POST-SURGERY INSTRUCTIONS: BREAST LIFT

Patient Name		
Patient Name		

Date _____

Surgery Date _____

Once your surgery is completed, you must follow all the instructions given to you in order to heal properly and have a good outcome.

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 breast lift surgery include the following:

Tightness in the chest region and stiffness: Tingling, burning or intermittent shooting pain. These are normal experiences as the skin, tissues and sensory nerves heal. Pain medication and muscle relaxants will help you cope with any discomfort. If you have drains, you may experience additional localized 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.

Shiny skin or any itchy feeling: Swelling can cause the breast's 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; no two breasts in nature or following surgery are perfectly symmetrical.

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 the treated region. Crushed ice or ice packs must be wrapped in a towel before being applied to the skin. Do not apply ice or anything frozen directly to the skin. 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.

	impor	tant is that you are ambulatory: me	portant in the early stages of healing aning that you are walking under you ed in light walking indoors as you reco	ir own strength.				
	_ Recline with your head and chest slightly elevated above your lower body.							
	caffei drinks	ne-free, and green tea-free bevera	ing surgery. Stick to non-carbonated ges including fruit juices and water, n nces of fluid every 2 hours. Stick wit	nilk, and yogurt				
	speci		ibed. If you have a pain pump, follow n medication, antibiotics and other m					
Antibiotic			mg	x per day				
Pain medication			mg	x per day				
Muscle relax	ant		mg	x per day				
Other								
Supplements	6							
	time a for cle ointm incisio Care Wear speci Do no follow	after surgery. Keep dressings clear eansing incisions. Do not remove a ent over the steri-strips, and then a ons, carefully follow the instructions Instructions and Log. a support bra or your surgical g fically and wear this garment at all t ot smoke. Smoking can greatly im ring surgery. You must not smoke.	pair your safety prior to surgery and	de is appropriate ply anti-bacterial n placed in your id on the Drain ne instructions your ability to heal				
			ctivities. Do not lift you hands over y ook. Take care of no one. Let others					

TWO to SEVEN DAYS FOLLOWING SURGERY

During this time you will progress with each day that passes. Ease into your daily activities. You will receive clearance to begin driving or return to work at your post-operative visit, or within:

days

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 steri-strips. Do not rub your incisions. Apply a fragrance free moisturizer to breast and surrounding skin, however not on your incisions.
- Take antibiotic medications and supplements as directed. Take pain medication and muscle relaxers only as needed. You may wish to switch from prescription pain medication to acetaminophen or ibuprofen.
- Continue to 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 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 six 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 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.
- 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

- 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.

Your body will change with age. The appearance of your breasts will change too. You may wish to undergo revision surgery at a later date to help maintain your appearance throughout life. Contact our office with any of your questions or concerns, at any time.

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