**Breast Augmentation & Implant Exchange**

## WHAT TO EXPECT AFTER SURGERY

• Abdominal bloating is to be expected in the early postoperative period (even if this is not the area of treatment). Bloating results from sodium present in your medications and in the anesthesia.

• Most patients report difficulty sleeping and difficulty with pain management the first night after surgery. This is usually secondary to the effects of anesthesia and should subside within 24-48 hours. However, sleep can be affected for several days following major surgery for many people.

• Sensations such as numbness, sharpness, burning, and shooting pains often referred to as "zingers" at the breast or underarm areas are common during the healing phase and may take up to 9 months to resolve. These sensations may last several weeks and will gradually disappear.

• To alleviate any discomfort and reduce swelling, you may apply cool, not cold compresses to the treated area. Frozen bags of peas and corn work well; make sure to wrap in a towel before applying to the skin. Apply cool compress for no longer than 10 minutes at a time.

• Bruising is a normal expectation following surgery. Bruising could be apparent for as long as 3 – 4 weeks afterwards. The bruises will move down your body as they are absorbed and will also change in color from dark purple to yellow as it clears.

• Seepage and drainage from incision sites is expected for the first 72 hours.

• Shiny, itchy skin due to swelling. If this occurs, an OTC antihistamine such as Benadryl can help alleviate symptoms.

• It takes ***6 MONTHS FOR FINAL RESULTS*** to appear. In the interim, you may notice:

- Incision asymmetry
- Breast asymmetry
- Pleating along your incision line
- Swelling changes from day-to-day.
- Be patient please and try not to focus on these issues before the 6-month period.

## CALL THE OFFICE AT (972) 930-0333 IF:

• You have redness, increased pain at surgical incision sites, sudden increase in swelling, warmth, drainage (pus), or oral temperature greater than 101.5°F

• Consistent, sharp pain that is unrelieved by pain medication and/or repositioning should be reported to our office immediately.

**PRE/POST OPERATIVE MEDICATIONS Medications will be sent to pharmacy after the preop appt**

1. **Celebrex/Celecoxib 400mg**
2. **Gabapentin 300mg**
    a. You will receive a prescription of each of these. The prescription will have one pill each.
    b. You will take these two medications the morning of surgery prior to coming to the office with a small sip of water.

**3.Norco/Hydrocodone-Acetaminophen** (pain medication):

- Mild to moderate pain: 1 tablet every 4 – 6 hours as needed
- Severe pain: 2 tablets every 4 – 6 hours as needed.

**4.Zofran** (nausea) 4mg 1 tab every six to eight hours as needed for nausea. Start after discharge.

**5.Robaxin/Methocarbamol** (muscle relaxer) 1 tab every 6 hours as needed for muscle pain.

**6.Arnica -Bromelain Supplements:** Given at preop appt. Start 2-3 days prior to surgery with 1 tab in the morning and 1 tab at night. You can continue this after surgery when you are actively swollen and bruised.

**7.Colace:** (300 mg daily) Start 2 days before surgery and continue while on pain meds.

**Do not take Colace or Arnica-Bromelain morning of surgery**

**8. Vital Proteins Collagen Powder:** Start 2 weeks before surgery and continue after surgery.

**Notes on Pain Medication:**

• Take pain medication with food.

• Norco (Hydrocodone + Acetaminophen) should be taken as directed:

- Mild to moderate pain: 1 tablet every 4 – 6 hours as needed
- Severe pain: 2 tablets every 4 – 6 hours as needed.

• If your pain is mild, or if you do not like the effects of the narcotics, you can take Tylenol® (Acetaminophen) 1000mg every 8 hours (which would be 2 tablets of the Extra Strength Tylenol®, purchased over the counter). Please do not exceed 3000mg in a 24-hour period. Please do not mix the Tylenol® with the narcotic pain medication since the narcotic pain medication consists of 325mg of Tylenol®

• We will provide every patient with 1 refill of the pain medication if needed one week after the last prescription was filled. No additional refills will be provided.

