

## A BETTER YOU COSMETIC SURGERY CENTER

## POSTOPERATIVE INSTRUCTIONS-BREAST AUGMENTATION

**POST-OP:** The first 24 hours are best spent resting. You must have someone with you at all times for the first 24 hours and he/she must also read these instructions carefully. You should have someone assist you when you first start ambulating (moving around).

You can expect drainage (usually bloody) from the wounds for the first day or two, swelling, and possible bruising of the breast. One side may be a bit different from the other during the first few days and weeks, both as far as pain and swelling are concerned (but remember they were asymmetric before). The contour may be irregular, but generally it settles with the help of time and gravity.

When general anesthesia is used, the tube placed in the throat may cause the throat to be sore. This is best relieved with cold liquids. The soreness disappears in a few days.

**DIET:** If you have no nausea, then you can take liquids. If liquids are tolerated, then mild, bland foods may be tried next. Once these are adequately ingested, a normal diet may be resumed.

**ACTIVITY:** **No strenuous activity is allowed for 6 weeks.** Take it easy and pamper yourself. Try to avoid any straining. When lying down be certain not to lie flat, but to elevate your head on two or more pillows. It is very important that you do not use your arms to push off or lift as you get up out of bed—keep arms crossed across your chest. Avoid waterbeds... if necessary it is better to use a couch. If you want to avoid complications, you must follow these instructions carefully: avoid exercise and overhead motion (do not reach above your shoulders) and avoid the use of your arms for such things as cleaning and lifting. In other words: **DO NOT RAISE YOUR ARMS, DO NOT MASSAGE OR APPLY ANY PRESSURE TO YOUR BREAST AND DO NOT LIFT ANYTHING OVER 5 LBS FOR THE NEXT 6 WEEKS.** **If not:** you can cause the wound to open, drain, and expose the implant resulting in removal (especially if you have chosen larger implants). Specifically **DO NOT DO HOUSEWORK! NO MATTER HOW GOOD YOU FEEL!** No driving at least until the fourth day after surgery, when you are no longer taking pain medication and you are comfortable doing the motions required to drive a car. At that point, you may begin short trips to the store, etc. You may ride in the car earlier than this, but you must not take extended drives (more than about 10 miles) for the entire first week. During the third week after your surgery, you can increase your activities slowly. You may take longer walks. You may begin performing some light housework, cleaning one room of the house but not the whole house. Your return appointment will be 2 weeks after your surgery. At that time, we will probably release you to some activities including some athletic hobbies, such as stationary biking and step climbing. Remember it takes your body 6 weeks to make the normal capsule (the HEB bag) around your implant.

**SHOWERING:** You may begin showering one day after your surgery, but no bathing in a tub is allowed for 2 weeks. You may remove the gauze pads if they are present. However, the tape strips (steri-strips) **MUST BE LEFT IN PLACE! DO NOT** let the water hit directly on the breast or tape and simply pat the tape strips dry with a soft towel if they get wet.

**DRESSINGS:** If a bra was not placed on you at the time of surgery you do not need to wear one for the first 2-3 days; then use a bra that opens in the front with no underwire (sports bra) and wear it day and night continuously except when showering. **DO NOT REMOVE THE TAPE STRIPS** The steri-strips will come out by themselves after 3-6 weeks.  
**DO NOT USE HEATING PADS OR COLD PACKS.**

**BRA:** **START WEARING BRA 2-3 DAYS AFTER SURGERY.** Wear only sports bras that open in the front (no underwire) for 6 weeks. After you have recovered from your surgery, you should **always wear a bra at all times** to maintain your breast shape. The bra prevents further sagging and counteracts the effects of gravity. When you run or perform sports, you should wear a special bra or a double bra to limit any breast movement.

