

# Post-Surgery Instructions BREAST IMPLANT REMOVAL

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 silicone filled implants include the following:

- Stiffness, swelling and bruising in the chest region These are normal experiences as the skin, muscles and tissue 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.
- A mild to severe itchy feeling of the breasts is possible as healing progresses. 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.
- A disfigured, sagging breast. This is normal, and can only be corrected following implant removal with revision surgery. Your breast tissues have stretched to accommodate your prior implant. Breast tissues do not have the elasticity to conform to your prior breast size and shape. Wearing compression and your post surgical bra can help, but cannot completely resolve any sagging or disfigurement.
- 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. No two breasts in nature or following surgery are perfectly symmetrical, nor will they be following
  removal of a breast implants in one or both breasts.
- A sloshing sound or sensation. Following surgery air can become trapped in the prior implant pocket and fluid 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.
- 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

esponsible adult. All of these instructions must the first 24 hours following surgery.	st be clear to the adult who will monitor your
st is important in the early stages of healing, ear your own strength. Spend 10 minutes every	
t slightly elevated above your lower body.	
following surgery. Stick to non-carbonated, no d water, milk and yogurt drinks. You must cons d for the first 24 hours.	•
rescribed: If you have a pain pump, follow the dother medications you must take include:	e instructions specifically for your pain pump.
mg	x per day
mg	x per day
mg	x per day
Your incisions will seep fluid and some blood fater and soap (preferably Dove or Ivory) is approposed not remove any steri-strips over your stitches a pad. If you have a drain placed in your incision a Drain Care Instructions and Log.	ropriate for cleansing incisions. <b>Avoid using</b> s. Apply anti-bacterial ointment over the ns, carefully follow the instructions for drain
atly impair your safety prior to surgery and you	ur ability to heal following surgery. You must
esful activities. Do not lift your hands over your none, and let others tend to you.	our head. Do not lift anything heavier than a
	the first 24 hours following surgery.  It is important in the early stages of healing, or your own strength. Spend 10 minutes every the slightly elevated above your lower body.  If water, milk and yogurt drinks. You must consider for the first 24 hours.  If you have a pain pump, follow the dother medications you must take include:  If you have a pain pump, follow the first and soap (preferably Dove or Ivory) is approported to not remove any steri-strips over your stitches a pad. If you have a drain placed in your incisions are Drain Care Instructions and Log.  It is preserved to the proposed to

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

or return to work at your post appretive visit or within	into your daily activities. You will receive clearance to begin driving days.
Your post-operative visit is scheduled for:	
Continue to cleanse wounds as directed: you may sh	ower. 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 prescriptive 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 wound care as directed.
- Ease into your fitness routine. 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 and you may need to replace it. You may sleep without a bra, however a camisole with built-in shelf support can be comfortable and provides added support as you continue to heal.
- You may sleep flat. However do not sleep on your stomach. If you are a side sleeper, a soft pillow under your mid-back and
- to ( rn

•	Practice good sun the chest area at lea	protection. Do not e	sun exposure. Your o	direct sunlight. If you a	re outdoors, apply at lea t skin are highly suscept	
Follow	-up as directed. You	r second post-opera	itive visit is scheduled	d 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 previous strength.
- **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 8 weeks (2 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

- 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.

Your body will change with age. The appearance of your breasts will change too. You may wish to have your undergo revision surgery in the future to improve the appearance and symmetry of your breasts. Contact our office with any of your questions or concerns, at any time.

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:	