• If you are to finish your pain medication during a weekend or after hours, you will need to wait until regular business hours to request additional pain medication.

• If you are under the care of a pain management provider or already take narcotic pain medication, our office **WILL NOT** be providing you with an initial RX or refill for the aforementioned. It is your responsibility to obtain the necessary medications/refills from your prescribing provider. Please make sure to bring the necessary medications if you are visiting us from out-of-town as we will not be providing it.

• Our office will not be providing any additional medications that are unrelated to the surgical site (i.e., blood pressure meds, muscle relaxers, etc.). Should you require these in the postoperative period, you will be responsible for acquiring them from your primary care provider.

• Take a stool softener with pain medication to prevent constipation.

• **DO NOT DRIVE WHILE TAKING PAIN MEDICATION**. These medications can result in drowsiness. If you are pulled over while driving under the influence of narcotics or scheduled substances, you will get a DUI!

• **DO NOT DRINK ALCOHOL WHILE TAKING PAIN MEDICATIONS**. This can be a deadly combination.

• Only take the narcotic pain medication if needed. The quicker you can wean off the pain medication, the better you will feel and heal.

## IMPORTANT POINTS TO REMEMBER TO HELP WITH POST OPERATIVE RECOVERY

### HAVE SOMEONE WITH YOU

• After surgery, have an adult available to stay with you for the first 72 hours, as you will be weak and drowsy.

• It is highly recommended that you have an adult with you for the duration of your stay if you are an out-of-town patient.

### COMPRESSION STOCKINGS/TRAVELING

• **Compression Stockings**:

- If compression stockings were provided, please leave the stockings on for 5 days after surgery. They may be removed when showering but must be replaced after your shower. You can also purchase additional compression socks at Target® if needed if the ones provided in surgery are too large or too small or become soiled.

• **Traveling**:

- If you are an out-of-town patient and will be traveling back home after your surgery, please wear your compression stockings on the plane or in the car and remove them after landing.

- When traveling, please be sure to get up every hour to walk around and encourage blood-flow in your legs. Also, be sure to wiggle your ankles when sitting as if pressing a gas pedal to promote blood flow.
- It is safe to fly 1 week after surgery if you have been cleared to do so.
- If you experience shortness of breath after a flight or leg pain with extreme leg swelling, please visit an Emergency Department immediately to rule out a blood clot.

**DO NOT SMOKE. This is very important!!!**

• Smoking (tobacco, marijuana, or vapes) can result in a lack of blood supply to tissues and fat causing tissue death or delayed wound healing. Even 0% nicotine vapes contain a trace amount of nicotine that the FDA accepts as 0%.

• Do not allow those caring for you to smoke around you as second-hand smoke can be detrimental to your recovery.

• No need to resume smoking as you have stopped six weeks before surgery. This is a benefit to your overall health.

**SUPPLEMENTS**

• Do not take aspirin (or products containing aspirin), anti-inflammatories, or Ibuprofen (Advil®, Motrin®, Midol®) for 1 week after surgery. Also do not begin herbal supplements until 1 week after surgery.

- Arnika, Bromelin and Vitamin C are okay to take.
- Juven Nutrition Powder (Clinically shown to support wound healing). Can be purchased on Amazon.

• Phentermine or appetite suppressants should not be taken until 6 weeks after surgery as these supplements increase heart rate and blood pressure and can interfere with your recovery.

**WALKING**

• It is important to get out of bed early and often after your surgery (with assistance) to prevent postoperative problems. Walking encourages blood flow throughout your legs to reduce the chance of blood clot development.

**• IF YOU HAVE SHORTNESS OF BREATH, LEG SWELLING, AND/OR LEG PAIN AT ANY POINT IN YOUR POSTOPERATIVE HEALING, GO TO AN EMERGENCY DEPARTMENT IMMEDIATELY (OR CALL 911) AS THIS COULD SIGNIFY A BLOOD CLOT.**

**POSITIONING AND ARM MOVEMENTS**

• Your arms should not be used to support your body or lift anything heavy; this includes using your arms to lift yourself into bed.

