

## **Postoperative Instructions – Breast Lift**

**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 narcotics cause constipation and/or nausea. We recommend taking over-the-counter (OTC) medications like Senokot for constipation and Gravol for nausea, but you may substitute other medications you find to be effective. 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 and Monitoring**

- Keep your postoperative breast dressing intact for at least 48 hours after surgery, or up to 5 days provided it is clean and dry.
- Remove the outer dressings before you shower. When you remove the outer dressing, you will notice small tapes (Steri-Strips) adherent to the incisions. You can leave these tapes alone when you shower, as they can get wet. Typically the tapes are removed after about 2 weeks, but any tapes that become loose can be gently removed or trimmed with sanitized scissors.
- You will be supplied with additional sterile dressings. After you remove the initial surgical dressing, if the wounds are still draining or if you simply want a layer padding for comfort, you can reapply another clean dressing. Often people will wear a dressing for the first 5-7 days.
- Your Responsible Adult should help you to check your breasts to monitor for signs of bleeding (excessive bruising or swelling), infection (redness, heat, tenderness, yellow wound discharge, fever). You do not need to remove the bra or dressings completely to do wound checks, but rather just undo the top bra clasps and partly fold down the dressing, so it can be reapplied easily. Always wash or

sanitize your hands before touching the dressings or wound area. Disposable gloves will also be supplied.

- The nipples need to be checked for normal blood supply. The areolae should have a similar colour as before the operation (every person's colour is different but ranges from pink to dark brown). Sometimes there can be bruising of the nipple-areola but if one is much darker than the other or loses sensation, it is important to contact Dr. Andrade to discuss.
- For the first 2 days postoperatively, you should check your breasts about every 6-8 hours. Afterward, if everything is healing normally, you can just do a wound check once daily.
- Call the office and ask to speak to one of our nurses if you have any questions about your dressings or wound care. You are always welcome to come to the clinic for a dressing change if you prefer.

**Showering** – As mentioned above, you may shower as early as 2 days after surgery if you wish. 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** – This can be worn much of the time for 4-6 weeks to provide some support and compression to help with swelling. If you find the bra uncomfortable, you can remove it for periods of time or use your own sports bra. Avoid underwire bras for 4-6 weeks as they can irritate your incision.

**Activity & Exercise** – It is ok to do all light activities of daily living right after surgery, such as personal care, making meals, etc. You may occasionally reach overhead but avoid repetitive tasks above the shoulder for at least 2-3 weeks. Avoid 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 if one breast becomes much more painful and swollen than the other (possible hematoma), 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 will I see the final result?*** – It takes 12 months or longer for your scars to mature and for the final breast contour to be apparent. Initially the scars might be pink-red and firm, the nipples might appear abnormally high, and the lower part of the breasts might look indented or flat, rather than having a normal curvature. If your scars are not fading and softening normally, or if they remain tender after several months, please book a follow-up appointment to assess for abnormal scar formation (called keloid or hypertrophic scarring)

***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 within 1.5-2 weeks. 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 lift surgery painful?*** – Most patients find that the pain after this procedure is well-controlled with the medications that are prescribed. Typically a narcotic pain medication like Dilaudid (hydromorphone) is only used for a few days, then non-narcotic medications like Tylenol (acetaminophen) or Celebrex (celecoxib) are all that are required. It is not uncommon to get occasional, very brief pain sensations for several months postoperatively. This may be due to nerve regeneration.