

POST-OPERATIVE INSTRUCTIONS

ACTIVITY

1. You will need to rest frequently for the first week; however, you may walk around the house to the extent that your body can tolerate.
2. When sleeping, make sure you sleep with 2 pillows under your head/shoulders. You DO NOT need to sleep in a seated position.
3. Practice breathing every 2-3 hours, taking deep breaths to expand your lungs.
4. No exaggerated arm movements:
 - Do not raise your arm(s) overhead
 - Do not reach for anything out of reach
 - Limit your arm movements for 1 week after surgery
5. Avoid any strenuous activities that might raise your heart rate. Do not lift anything heavier than 5lbs for 1 week.
6. Do not exercise until you are instructed to do so. Most patients are able to return to their normal exercise routine 6 weeks after surgery. It is mandatory to build your strength up slowly.
7. You may not drive for the first week or while taking your prescribed pain medication.
8. AVOID SMOKING (including e-cigarettes/vaporizers, nicotine patches, and secondhand smoke) for 2 weeks, at minimum. Nicotine affects your immune system and will interfere with the healing process. (including but not limited to nipple loss)

DIET

1. Eat light meals with clear fluids for the first 24 hours.
2. If you are nauseous, stick to a bland diet until the nausea subsides. You may take your Promethazine.
3. Pain medication must be taken with food. Do not take your pain medication without having something to eat, as it can cause nausea and vomiting.
4. The pain medication can cause constipation; therefore, it is important that you drink plenty of fluids. You may take an over-the-counter stool softener the day after surgery, such as Senekot or Dulcolax. If you do not have a bowel movement after several days, then you may take a laxative.

DRESSINGS

1. You will have a compression vest over your dressings. Do not remove the vest. The doctor will take the garment off at your first post-op appointment.
2. You will have two Jackson Pratt drains, which will stay in for AT LEAST 7 days.
3. Drain care instructions are as follows:
 - a. The amount of drainage needs to be recorded starting on POST-OP DAY2. Do not be alarmed if your drains are not producing very much fluid, as this is normal.
 - b. You will empty the drains a few times a day during the first 2 days. Then follow drain schedule provided by nurse. The drainage will start out bloody, and then lighten to pink, then a pinkish-clear yellow color: this is normal.

NOTE: The suction on the drainage bulb works best when bulb is empty.

- c. To read the amount of drainage, open the bulb and look at its side. The numbers on the empty side are in CC's. Write the date, time, and amount down.
 - d. The drainage may be red; regardless, dispose of the drainage by dumping it down the toilet/drain – do not save it.
 - e. Compress the bulb by making a fist until your fingers touch your palm, then recap the bulb. This process creates the suction necessary for draining.
 - f. This is a sterile, closed drainage system – DO NOT RINSE OUT TUBE OR BULB WITH ANYTHING.
 - g. The tubing may need to be stripped. This should be done as necessary to keep the tube unclogged.
 - 1) Hold the tube securely at the insertion site using two fingers from the same hand.
 - 2) Take your two fingers from the other hand, and squeeze the tube gently together while pulling down on the tube toward the bulb. MAKE SURE YOU DO NOT PULL VIGOROUSLY, AS YOU WILL RISK PULLING OUT THE TUBE.
4. It is normal to see dried bloody drainage on the bandage; however, you should call if blood is soaking through the bandages.
 5. YOU MAY NOT SHOWER UNTIL DRAINS ARE REMOVED – sponge bathe only! It is very important to keep your bandages on and dry. You may shower the day after your drains are removed. Do not face the shower jets, as this may damage

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the nipple grafts. Face your back toward the shower, allowing the water to run over the front of your chest. **DO NOT** scrub your nipple grafts. When getting out of the shower, pat yourself dry with a clean towel, then immediately place new dressings on the nipple grafts as described below.

6. After 2-3 weeks, you may see small pimple-like blisters appearing along your incision site. These are sutures that haven't dissolved yet. If the suture material is poking through your skin, you may take a pair of tweezers and pull the suture material—looks similar to fishing line—as far as you can, then snip the suture at the skin's edge so that the body will reabsorb the material. Repeat as necessary. If the suture material pulls out all the way, that is okay.
7. Expect your nipple grafts to bleed and peel for a few weeks. Before the scabs fall off, allow nipple grafts to air out, as a dry wound heals faster than a wet wound. After the scabs fall off, apply a thin layer of Neosporin to each nipple and cover with gauze or a large non-adhesive bandage (such as Telfa). This should be done at least once a day after showering/cleaning the area. If the centers of the nipples look like a hole, do not be alarmed and continue with the dressing. It is not unusual for the center of the nipple to take the longest to heal. Follow the instructions on wound care, as directed by Dr. Fischer, until they are healed completely.
8. It is normal to have swelling for 6-9 months after surgery. Most signs of puffiness of the central chest will disappear after the swelling has completely dissipated. Only contact us regarding this if it is still present several months after surgery, as it can take time for you to grow accustomed to your new chest.

MEDICATION

1. The pain medication is a narcotic, and should be taken as prescribed. Do not take Tylenol while on the pain medication, as the medicine we have prescribed already has Tylenol in it.
2. Do not drink alcoholic beverages or drive a car while under the influence of the pain medication.
3. The pain medication **MUST** be taken with food at each dose, as it can cause nausea.
4. You may not take Ibuprofen or Vitamin E for at least 48 hours after your surgery.
5. If you are taking Testosterone, you can resume your dosage 48 hours after your operation.
6. If you are on Aspirin or Coumadin, check with your primary care physician to see when it is safe to resume the medication.
7. You can resume your other regular medication(s) after surgery.

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CALL THE OFFICE IF YOU HAVE:

1. A temperature greater than 101 degrees.
2. Excessive bright red bleeding on the dressings/vest or from the drainage tubes.
3. Excessive bloody drainage from the drains (drains filling completely with blood, then filling up again shortly after); especially if happening for several hours.
4. Swelling of one side of chest, that feels twice as big as the other side. This may be a sign of bleeding.
5. If you have persistent vomiting, leave a pharmacy number, so that a prescription can be called in for you.
6. If you have any additional questions regarding your care.

IF YOU HAVE A LIFE THREATENING EMERGENCY, CALL 911 AND GO TO THE NEAREST EMERGENCY ROOM!

By signing this document, I affirm that these post-operative instructions have been explained to me and that I have read and understand the instructions outlined in this document.

PATIENT SIGNATURE

DATE

WITNESS