

# **Scar Revision Post-Operative Instructions**

<u>Please Note:</u> It is unlikely Dr. Srinivasa will use drains during any revision cases, but it is possible. Please make sure to ask her prior to your surgery.

## **SURGICAL SITE CARE:**

Dressings will either include:

- (1) Clear tape covering a white gauze. If so, please leave intact until your post-op appointment.
- (2) "Skin Glue" known as dermabond. If so, please leave intact, it is ok to shower with this.
  - NO PRESSURE ON THE CHEST SLEEP ON YOUR BACK ONLY until 6 weeks post op or instructed otherwise.
  - If your breast was operated on:
    - OK for a loose bra.
    - No underwire please. Front velcro or front zip bras are recommended.
  - If your <u>abdomen or thighs were operated on:</u>
    - You may have been placed in a compression garment.
    - Please continue to apply compression with a binder or your recommended garment until follow up.
    - o If <u>no</u> compression garment was placed then there is no need to wear unless it provides additional comfort for you.

#### **BATHING/SHOWERING:**

- OK to shower after 48 hours (with drains in place if any)
- You may gently wash the surgical sites with mild soap and water, but <u>DO NOT scrub incision</u> <u>sites</u>.
  - Gently pat to dry after showering to make sure all incision sites are dried adequately.
- **NO submerging into any bodies of water** for 6 weeks post op or until otherwise instructed by Dr. Srinivasa.
  - This Includes: Baths, Hot Tubs, Pools, etc.

#### **PAIN MEDICATION:**

- Use the prescribed narcotic pain medication as directed on the bottle.
  - o If the pain is not severe, you should take plain Tylenol or Motrin instead (*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 a 24 hour period.
  - DO NOT exceed a total of 4000 mg of Acetaminophen (Tylenol) in 24 hours, this will cause damage to your liver health. <u>Each tablet of Norco and Percocet includes 325mg of Acetaminophen (Tylenol)</u>.
- 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 4<sup>th</sup> 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:**

- ANTIBIOTICS If you were prescribed antibiotics to take after surgery, please start the first dose after dinner.
  - If you had fat grafting done or an implant/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:**

- DO NOT lie down flat.
  - Sleep with the head of your bed elevated and use 2 pillows (or a wedge pillow if available).
- DO NOT sleep on surgical sites.
  - Sleep on your back only until 6 weeks post op or until otherwise cleared by Dr. Srinivasa.
- Please walk with a "hunch" for a total of 3 weeks.
  - This tightness in your abdomen is from the "tummy tuck" portion of the operation. This will loosen over 2-3 weeks.
- No strenuous activity, exercise, or lifting more than 5 pounds for a total of 6 weeks post-op.
- Avoid unnecessary bending or twisting at the waist.
- Do not resume housework or aerobic exercise for 6 weeks post op or until instructed to do so.
- Walking is a healthy form of exercise and is encouraged Try to walk a little at least 3x daily.
- OK to resume your normal diet.

## **FOLLOW-UP INFORMATION:**

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

## Please call the office at (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 incisions
- \* IF after hours or on weekends, please call: (818) 927-0267.

## The Institute For Advanced Breast Reconstruction Locations:

## Thousand Oaks Office Location: Santa Monica Office Location:

415 Rolling Oaks Drive 1260 15<sup>th</sup> Street

Thousand Oaks, CA 91356 Santa Monica, CA 90404 (Suite 220, 2nd Floor) (Suite 1109, 11<sup>th</sup> floor)

Parking outside, free. Attached garage, parking fees apply.

## Office Contacts and Business Hours:

Business Hours: 8:00am-4:00pm (PT) Monday-Friday

- Phone: (818) 336-1295 & Fax: (818) 337-1285
- Taylor (Medical Assistant) Email: <a href="mailto:iabrmedical@gmail.com">iabrmedical@gmail.com</a>
- Mariah (Surgery and Appointment Scheduling) Email: <u>iabrconcierge@gmail.com</u>
- Alicia (Insurance/Payment Info) Email: <a href="mailto:iabrclinical@gmail.com">iabrclinical@gmail.com</a> or

Direct Phone Number: (818) 336-1159.

#### Please Note:

- Dr. Srinivasa is always available on her personal cell phone, but we request that all non-emergent
  issues be communicated with the office first. This includes questions about garments, therapy,
  non-emergent surgical concerns etc.
- After business hours and on weekends, feel free to send us an email or leave a voicemail. If it is
  urgent, Dr. Srinivasa checks her email after hours and on weekends. If she does not respond in a
  timely manner and it is after hours or on a weekend, please reach out to her on her cell phone.
   The google voice number on our voicemail can also connect you to her personal cell phone.

## **DRAIN CARE INFORMATION:**

Drain(s) are 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.
- Must bring the record of drainage amounts to your clinic appointment, so it can be determined whether the drain can be removed.

## **How to "Strip" the Tubing:**

- 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). Then 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.