

Breast Reconstruction with Implant or Expander Post-Operative Instructions

SURGICAL SITE CARE:

- Keep the surgical dressings and bra on at all times, as is – clean & dry – for 1 week. • Sponge bath only for 1 week, then OK to shower after 1 week (after removing all dressings)
 - Dressings will be removed at your first post-operative visit. If your first visit is greater than 10 days out, please remove dressings in one week by peeling the clear wrap. The dressings underneath can also be removed. Ok to gently clean with saline and gauze.
- After showering, apply a thin layer of Neosporin ointment along the incision lines daily for 1 week, then transition to applying Vaseline or Aquaphor ointment daily. • You may have surgical drains. These should be “stripped” multiple times per day, and the drain bulbs emptied multiple times per day as well. Please measure the drain output in mL and record. The drainage needs to be less than 20 mL per day (24 hours) for two consecutive days in order to be removed. Additional information below. • Pain at the drain site is common, and the skin can become irritated or red. This is normal. OK to apply Vaseline or Neosporin.
- Please keep in mind that wrinkled skin and bruising is normal. Removal of the breast during mastectomy is a big surgery and can cause notable bruising and wrinkling of the skin.

PAIN MEDICATION:

- Use the prescribed narcotic pain medication as directed on the bottle. • If the pain is not severe, you should instead take plain Tylenol or Motrin (if not contraindicated by other medical conditions).
- If you were prescribed Norco (Hydrocodone-Acetaminophen) or Percocet (Oxycodone/Acetaminophen), make sure to monitor the total amount of Acetaminophen (Tylenol) within 24-hour period. DO NOT exceed total of 4000mg of Acetaminophen (Tylenol) in 24 hours, which will cause damage to your liver health. Of note, each tablet of Norco and Percocet include 325mg of Acetaminophen (Tylenol). • It is normal to feel slightly more pain and stiffness on the 2nd or 3rd day after surgery, but after this point, your pain should continue to improve each day. • Taper off the narcotic pain medication as the pain decreases – typically starting on the 4th day after surgery
- If a muscle relaxant was prescribed, use this intermittently between pain medication doses to help with tightness and muscle spasm

OTHER MEDICATION:

- If you were prescribed antibiotic to take after surgery, please start the first dose after dinner.
- If you had an implant or a tissue expander placed, you should have received an antibiotic. If not, please call the office for a prescription.
- Stool softener: If you experience constipation as a common side effect of taking narcotic pain medication, try over-the-counter stool softeners such as Colace, Miralax or Dulcolax at your preferred local drugstore.

ACTIVITY RESTRICTIONS:

- Resume normal daily activities except no strenuous activity/exercise • No lifting more than 5 pounds
- Walking is a healthy form of exercise and is encouraged
- Sleep on back only – DO NOT sleep on surgical sites

DIET:

- Resume your normal diet

BATHING/SHOWERING:

- Sponge bath only for 1 week
 - OK to shower starting 1 week after surgery
 - NO tub baths, hot tubs or swimming until instructed by Dr. Srinivasa

FOLLOW-UP:

You should have a follow up appointment arranged and reflected on your patient portal for Kareo. If you can't locate the information online, please call our office (818) 336-1295.

The Institute For Advanced Breast Reconstruction Locations:

#818-336-1295 Fax #818-337-1285

Thousand Oaks Office Location:

415 Rolling Oaks Drive, Thousand Oaks, CA 91356

(Suite 220, 2rd Floor)

Parking outside, free.

Santa Monica Office Location:

1260 15th Street, Santa Monica, CA 90404

(Suite 1109, 11th floor)

Attached garage, parking fees apply.

Please call the office (818.336.1295) if you have any of the following symptoms: ○

Fever higher than 101° F

- Sudden and rapid swelling at the surgical site ○ Bleeding you believe to be excessive
- Persistent nausea/vomiting or inability to keep fluids down ○ Pain not controlled by prescribed medications
- A foul odor or increasing redness/swelling/drainage at your incision ○ If you have any questions or concerns

Dr. Srinivasa is available by email for all non-urgent questions or concerns. Her email address is IABRconcierge@gmail.com

After hours and on weekends, in the case of urgent issues, please call 818.927.0267

DRAIN CARE:

- Drain(s) is in place to keep fluid or blood from building up at the surgical site. • Empty and record the output (in mL or cc) from the drain AT LEAST twice per day (ideally at the same time each day), or more often if necessary. Add up the total output amount per 24 hour period.
- After you empty, compress the bulb as flat as you can to re-establish the suction • Strip the tubing AT LEAST twice per day to ensure its patency.
- First, make sure your hands are clean, washed with soap and water. • Put hand sanitizer on your fingertips to facilitate a smoother, easier glide on the tubing and avoid the rubber-burn.
 - With one hand, hold the tubing at the base (near the skin) and pinch and pull gently on the tubing, flattening the tube with the other hand. You can “milk it” towards the bulb to advance along the tubing from the base to the bulb.
- This will move the stingy material down the tube and prevent clots from forming. • Drainage will start off bloody, then become more pink or clear as the days go on – this is a normal change.
- Do not let the drains hang freely, even when you shower. Hang something like a bathrobe belt, shoelace or lanyard around your neck and safety-pin the drains to it. • Must bring the record of drainage amounts to your clinic appointment, so it can be determined whether the drain can be removed.