incisions. Apply a fragrance free moisturizer to breast and surrounding skin, however not on your incisions.
- **Take antibiotic medications as directed.** Take pain medication and muscle relaxants only as needed. You may wish to switch from prescription pain medication to **Aleve-2 pills in morning and 2 at night. OR Advil-3 pills at 8:00a.m., 2:00p.m., and 8:00p.m.**
- **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.

- **Continue your breast massage and wound care as directed.**
- **Refrain from weight-bearing exercise, 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. You may begin range of motion exercises but not with any weight, pressure or resistance of any kind.
- **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 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 with any breast implant manufacturer paperwork and warranty as necessary.**

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

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.**
- **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 recommended.** However you may call our office at any time with your concerns or for needed follow-up.
- **If your breasts develop an unusually hard feeling, or a highly rounded “squeezed” appearance, call us as soon as possible.** You may be developing capsular contracture. Early treatment is the best solution.

Remember, breast implants are not lifetime devices.

If your implants should rupture, or you suspect an implant is leaking, call our office as soon as possible. There is no risk to your health from the saline within the implant; it will safely be absorbed and naturally

expelled by your body. However, until you are able to have the implant replaced you should perform daily breast massage to keep the implant free and loose in the implant pocket.

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 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