**SUNSHINE/ TANNING:** You should not tan for 6 weeks after surgery. This includes tanning beds (never recommended). After 6 weeks, you may begin tanning slowly. Continued tanning may cause splotches to become permanent. The skin will be very sensitive for several months, and you may sunburn the skin without knowing it. Use the combination of Zinc and Titanium Oxide as this blocks UVA and UVB wavelengths at all times when exposed to the sun.

**SMOKING:** **ABSOLUTELY NO SMOKING** is allowed, and stay away from others who smoke! Smoking increases the development of complications resulting in loss of the implant.

**CLOTHING:** For ease in changing clothes without discomfort, wear loose sporting or jogging type clothing that fastens in the front for the first few days and on the day of surgery.

**MASSAGE:** **DO NOT MASSAGE UNDER ANY CIRCUMSTANCES UNLESS SPECIFICALLY INSTRUCTED TO DO SO. DO NOT TOUCH OR SCRATCH THE OPERATED AREA.**

**TRAUMA:** If you get bumped or hit in the general area of your surgery and you notice drainage, call the office at **(361) 881-9999** and place your arm in a sling.

**WOUNDS:** Use **only a Q-tip and normal saline to clean wounds** (definitely do not use hydrogen peroxide, alcohol, Mederma or other products, etc. Healing is a gradual process and most scars will fade over time without medical intervention. If you wish to apply a topical cream, we recommend using 100% Aloe Vera gel 3 or 4 times per day, especially to release itching.

**SENSITIVITY:** Nerves in the area of the breast are frequently irritable after the surgery. This may show up by decreased sensation (numbness) or more frequently with oversensitivity of the breast skin or nipples. Usually this resolves in a few weeks but occasionally it may take months.

**PAIN MEDICATION:** Pain medication makes recovery more tolerable and prevents a rise in blood pressure. Take Hydrocodone (Lortab) and Hydroxyzine (Vistaril) by mouth every 3-4 hours as needed for pain. If you are asleep, the family should not wake you to take the pain medication. Most people do not need medication around the clock after 2 days. You are encouraged to take this medication for the first few days but take them only as needed. Be certain to eat something when taking your pain medication (i.e. cookies, crackers, milk, food, etc.) When using prescribed pain medication, **DO NOT** drink alcoholic beverages or operate motor vehicles. Pain medicine **CANNOT BE CALLED IN** after hours or on weekends, so

anticipate if it looks like you may run out! All pain medicines can be constipating. After you are back on a more normal diet, eat fruits or drink fruit juices. You may take a mild laxative (such as Correctol or Milk of Magnesia) if necessary. If you have a tendency towards constipation, consider taking a laxative the day before your surgery. Absolutely DO NOT take Aspirin, Motrin, Advil, etc.

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**TAMPON USE DURING SURGERY:** We advise our patients who are menstruating around the time of their surgery to use sanitary napkins rather than tampons, to avoid Toxic Shock Syndrome. We do **NOT** want you to wear a tampon to surgery, as it may be left in place for an extended period of time. Remember that while you are taking medication you may forget to change your tampons in a timely manner. Therefore, we ask that if you are menstruating, that you use a sanitary napkin.

**FUTURE PROCEDURES:** All surgical inpatient and outpatient surgery including dental procedures: you must notify your surgeon or dentist that you have implants and it is up to her or him to prescribe antibiotics. It is recommended that you take antibiotics such as Augmentin starting the day before the procedure and continuing for at least 2 days thereafter.

**PROBLEMS:** If you have any problems or questions following surgery, please call our office at **(361) 881-9999**. We will be glad to answer any questions over the phone during the daytime from 9:00-5:00, or if the need arises to see you at anytime. When the office is closed, a voice mail system will relay your message and your call will be returned shortly. Please be sure to leave your name and a telephone number where you can be reached (make sure you speak with a loud and clear voice and that you keep your telephone line free).

**NOTE:** It is normal to hear or feel sensation of swishing, gurgling, or crackling in the breast area after surgery. This is due to the air around the implant. Your body will absorb this air in 1-2 weeks and the sensation will go away. You may also feel movement within the implant at first but this also subsides over a few weeks.