• Lifting of ANY heavy objects is to be avoided. This can result in injury to your breast pocket, pain, and additional swelling or hematoma. **If you experience a sudden increase in swelling to one breast with extreme pain, warmth, redness, and elevation in pulse – please call the office immediately of if it is after hours – visit the nearest ER to rule out a breast hematoma**.

• We advise to start working on range of motion immediately. Acceptable range of motion movements:

**SLEEPING**

• While resting in bed, keep at least 2-3 pillows behind your back to aide in comfort and reduce swelling. This position will also minimize tension on the breast scar.

• Sleep in an elevated position, approximately 30–45-degree angle. Sleep in this position for approximately one week.

• After the first week, you may begin to sleep on your back. You may **NOT** side sleep until approximately 3-4 week post operatively.

• You may lie on your stomach at approximately 6 weeks after surgery (i.e., for a massage).

**SHOWERING**

• You may shower (but not bathe) 48 hours after surgery. Some patients do not feel up for showering at 48 hours and choose to wait until the 3rd day.

• Make sure someone is with you at your first shower. You can expect to have some dizziness with your first shower. Make the shower a quick one.

• You may wash the surgical area with a mild soap and water (lukewarm, never hot). Do not use surgical soaps to wash the area as these are drying to the skin. Use regular soap.

• Remove bra when showering. When in the shower, use your hands to gently wash the surgical sites to remove dry blood, sweat and oil. When out of the shower, blow dry incisions on a cool setting and apply your compression bra.

**DIET**

• A light diet is best after surgery. Begin by taking liquids slowly and progress to soups or Jell-O. You may start a regular diet the next day.

• Though it is impossible to get rid of gas entirely, there are strategies to reduce it. Eat and drink slowly, chew thoroughly and cut down on carbonated drinks. Avoid sugar-free gums and sugar-free candies that contain sorbitol or zylitol – both sweeteners are poorly digested and can result in bloating.

• Stay on a soft diet, high in protein, for 2 – 3 days and avoid spicy food which can cause nausea and gas. Then you may resume a normal, high protein diet.

**EXERCISE AND SEXUAL ACTIVITY**

• During the first week, get up and move around every 1-2 hours while awake to prevent blood clots.

• Elevating the heart rate, i.e., brisk walk/treadmill may begin starting at **2 weeks**, followed by focused lower body exercises at 2-3 weeks. You will be cleared for upper body exercises and normal exercise routine between 4-6 weeks.

• At 3-4 weeks, you can consider passive or less vigorous sexual activity.

• Do not lift anything heavier than 5-10 lbs. for the first 4 weeks.

• We advise you to wait a full 6 weeks before submerging the surgical area in water. This includes baths.

**SUTURES**

• There will be a scar on the underside crease of your breast. There will be a dressing covering the incision line which will be removed at 1 week postop visit.

• Do not apply anything on your incisions for 3 weeks unless told to do so. Keep the incisions clean and dry.

• At 3 weeks postop (or when all your scabs have fallen off and there are no breaks in the skin), you can begin scar treatment. You will be cleared at your 3 week postoperative visit

• Every patient will have additional layers of dissolvable sutures under their skin. These dissolvable sutures (Monocryl sutures) can take up to 8-12 weeks to absorb under the skin. On occasion, you may see or feel what seems to be a fishing line material protruding from the incision. If this should happen to you, please trim the clear stitch at the skin using sterile scissors or plan to visit our office (or your local provider) so that it can be removed.

**SCAR THERAPY**

• We use and sell Skinuva Scar Refinement Gel at our office. Scar Management will be discussed at the three week post operative appointment. Please note that you will receive one bottle at your pre-operative appointment. You can purchase additional Skinuva at our office.

• You may begin using Skinuva as soon as the skin is fully closed, after all sutures are removed and after all scabs have fallen off. This usually occurs around 3 weeks from surgery. We recommend you use daily for approximately 6 months as that is the time you can achieve maximum benefits and results. You can continue up until the one-year post surgery date.

