

BREAST REDUCTION CARE INSTRUCTIONS

RE PLASTIC SURGERY - MR. LOK HUEI YAP FRCS (PLASTIC SURGERY)

BEFORE THE OPERATION

1. AVOID ASPIRIN OR ASPIRIN-CONTAINING MEDICATIONS for a period of 7-10 days before surgery, unless there is a strong medical reason for taking Aspirin. Aspirin makes the blood less effective at clotting and may increase bleeding and bruising, as do many other medications with names ending in '-phen' or '-fen'. Please review the enclosed list of medications that may contain aspirin. For mild to moderate pain, Paracetamol is preferred.
2. Stop smoking for at least six weeks before surgery, and ideally discontinue smoking permanently after surgery, as cigarette smoke contains substances including nicotine which act to reduce blood supply in tissues, increasing the risk of wound failure and skin death. Nicotine patches should also be discontinued.
3. Please report any sign of a cough, cold, boils or skin eruptions appearing within one week of surgery. For your own safety, if you have a cough or a cold, the operation will probably be postponed to avoid infective or airways complications.
4. Reduce your alcohol intake in the pre- and post-operative period, as alcohol can have an effect on blood vessels.
5. Most dietary supplements should be discontinued a month before surgery, particularly Vitamin E preparations which can cause increased bleeding and bruising. Vitamin C preparations can be taken after the operation and may help wound healing.
6. Discontinue the oral contraceptive pill for six weeks before surgery and use alternate methods of contraception, to minimize the risks of DVT (deep venous thrombosis).
7. For a period of three days prior to surgery, wash your breasts with an anti-bacterial soap.
8. Arrange for someone to drive you home after surgery.

THE NIGHT BEFORE YOUR OPERATION

1. NOTHING TO EAT OR DRINK AFTER MIDNIGHT.
2. Armpits should be shaved.
3. Wash breasts and armpits for over two minutes with antibacterial soap.

THE DAY OF YOUR OPERATION

1. NOTHING TO EAT OR DRINK.
2. Do not take medications, herbal remedies, or supplements, unless they have been prescribed for you.
3. Wear loose-fitting, comfortable clothes that do not have to be pulled over your head.
4. Storage space will be provided for your personal effects, but do not bring valuables with you to the hospital.

AFTER YOUR OPERATION

1. You will have plastic tubes (drains) placed in the breast tissue at surgery. These serve to remove excess tissue fluid and blood from inside the wounds. They are usually removed before you go home. If drainage is significant, you may be discharged home with the drains present. Please make a daily note of how much is drained and keep a log for your follow-up visit, when the drains will be removed.
2. Arrange for someone you can rely on, to drive you home and spend the first two days with you. Additional instructions and advice can be given to the person looking after you.
3. You will have some mild to moderate discomfort after the procedure and should take regular pain relieving medication (Paracetamol) for the first week after surgery. More significant pain can be managed with oral narcotic medications.
4. **DO NOT TAKE ASPIRIN, ASPIRIN-CONTAINING PRODUCTS OR OTHER ANTI-INFLAMMATORY MEDICATIONS** (e.g. Ibuprofen, Brufen, Nurofen, Alleve) for two weeks after surgery, as this may cause prolonged bleeding or additional bruising during the early post-operative period.
5. Make sure you have adequate rest for the first few days. Avoid excessive arm movement for the first few days. Do not raise your arms above the level of your shoulder for 2 weeks, and do not attempt to lift objects heavier than five pounds in weight.
6. Do take your medications as prescribed, particularly your oral antibiotics unless you experience a gastrointestinal disturbance or skin rash. If you are constipated, do take some over-the-counter laxatives. Straining at stool should be avoided, as this may cause an increased risk of bleeding in the wounds.
7. Your breasts will be wrapped in a supportive elasticated garment. This should be snug but not too tight, and should cover the whole of the breast. There will be additional bandaging underneath. Please avoid getting the wound wet for the first week.
8. Avoid sleeping on your tummy or your chest for at least 3 weeks after surgery. Similarly, try to avoid any direct trauma to the breasts after surgery.
9. Please call the Practice to arrange a follow-up appointment for approximately one week after surgery. At this appointment, your wound will be inspected, and if well-healed you can resume bathing. Bring a sports bra with good elasticated support, but remember that underwired bras should not be used. Mr. Yap will examine you and help you fit your bra correctly.
10. Avoid alcohol or cigarette smoking for at least 3 weeks after surgery.
11. Mr. Yap will assess your scar and the need for scar therapy. This will start at 2 – 3 weeks post-surgery, if needed, and you will be advised regarding the appropriate scar creams.
12. Do not expose your scars to direct sunlight for 12 months after surgery. Use sunblock with a minimum sun protection factor (SPF) of 15.
13. Avoid hot water bottles or heating pads to your breasts immediately after surgery, as there will be portions of the breasts which have reduced sensation, and as such you are at risk of causing a burn. Similarly, when having a shower, take care as you may not realise how hot the water is due to the reduced sensitivity of the breasts.
14. Do commence a regular programme of walking around your home, avoiding complete inactivity. Gentle arm movements and exercises can be commenced a week after surgery although you should avoid strong elevation of your arms or reaching above your head for about 2 weeks after surgery.
15. Gym activity or strenuous physical activity should be re-commenced not earlier than 4 weeks after surgery. This return to exercise should be gradual.

16. You should not drive for at least 2 weeks after surgery, and even then only if you are confident that you are capable of carrying out an emergency stop.
17. Your level of activity at work will influence when you return to work. Most patients will be able to return to work within 2 weeks if their job is not physically demanding. If you have a more physical occupation, you will require a longer recovery time, typically 4 weeks, before returning to work.

IF ONE OR MORE OF THE FOLLOWING OCCUR, PLEASE CALL THE PRACTICE IMMEDIATELY:

- a) Fresh bleeding from the wound, more than a simple ooze
- b) Rapid enlargement of one or other breast, associated with pain and bruising
- c) Significant pain not relieved by simple painkillers
- d) Wound discharge after 48 – 72 hours
- e) Temperature greater than 38.5°

WHAT YOU CAN EXPECT

1. Your breasts will be tender and swollen for the first 1 – 2 weeks after surgery.
2. The breasts will look higher, and project more towards the front initially. This is due to internal support created during surgery to help avoid droop after surgery. The breasts will settle down to a more natural position over a period of 2 – 3 months.
3. The breasts will usually be less sensitive to touch after surgery, although in some instances the breasts may feel more sensitive than normal. Recovery of sensation in the breasts may take weeks to months, and as this happens you may feel some tingling, 'electric shock' type sensations in the breasts. This is part of normal recovery.
4. Your sutures are absorbable and do not need to be removed. They are buried and should resorb over the coming 6 to 8 months. There may be some small areas in the incisions which will feel firmer before softening.
5. The scars will be healed by about two weeks after surgery but may remain raised, pink, sensitive or reddened for some months. Final settling and resolution of the scars may take up to 2 years.
6. There will be swelling of the breasts which may persist for some weeks and you may find that your bra size will change by a small amount in the few weeks after surgery. The final result of the breast surgery will be visible by 4 – 6 months.
7. Your breasts will need continued support after surgery, to help maintain the longevity of the surgical correction.

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