

Postoperative Instructions – Breast Implant Removal

Postop Assistance – You are required to have a Responsible Adult with you for the first night at home. Do not walk unaccompanied if you feel faint.

Food & Drink – Eat a light meal when you get home (like soup and a drink) then gradually return to a full diet. Eating a large meal might cause nausea & vomiting.

Medications

- You will be advised about medication use by Dr. Andrade and his staff, then the nurse in the Postop Recovery Room will review all of these medications and their dosing schedule with you and your Responsible Adult. Most medications can be restarted the day after your surgery but some medications (anxiety or sleep medications, antidepressants, etc.) might interact with the pain medications you were prescribed, and cause excessive sedation or respiratory depression.
- All narcotic pain medications cause constipation and/or nausea. We recommend purchasing over-the-counter (OTC) medications like Senokot for constipation and Gravol for nausea, but you may substitute other OTC meds if desired. If you do not have a bowel movement within 3 days postop you will need to use an OTC rectal suppository.

Alcohol & Recreational Drugs – These can interfere with your prescription narcotic pain medications, leading to excessive sedation. Do not drink alcohol or use recreational drugs while taking your prescribed medications.

Driving – Do not drive a vehicle or perform other tasks that require skill or judgement for at least 24 hours after surgery, while taking narcotic medication, or if you are having pain and do not feel you can concentrate.

Sleep – Avoid sleeping face down (with direct pressure on the breasts) for 6 weeks postoperatively. The majority of patients sleep face up, but if you are unable to sleep this way it is fine to sleep on your side, while minimizing pressure on the breasts.

Wound Care – After surgery you will either be wearing a snug bra or wrapped in a tensor bandage, to provide adequate chest compression. There will be a dressing on the wound, and under the dressing there will be a small tape (Steri-strip) affixed to the incision. Keep everything intact for at least 48 hours after surgery (up to 5 days if you prefer), then you may remove all layers except the Steri-strip before showering. After your chest is dry you can reapply the bra or tensor bandage directly over top of the Steri-strip. Remove the Steri-strip after about 2 weeks, or sooner if it is not fully adherent.

Showering – As mentioned above, you may shower as early as 2 days after surgery if you wish, but first remove all dressings except for the Steri-strip. Never soak in a bathtub, hot tub, or swimming pool for at least several weeks, until your incisions are fully healed with no drainage or scabs.

Ice Packs – You may apply cool packs to the chest area to help reduce swelling and discomfort if you wish. Apply and remove every 20 minutes to avoid frostbite.

Surgical Bra – A snug-fitting bra (or tensor bandage) must be worn much of the time for 6 weeks to provide chest compression. This will help to close the space previously occupied by the breast implant, and decrease the risk of fluid accumulation (seroma) in the space.

Activity & Exercise – It is ok to do all light activities of daily living right after surgery, such as personal care, making meals, and brief walks. You may occasionally reach overhead but avoid repetitive tasks above the shoulder, rigorous exercise, or direct pressure to the breasts for 6 weeks after surgery.

Sexual Intercourse – You may resume sexual intercourse when it is comfortable to do so, but avoid direct pressure to the breasts for 6 weeks. The surgical incision must be kept clean and never touched with unwashed hands until it is fully healed (typically at least 2-3 weeks).

Scar Care – We provide a sample of scar gel to start you off with a good scar treatment protocol. At around 2-3 weeks postop, once the Steri-Strips have been removed from the incision, you can apply scar gel daily and gently massage it in. Some patients prefer to purchase and use their own silicone strips, which are a good alternative.

Sun Tanning – Avoid direct exposure to the scar for at least 6 months by wearing a garment or applying high SPF sun tan lotion.

Monitoring for Complications

- A very uncommon complication that can occur after surgery is a blood clot in the leg called deep vein thrombosis (**DVT**) that can dislodge and go to the lungs. This clot (pulmonary embolism) can lead to a serious breathing problem. If you develop one-sided calf pain and swelling, chest pain when taking a deep breath, or shortness of breath you should go to the emergency department for assessment. Note that some chest/breast pressure, tightness and pain are expected after breast lift surgery but this typically improves within several days after surgery.
- Contact us or go to the ER if one breast becomes much more painful and swollen than the other (possible hematoma or seroma), or if you have signs of infection like breast redness, increasing tenderness, thick yellow wound discharge, or fever.
- Inform our office if you require treatment at a hospital emergency department for any reason within 10 days after surgery.

Frequently-Asked Questions:

When will the swelling go down? – Most swelling resolves by about 6 weeks, but it can take months to completely disappear.

My incisions have some puckering and pleats, is that expected? – In the early stages of healing it is common to see irregularity along the incisions. These should disappear as the wound heals and the internal dissolving sutures gradually resorb.

When can I return to work? – Please discuss your exact job with Dr. Andrade so he can make specific recommendations. Most patients return to light work (like a desk job) within 1 week. For jobs that involve lifting greater than 20 pounds (roughly 10kg) or that require a lot of reaching or overhead work, we recommend modified duties for 6 weeks.

Is breast implant removal painful? – Most patients find that the pain after this procedure is well-controlled with the medications that are prescribed. Often only non-narcotic medications like Tylenol (acetaminophen) or Celebrex (celecoxib) are required, but every patient is given a prescription for a narcotic such as Dilaudid (hydromorphone). It is not uncommon to get occasional, very brief pain sensations for several months postoperatively.