• All incisions will be extremely sensitive to sunlight during the healing phase. Direct sun contact or tanning booths are to be avoided for 9-12 months. Use a water-resistant sunscreen with SPF of 50+ with UVA and UVB protection for at least 9-12 months. Sun damage to the scars may result in permanent hyperpigmentation or hypopigmentation to your scars.

• Please note that use of medical grade silicone sheeting or silicone cream on surgical scars will temporarily result in red/purple pigment on the scars. This takes place as blood rushes to the surgical incision to create collagen for wound healing and scar maturation. It can take 9 months on average for the discoloration to begin to fade.

**COMPRESSION BRA**

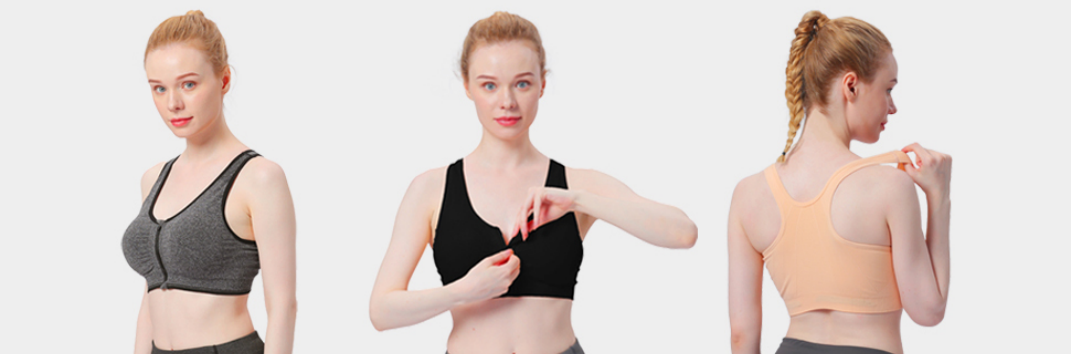
• Always wear the compression bra (except showers) for the full 6 weeks after surgery.

• You may transition to a supportive sports bra 1 week after surgery.

• You may switch to an underwire bra starting at 6 weeks post-op. You may also get resized at this time.

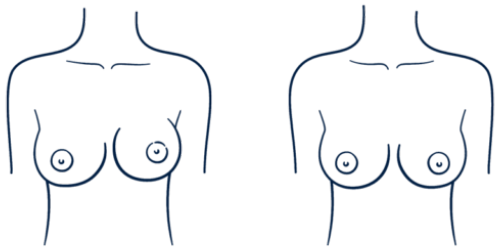
• <u>Where to buy</u>:

  - We provide one compression bra that will be reserved at your pre-operative appointment and will be given to you on day of surgery.
  - Additional bras can be purchased online by typing “surgical bra post breast augmentation” on Google, Amazon. You can also wear a sports bra already on hand or purchase additional ones at Target and/or Walmart.



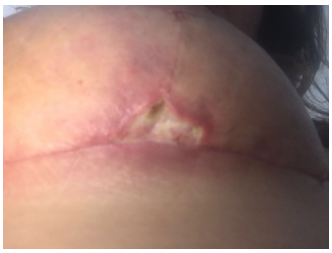
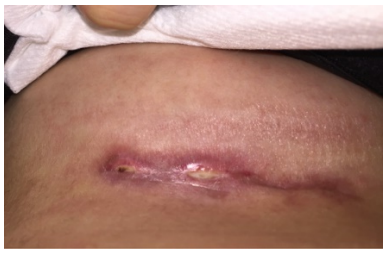
**COMMON COMPLICATIONS**

- **CAPSULAR CONTRACTURE**
  - Capsular contracture is the most common breast augmentation complication that develops. This is when internal scar tissue forms a tight or constricting capsule around the breast implant. Scar tissue will continue to contract resulting in a misshape and hard breast, often that does not release into the breast pocket.
  - Capsular contracture can occur anytime with most instances happening within the first 2 years.
  - Treatment for capsular contracture:
    - Anti-inflammatories such as Accolate
      - Medications such as Accolate MAY help improve capsular contracture. It's anecdotal.
      - Treatment is typically 3 months. If improvement is noticed, then treatment will be continued. If not, the medication will be discontinued.
        - Lab values will need to be monitored. Liver enzymes will be checked monthly since the medication can affect liver function.
    - Surgical Intervention:
      - For some patients the only way to truly correct the condition is removal of the implant(s) and surrounding scar tissue through a revision surgery.

