

Post-Surgery Instructions

BREAST IMPLANT REMOVAL AND REPLACEMENT WITH SALINE IMPLANTS

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.

NORMAL POST-OPERATIVE SYMPTOMS

Typical symptoms of breast surgery; and signs to watch for following breast implant removal and replacement with saline filled implants include the following:

- Tightness in the chest region and stiffness: Tingling, burning, or intermittent shooting pain. These are normal experiences as the skin, muscles, and tissue stretch to accommodate your implants, and as 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 breasts 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. Although no two breasts are perfectly symmetrical in nature or following surgery, breast massage and
 time will produce breasts that are similar in shape, position, and size.
- A sloshing sound or sensation: This is not the result of your saline implant filler, but rather of air that is trapped in the implant pocket and fluid that may naturally accumulate. This is perfectly normal and will resolve within 2-4 weeks.

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 rehealth and support you, around the clock dur	esponsible adult. All of these instructions musting the first 24 hours following surgery.	st be clear to the adult who will monitor your				
	Rest, but not bed rest . While rest is important in the early stages of healing, equally important is that you are ambulatory, meaning that you are walking under your own strength. Spend 10 minutes every 2 hours engaged in light walking indoors as you recover.					
Recline with your head and chest	slightly elevated above your lower body.					
	following surgery. Stick to non-carbonated, no water, milk and yogurt drinks. You must cons d for the first 24 hours.					
Take all medication, exactly as p Oral pain medication, antibiotics and other m	rescribed: If you have a pain pump, follow the edications you must take include:	e instructions specifically for your pain pump.				
Antibiotic	mg	x per day				
Pain Medication	mg	x per day				
Muscle Relaxant	mg	x per day				
Oth / O I /						
Other / Supplements						
dressings clean and dry. Warm wa alcohol and hydrogen peroxide. steri-strips, and then apply a gauze care and record drained fluid on theWear a support bra or your surginat all times.	ter and soap (preferably Dove or Ivory) is app Do not remove any steri-strips over your stite pad. If you have a drain placed in your incision Drain Care Instructions and Log. Tical garment around the clock. Follow the incitive when and as defined. It may be very uncerture	ropriate for cleansing incisions. Avoid using ches. Apply anti-bacterial ointment over the ons, carefully follow the instructions for drain astructions specifically and wear this garment				
	atly impair your safety prior to surgery and you	ur ability to heal following surgery. You must				
Relax. Do not engage in any stres paperback book. Take care of no o	sful activities. Do not lift your hands over youne, and let others tend to you.	ur head. Do not lift anything heavier than a				

TWO (2) TO SEVEN (7) DAYS FOLLOWING SURGERY

During this time you will progress with each day that p	asses. 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 relaxants only as needed. You may wish to switch from prescription pain medication to acetaminophen or ibuprofen.
- 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
- Maintain a healthy diet. Do not smoke. Do not consume alcohol.

ONE (1) TO FOUR (4) WEEKS FOLLOWING SURGERY

As you resume your normal daily activities, you must continue proper care and healing.

- Continue your breast massage and 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 6 weeks. You may sleen without a bra: however a camisole with built-in shelf support can be
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 You may sleep flat. However do not sleep on your stomach. If you are a side sleeper, a soft pillow under 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 the chest area at least 30 minutes prior to sun exposure. Your chest region and breast skin are highly su or the formation or irregular, darkened pigmentation. 			
Follow-	p as directed. Your second post-operative visit is scheduled for:		

SIX (6) 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.
- Continue your breast massage. This is essential for as long as you plan to have breast implants.
- 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

- Continue your breast massage, and 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.
- If your breasts begin to develop an unusually hard feeling, or a highly rounded "squeezed" appearance, call us as soon as possible. Early treatment is the best solution to capsular contracture. Breast massage is the most important form of early intervention.

Remember, breast implants are not lifetime devices.

If your implants should rupture, or you suspect an implant is leaking, call our office as soon as possible. There is no risk to your health from the saline within the implant; it will safely be absorbed and naturally expelled by your body. However, until you are able to have the implant replaced you should perform daily breast massage to keep the implant free and loose in the implant pocket.

Your body will change with age. The appearance of your breasts will change too. You may wish to have your implants replaced or to undergo revision surgery again in the future to help maintain your appearance throughout life. Contact our office with any of your questions or concerns, at any time.

In addition, you should discuss antibiotic options with our office if you plan on having any extensive dental work or any invasive procedure at any time that you have implants in your body.

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:	