**WATCH CLOSELY FOR POTENTIAL PROBLEMS AND CALL THE OFFICE IMMEDIATELY AT (361) 881-9999 IF ANY OF THE FOLLOWING OCCUR:**

1. Marked swelling on one side or the other. This is something that would be VERY NOTICEABLE even with the bra in place. This could be a sign of bleeding in the area of your surgery.
2. Signs of infection. This usually takes 3 to 5 days and shows up by becoming more painful instead of less painful; red; swollen; purulent drainage from the wound; red streaks; fever of 101 degrees or more.
3. **Proceed to the nearest Hospital Emergency room and call Dr. Gentile if any of these symptoms occur, which may be indicative of Pulmonary Embolism:**  
(1) difficulty breathing, shortness of breath and/or fast breathing, (2) light-headedness, fainting, (3) fast pulse rate, (4) redness and/or swelling of your lower legs and/or ankles, (5) pain in the calf area of one or both of your lower legs not caused by trauma.
4. Any other symptoms which you feel are abnormal.

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**I have received the product insert for my breast implants. (Initials) \_\_\_\_\_**

**I HAVE READ, UNDERSTOOD AND AGREE TO FOLLOW THE 3 PAGE POSTOPERATIVE INSTRUCTION SHEETS, WHICH I HAVE RECEIVED.**

\_\_\_\_\_  
PATIENT SIGNATURE                      DATE

Witness

Date

**AUGMENTATION MAMMOPLASTY COMPLICATIONS CONSENT**

**I certify that I have read and understand the foregoing consents and the additional and distinct Patient Agreement and Informed Consent forms (signed by me separately). They have been explained to me. I fully understand the proceedings and consent for this procedure. The possible complications and unfavorable results have been made clear to me, including, but not limited to the following:**

Date

- A. Infection, postoperative bleeding or hematoma, requiring additional surgery or incisions. Blood loss can be so extensive as to require replacements with blood or blood substitutes and may necessitate hospitalization. \_\_\_\_\_
- B. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the result of the operation or procedures. \_\_\_\_\_
- C. Bruising, swelling and discoloration which may last for weeks. \_\_\_\_\_
- D. Worsen of the Asymmetry. There is no guarantee that the breasts will be symmetrical postoperatively and one side will be higher. \_\_\_\_\_
- E. Excessive capsular formation resulting in firm breasts. \_\_\_\_\_
- F. Risks of the use of silicone have been explained and I have been provided with an information sheet from the manufacturer. \_\_\_\_\_
- G. Postoperative pain and discomfort usually controlled by analgesics, but may be prolonged and extensive and chronic. \_\_\_\_\_
- H. The effect of an augmentation mammoplasty on ptosis is not predictable. The breast tissue and the nipple may be sagging with the implants appearing in a higher/superior location \_\_\_\_\_
- I. Discoloration. Hypertrophic scar formation or keloid. \_\_\_\_\_
- J. Possible changes in sensation in the skin of the breasts. \_\_\_\_\_
- K. Need of additional surgery. \_\_\_\_\_
- L. I have stopped smoking completely for 6 weeks prior to surgery and agree to continue to stop smoking for the next 6 weeks (including avoiding 2<sup>nd</sup> hand smoke). \_\_\_\_\_
- M. I have chosen approximately \_\_\_\_\_cc volume with the understanding the implant may be filled with 30cc more or 30cc less than the cc amount that I have chosen.
- N. I agree to keep Dr. Gentile informed to any change of address so that he can notify me of any late findings and I agree to cooperate with Dr. Gentile in my care after surgery until completely discharged. \_\_\_\_\_

I am not allergic to anything except \_\_\_\_\_

I have initialed the complications sheet and signed the Patient Agreement and Operative Informed-Consent forms. I have read these and fully understand them. Furthermore, I state that I have complied with the written preoperative instructions.

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

