

Post-Operative Discharge Instructions
Free-Nipple Breast Reduction

Diet:

Resume your regular diet. Start slow and bland (crackers, toast), then work up to normal foods.

A higher protein intake is recommended to help your body heal. Consider adding protein bars, powder, or shakes to your daily intake.

It is important to drink plenty of fluids so that you do not become dehydrated.

Wound Care:

You have dissolvable sutures under your skin and medical skin glue or tapes on top. Leave this in place until it falls off on its own. This usually takes 3-4 weeks.

You have a yellow "bolster" dressing sewn in place over your grafted nipples. This helps the nipple heal to the breast and grow a new blood supply. If there is fluid build-up or motion at the nipple graft site, the nipple may be compromised and fail.

Keep the nipple dressings clean and dry. Do NOT allow water to run over this site until cleared at follow-up. Sponge bathe around the area. Alternatively you can place Glad® Press'N Seal® over the nipple bolsters to keep water out and let the shower water hit your backside.

Keep a pad over the nipple and incision sites at all times to prevent rubbing from bra

It is okay to remove the surgical bra and take a quick shower in 48 hours as long as **no water gets on your breasts/nipples** as above. After your shower pat areas dry, reapply pads over your incisions and nipples, and replace your surgical bra.

If you had liposuction on the outer chest or armpit area, replace the foam cut outs inside the bra. This will help decrease swelling in these areas and get the skin to retract more quickly. Try and flatten the outer chest wall skin by pulling the breast to the midline to limit any skin folds prior to placing the foam on the area.

It is okay to temporarily remove your surgical bra and wash it.

Anticipate no underwire bra use for 6 weeks.

Do NOT smoke or use tobacco products. It WILL impair your healing and increase your complications, including death of your nipple(s).

Drain Care (if present):

Empty all drains at least daily, and/or when the bulb gets half full (50mL). Initially you may need to do this several times per day, but it will lessen as your body begins to heal.

Have someone help you with this.

Note how much fluid is in the drain bulb prior to emptying. Record these drain outputs each time (recommend using log sheet provided). Bring recording of daily totals to your follow-up office visit.

To begin, wash your hands with soap and water

Use one hand to hold the tubing tightly near your body (to prevent pulling out the tube). Put a small drop of water or soap on the thumb & index finger of your other hand, pinch the tubing and squeeze the fluid through the tubing toward the bulb.

Open drain bulb cap, record volume, and pour out drainage into a clean measuring cup.

Flush drainage down toilet.

Squeeze the bulb tight and replace the cap to restart suction.

Secure the bulb(s) to clothing, bra, or binder so there is no tugging on the drain tubing.

Anticipate the color to slowly change from a deep red, to a lighter pink/red, and finally a yellowish watery color. It is normal for several large pieces of bloody clot to make their way through the tubing throughout your drain course.

- If drainage becomes heavy (more than 200mL per drain in one day) or has redness or swelling at the incision or drain site(s), notify your surgeon's office as soon as possible. If one breast suddenly becomes much larger than the other notify your surgeon at once.

Activity:

Make sure you get out of bed and take frequent, short walks around the house. This will help you be less sore, and help prevent blood clots from forming in your legs.

Flex and point your toes (step on the gas) 100 times per day. This muscular pumping action of your calves will also help prevent blood clots from forming in your legs.

No strenuous activity or straining until cleared by at follow-up. Usually you can resume light jogging 3 weeks after surgery, and return to full exercise activities 4-6 weeks after your surgery. Wait for clearance prior to progressing.

Do not lift anything heavier than 5 pounds (a half gallon of milk).

It is okay to lift your arms up to parallel with the floor and in front of your body. This will not pull or tug on the surgical site much. However, avoid lifting your arms up higher than parallel with the floor, or reaching too far as this will cause too much motion at the surgical site and increase fluid accumulation. Continue this restriction while drains in place (if present). Usually your surgeon will progress your arm motion 1 week after your drains are removed.

No pushing or pulling (vacuuming, ironing, wiping counter type motions) until cleared at follow up

Avoid activities that may risk injury to your surgical site.

No driving while taking narcotic pain medications.

Do not sleep on your stomach or press anything against your chest (such as holding a small child) for 2 to 4 weeks.

Medications: See Patient Visit Summary for list of medications. Do not take pain medications on an empty stomach as this may increase nausea. Avoid Aspirin and NSAIDs (motrin, advil, ibuprofen, aleve) for the first week after surgery as these can increase the risk of bleeding and bruising. It is usually okay to resume these after cleared at your first week follow-up.

Pain medication: You may be prescribed Percocet or Norco for postoperative pain unless allergic or intolerant.

Antibiotic: You will likely have an antibiotic to take for the first week after surgery.

If you are taking narcotic pain medications you may experience some constipation. Drink plenty of water and eat plenty of fiber in your diet. Consider a fiber supplement such as Metamucil®, FiberCon®, or Citrucel®. It is okay to take over the counter stool softeners once or twice daily such as Docusate or Colace® found at your local drug store. It is also okay and recommended to take MiraLAX® to help relieve postop constipation for the first 1-2 weeks until you feel regular again. Milk of Magnesia and Magnesium Citrate are additional over the counter items that can help with temporary constipation

Follow up: Your surgeon in 7-10 days. Call office for specific appointment date and time if you do not already have one.

Office contact number: 314-501-9100

Other Instructions:

Should you experience any of these symptoms call the office:

- Fever of 102 degrees Fahrenheit or greater
- Persistent pain, nausea, or vomiting.
- Persistent bleeding.
- Shortness of breath.
- Significant redness or drainage from your incision.
- Significant leg swelling or calf pain
- Any other questions or concerns.

During business hours (9am – 4:30pm) call:

Chesterfield Plastic Surgery Office: 314-501-9100

On nights or weekends call:

Hospital exchange: 866-830-0636

Note:

It is normal to have some discoloration and even shedding or scabbing of some of the nipple skin in your first few weeks of recovery. Be patient, and follow new wound care instructions after your first postop office visit.

It is normal to have some swelling and asymmetries in your breasts in your initial recovery period. Your breasts may look or feel different from one another. Remember, no two breasts are perfectly symmetrical in nature nor following surgery.

General Postsurgical Instructions

You may expect to feel dizzy, weak, and drowsy for as long as 24 hours after receiving the medicine that made you sleep (*anesthetic*). The following information pertains to your recovery period for the first 24 hours following surgery.

Do not drive a car, ride a bicycle, participate in physical activities, or take public transportation until you are done taking narcotic pain medicines or as directed by your caregiver.

Do not drink alcohol or take tranquilizers.

Do not take medicine that has not been prescribed by your caregiver.

Do not sign important papers or make important decisions while on narcotic pain medicines. Have a responsible person with you.