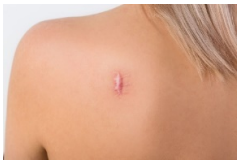


- **SEROMA/HEMATOMA**
  - A seroma is a collection of fluid that can accumulate in the breast after surgery. A hematoma is a collection of usually old blood in the form of a clot following surgery.
  - Hematomas require prompt medical attention.
    - Seroma Signs:
      - Sudden increase in breast size
      - Oozing of clear, yellow liquid
      - Throbbing pain, particularly to one breast
      - Firmness to affected breast
    - Hematoma Signs:
      - Sudden increase in size, particularly to one breast
      - Significant bruising to breast
      - Pain that is quite severe to one breast; firmness to affected breast

- **DELAYED WOUND HEALING**
  - Breast augmentation surgery can result in areas of separation at the incision sites or in areas of delayed wound healing well beyond the 1-week visit. Wound cultures may be necessary to rule out infection. Wound care using daily wound dressings may also be necessary to speed up the healing process. In most instances, the incisions heal very well with no evidence of a complication.
  - Should your incision open, it cannot be sutured closed since at that point the wound has already been contaminated with bacteria and may result in severe infection with wound closure. The wound will need to close on its own using wound care.

- **SPITTING SUTURES**
    - Spitting sutures are to be expected. Every patient will also have additional layers of dissolvable sutures under their skin. On occasion, you may see or feel what seems to be a fishing line material protruding from the incision. If this should happen to you, please trim the clear stitch at the skin using sterile scissors or plan to visit our office (or your local provider) so that it can be removed.
- **KELOIDS**
    - Keloids are firm, rubbery, lumpy lesions or shiny fibrous nodules on the skin that's usually raised. When skin is injured, fibrous tissue called scar tissue forms over a wound to repair and protect the injury. In some cases, scar tissue grows excessively, forming smooth, hard growths called keloids.
    - If keloids are detected, treatment may include:
        - Inject corticosteroids to the keloid to reduce inflammation (usually one injection every 6 weeks for up to four sessions)
        - Continue silicone gel sheeting
        - Begin laser treatments and micro needling to reduce scar tissue
    - In addition to keloid formation, patients with brachioplasty can form dark and wide scarring along their incision sites. It is important to note that poor scarring can be secondary to a person's immune system.



- **INFECTION**
    - Infections are most likely to take place between day 10-14 from surgery.
        - Symptoms and signs of infection include redness, warmth, fever, tenderness, pus, malaise

- Most infections, if detected early, can be treated with proper antibiotic therapy. If infections are severe or not responding to antibiotic therapy, then prompt visit to an ER for IV antibiotic will be necessary.
- If you are an out-of-town patient and you develop an infection, you will need to visit with your local provider or local ER for evaluation and care. If fever and pus accompany redness, please visit with your local ER.
    - It is not recommended that you travel long distances with an infection.

**PLEASE VISIT AN EMERGENCY ROOM OR CALL 911 IF:**

• At any point you experience shortness of breath or leg pain with swelling as this could indicate a pulmonary embolism (blood clot in lung) or DVT (blood clot in legs) and could be deadly if untreated.

**FOLLOW UP APPOINTMENTS**

• It is important to be seen by our office for your post-op checks.

• Dr. Setty will see you at the following follow-up appointments: one week, six weeks, six months and one year.

