

## REDUCTION MAMMOPLASTY AND MASTOPEXY INSTRUCTIONS

### BEFORE SUGERY

#### PRELIMINARY

- 1. NO ASPIRIN OR MEDICINES CONTAINING ASPIRIN FOR 2 WEEKS BEFORE SURGERY, BECAUSE IT INTERFERES WITH NORMAL BLOOD CLOTTING.** If needed, use Tylenol instead, (i.e. **NO** Alka-Seltzer, Anacin, Ascription, BC, Bufferin, Cope, Coricidin, Darvon Compound, Fiorinal, Dristan, Empirin, Midol, Sine-aid, Sine-Off, Percodan, Stendin, Triaminicin, Vanquish, Motrin, Nuprin, Advil, Naprosyn, etc. If in doubt, ask us.) No Vitamin E in mega doses for 2 weeks prior to surgery. Also avoid fish oil pills in large does for 2 weeks prior to surgery. Ask if you have any doubts.
2. You may purchase a comfortable stretch bra, one with a front clasp and without an underwire. One will be provided to you the day of surgery.
3. If you smoke cigarettes, we would like to you to quit altogether, However, it is at least imperative for your operation that you stop smoking 2 weeks prior to surgery and for two weeks after surgery. This will promote wound healing and help prevent problems related to the vasculitis caused by the nicotine in the cigarettes. Do not use Nicoderm patches or Nicoderm gum as a therapy to help you quit. It uses the same nicotine which is in cigarettes. If you find this very difficult to do on your own, please let us know and we can get you into a medical program to help you quit.
4. Report any signs of a cold, infection, boils or pustules appearing 3 weeks before surgery.
5. Arrange for someone to drive you to your home or hotel after surgery.

#### DAY OF SURGERY

1. Do not take medication of any kind unless instructed by your doctor.
2. Nothing to eat or drink after midnight before surgery. If your surgery is scheduled later in the day, we will advise you about eating (generally nothing to eat 6 hours before surgery).
3. Leave all valuables at home – this includes money, jewelry, handbags and watches.
4. Wear comfortable clothes, loose fitting clothes which do not have to be put on over your head. No pantyhose please.

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5. You must have someone to drive for you after surgery. On arrival to the office, give the front desk your driver's name and phone number as well as the address and phone number you will be the night after surgery.
6. You must have someone spend the first day with you. Additional instructions and prescriptions can be given to the person calling for you. Such prescriptions should be filled promptly.
7. Shower with an anti-bacterial soap.
8. If you have questions before surgery, please call our office.

## **AFTER SURGERY**

1. Take medications according to the instructions on the bottle. If pain medications make you feel drowsy, have someone else give you your medicines according to the proper time intervals. Under such circumstances, you could forget and take them too often.
2. Do not self-medicate with your own painkillers, sleeping pills, muscle relaxants or narcotics. Only take those medications prescribed by your treating physician after surgery. Self-medicating could lead to drug toxicity or death.
3. Rest and relax the first few days after surgery. You may sit or lie on your back on either side. You may get up for the bathroom and for meals. There should be no housework for the first three full days. It is important to be cool and calm. Avoid overheating, lifting of small children, and arm movements during this period to eliminate the possibility of accidental injury and bruising. You may raise your arms above the shoulders as needed in the first three days. Sponge bathing is recommended for the first three days. Passive sexual activity may be resumed on the second day but no vigorous activity for at least 3 weeks.
4. You may shower or bathe four days after surgery. Otherwise, the bra is to be worn day and night for three weeks, and most of the time for the next three months. It is alright to remove it periodically for a breather, but it is important to realize that the breasts should remain as still as possible to maximize the healing effort.
5. **YOU CAN EXPECT:**
  - a) Moderate discomfort over 3 to 4 days-use pain medication.
  - b) Moderate swelling and occasional bruising
  - c) Slight tenderness can persist for weeks to months
  - d) Initial firmness of the breast (mostly due to swelling) which will subside and feel and look more normal over the next few weeks.
  - e) Scars can take several weeks or months to soften and fade.
6. **CALL (760) 837-0364 IF YOU HAVE:**
  - a) Severe pain not responding to medication.
  - b) Marked swelling, or obviously more swelling on one side than the other.
  - c) If any other questions or problem arises.

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7. Avoid prolonged exposure to sun and heat for 3 weeks. Though you may return to work as soon as 3 to 4 days after surgery and your normal daily functions are not limited, avoid vigorous physical activity (ex: jogging, tennis, swimming, aerobics, etc.) for three weeks. After the first week, some light stretching exercises are permitted. At the end of the second week a light work out on a stationary bike may be permitted, but do not get overheated and avoid motion of the breasts.
8. Sutures are generally removed on the 7<sup>th</sup> to 10<sup>th</sup> day after surgery.
9. Office visits will be determined by your doctor according to your needs.

## **UNDERSTANDING YOUR SURGERY**

We all come in different size and shapes. Certainly, that is one of the fun aspects of appearance. Unfortunately, our shapes are not always the way we want them to be. This is especially true with breasts. Whether it is from development or changes associated with pregnancy or aging, it is not unusual to have excessively large drooping breast. If it bother you physically (e.g. back or shoulder pain) or psychologically then correction surgically is an option. Traditionally, the nipple/areolar complex is relocated higher on the breast skin, while a section of breast skin and a various amount of breast tissue is removed to achieve reduction. The resulting scar is around the nipple, then vertically down from the nipple to breast fold and finally along the fold under the breast (e.g. an inverted T scar). Regardless of the technique used, we prefer to place steri-strips over the wound on a weekly basis for 2 weeks to minimize the tension over the wound. This should help the wounds heal with minimal scar formation. In any case, scars which start out being red and thick can thin out and lighten over a period of 6 months to one year.

Generally, there is little change in breast sensation or function. The procedure performed maintains the nipple over the central core of breast tissue. There can be some numbness or loss of sensation however. It is usually transient and comes back to normal within weeks to months.

In spite of the possible negative sequelae, the patients are quite pleased with the results of breast lift or reduction.

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