

## **PAP Flap Post-Operative Instructions**

### **DRAIN CARE:**

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.
  - **Drainage needs to be less than 20 (mL/cc) per day (24 hrs) for two consecutive days in order to be removed.**
- Pain at the drain site is common and the skin can become irritated or red. This is normal. OK to apply Vaseline or Aquaphor.

### **How to “Strip” the Tubing:**

- First, make sure your hands are clean and washed with soap & 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.

## **SURGICAL SITE CARE:**

- **NO PRESSURE ON THE CHEST - SLEEP ON YOUR BACK ONLY.**
  - Sleep with the head of your bed elevated and use 2 pillows (or a wedge pillow if available). **Do not lie down flat.**
  - Please continue to sleep like this for at least 6 weeks post op or until otherwise instructed by Dr. Srinivasa.
- There may be very thin wires coming out of the bottom of the breast(s) or your "PAP Flap". This is normal.
  - What are they? - Wires used to monitor the flap blood flow. These will be removed at a later visit with Dr. Srinivasa.
- You may also have a Saran-wrap-like tape on your breast – leave this on as is and shower with them on as is.
  - This is a post-surgical dressing.
  - This will be removed at your first post-op visit with Dr. Srinivasa.
- Please wear the recommended bra(s) found on the Garment & Compression PDF provided in your "Surgery Information" email.
  - No underwire please. Front velcro or front zip bras are recommended.

## **BATHING/SHOWERING:**

- OK to shower after 48 hours with drains in place.
  - Do not let the drains hang freely.
- You may gently wash the surgical sites with mild soap and water, but **DO NOT** scrub incision sites.
  - Gently pat to dry after showering to make sure all incision sites are dried adequately.
- NO submerging into any body of water until 6 weeks post-op or instructed by Dr. Srinivasa.
  - **This includes: baths, hot tubs, swimming, etc.**

## **ACTIVITY RESTRICTIONS:**

- **No strenuous activity, exercise, or lifting more than 5 pounds for a total of 6 weeks post-op.**
- The incisions will feel tight in your legs. Depending on how the scars are oriented, sitting upright and flexing your legs may be tough.
  - Take it easy and avoid motions that make the incisions feel like they are pulling for the first three weeks.
- No driving for at least 3 weeks post-op. You must be off ALL narcotic pain medication.
- Do not resume housework or aerobic exercise until 6 weeks post-op or otherwise instructed.
- 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.

## **GARMENT & COMPRESSION INFORMATION:**

For more detailed information, please review the "Garment & Compression" information PDF provided in your surgery information email.

- **All compression garments will need to be worn for at least 6 weeks post-op.**
  - Normally after 6 weeks, compression garments will be worn on an as-needed basis.
  - While drains are in place, please wear a binder compression garment and ace wraps. After drains are removed, you can switch to a girdle or faja compression garment. Please make sure they are medical-grade compression.

## **PAIN MEDICATION:**

**Since this procedure is inpatient, you will be prescribed all pain meds and any additional medication at the time of your discharge by the discharging physician.**

- Use the prescribed narcotic pain medication as directed on the bottle.
  - 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. Each tablet of Norco and Percocet includes 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 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:**

- **IBUPROFEN OR ASPIRIN**
  - If you were prescribed either Ibuprofen or Aspirin. Please take them as prescribed for 30 days and always take it after a full meal. (*In any case, do not take both medications at the same time*).
- **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.

## **IMPORTANT INFORMATION:**

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

## **Office Contacts & Business Hours:**

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

- Taylor (Medical Assistant) - Email: [iabrmedical@gmail.com](mailto:iabrmedical@gmail.com)
- Mariah (Surgery and Appointment Scheduling) - Email: [iabrconciierge@gmail.com](mailto:iabrconciierge@gmail.com)
- Alicia (Insurance/Payment Info) - Email: [iabrclinical@gmail.com](mailto:iabrclinical@gmail.com) or Direct Phone Number: **(818) 336-1159**.

## **Office Locations:**

- **Thousand Oaks Office Location:**
  - 415 Rolling Oaks Drive  
Thousand Oaks, CA 91356  
(Suite 220, 2nd Floor)  
*Parking outside, free.*
- **Santa Monica Office Location:**
  - 1260 15<sup>th</sup> Street  
Santa Monica, CA 90404  
(Suite 1109, 11<sup>th</sup> floor)  
*Attached garage, parking fees apply.*

## **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.