- 1 Week Post Operative Appointment
    - Dressing change (if needed)
    - JP drain removal (if under the 30cc amount in a 24-hour period)
    - Observe tissue for necrosis or wound separation
- 6 Week Post Operative Appointment
    - Assessment for scar management (i.e., if steroid injections, topical creams, and/or laser treatments are needed.
    - Post operative photos started.
- 6 Month Post Operative Appointment
    - First conversation regarding aesthetic results/concerns.
    - Measurements and post operative photos.
- One Year Post Operative Appointment
    - Final conversation regarding aesthetic results/concerns.
    - Remember your body will change with age which also means the appearance of your breasts will change too. Although the outcomes of a breast surgery are generally permanent, any significant weight gain or loss, as well as the normal influences of aging can cause changes to your appearance. You may wish to undergo revision surgery later to help maintain your appearance throughout life. Contact our office with any of your questions or concerns, at any time.

• RN will see you at the following appointments: three-week, three-month.

- 3 Week Post Operative Appointment
  - Assessment of surgical site.
  - Initiate treatment with scar therapy.
- 3 month Post Operative Appointment
  - Post operative photos.

• *It is strongly advised that you stay locally for the first week following surgery if you are an out-of-town patient.*

• It's important to keep in mind that these appointments are patient-specific and may vary depending on your own individual healing and/or complications.

• If you are from out-of-town and cannot attend appointments at the recommended frequency, then it is strongly advised that you establish a relationship with a provider in your hometown who can follow your progress or evaluate you in case of infection, wound separation, or seroma. Virtual appointments may be scheduled if unable to attend in-person appointments.

• Follow up appointments can be made while at your scheduled post operative appointment or you can call the office at (972) 930-0333. Our office hours are Monday – Thursday 8:00 AM - 4:00 PM and Friday 8:00 AM – 3:00 PM. The office is closed on Saturday and Sunday.

• The office is closed on Saturday and Sunday. Should you experience a complication over the weekend, call the regular office line at (972) 930-0333 and you will be directed to an afterhours line or if it is a life-threatening emergency, please visit the nearest urgent care/ER.

**LONG TERM REMINDERS**

• Saline Implants

- 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.
- Your body will change with age. The appearance of your breasts will also change. You may wish to have your implants replaced or undergo a revision surgery to help maintain your appearance throughout life.
- Should you require extensive dental surgery please contact the office to be prescribed a one-time preventative antibiotic dose.

• Silicone Implants

- If you suspect an implant is leaking, please call our office immediately for evaluation.

- Between the 5–7-year mark, our office will remind you for the need to schedule an MRI or ultrasound to verify implants are intact.
- Your body will change with age. The appearance of your breasts will also change. You may wish to have your implants replaced or undergo a revision surgery to help maintain your appearance throughout life.
- Should you require extensive dental surgery please contact the office to be prescribed a one-time preventative antibiotic dose.

**IMPORTANT POINTS OFTEN OVERLOOKED ABOUT SURGERY**

• It is not unusual for patients to undergo significant emotional “ups and downs” after any type of surgery. Factors such as underlying stress, medications, and/or psychological tendencies can result in patients experiencing a “post operative depression” that generally resolves after a few weeks. Having a partner, family member, or friend who is supportive can help with this process. Understanding the stages of emotional “ups and downs” can help patients stay calm and recover from this emotional process faster:

- Phase 1: Being Out of It
    - Swelling and discomfort is most severe over the first few days after surgery. Pain medications also can make you disoriented and emotional.
- Phase 2: Mood Swings
    - Having just had surgery, patients are adjusting to a sudden change in their appearance with much anticipation. The presence of bruising, swelling, and asymmetries will distort a patient’s results thereby concealing the final outcome. Mood swings (especially sadness), worry and depression are common emotions as a result. Patients may even ask, "What have I done?" or think that "I never should have done it."
- Phase 3: Being over critical
    - During the second week, patients will probably be feeling a lot better. The swelling and muscle cramping/spasms will be decreasing, and sutures will be out. Because of anticipation, it is natural for patients to look critically at their new body worrying about symmetry, scars, and so on. At this point, it's normal to wonder if they have achieved their goal and what they paid for. This is too soon to tell, and most concerns are resolved with time.
- Phase 4: Happy at last
    - Finally, about 3 – 6 months out of surgery, patients will probably start liking how they look and are feeling much better. They may be in the mood to check out some bathing suits or outfits to show off their new figure.