

PARK MEADOWS COSMETIC SURGERY

7430 East Park Meadows Drive, Suite 300 · Lone Tree, CO 80124
T: 303.706.1100 · TF: 800.844.2496 · F: 303.790.7322

Post-Operative and Home Care Instructions for Autologous Breast Reconstruction Surgery

DIET: Progress with a light diet. Smaller, more frequent meals will help prevent bloating.

WOUND CARE: A wire will be attached to each flap of post-operative monitoring while in the hospital. You will have a drain in the breast and both sides of the abdomen (DIEP Flap) or the Latissimus Site (Latissimus Flap). A drain kit with instructions and teaching by the nursing staff will be provided at the hospital. Empty and record (in "cc" amounts) the drainage amount once or twice per day after discharge from the hospital and bring your drain record with you to each clinic appointment.

All of your sutures will be under the skin. You will either have a layer of skin glue that resembles clear nail polish or steri-strips, similar to tape, on all of your incisions. Please do not remove the steri-strips. Your surgeon will remove the dressings, if needed.

PAIN & SWELLING: While in the hospital, your pain will be monitored very carefully. Pain medication will be prescribed to you to use as needed postoperatively. You will have a pain catheter in your abdomen to help with pain control. It uses a numbing medication, not a narcotic. It is often removed at home by the patient or family. If you leave the hospital with pain catheters in place, the nursing staff will teach you to remove them. Pain is best controlled with lower doses of multiple medications such as Tylenol, Celebrex and narcotics.

You can expect moderate swelling in the reconstructed breast, underarm and abdomen. You will have numbness in the reconstructed breast and abdomen for up to 12 months. You may experience tightness in the abdomen for the first 3 months – the abdominal binder will help support this donor site.

GARMENTS: You will have an abdominal binder around your waist to help support your abdominal donor site. Please wear this for 3 to 4 weeks. If desired, you may switch to a control-top garment (Spanx) for prolonged wear. Do not wear a compressive bra for the first 3 weeks. You may wear a light camisole for gentle support.

BATHING: You may shower and wash your hair 48 hours after surgery. Shower only for the first 30 days post-operative. Try to keep the shower directed at your back and not at your incision or dressing. It is okay if the dressing gets wet in the shower. Pat it dry after your shower. For the first 4-6 weeks after surgery, do not submerge in a bathtub, pool, or hot tub. Support your drains in the shower around your neck or waist.

MEDICATIONS: Take pain medication as needed for up to 4 weeks in moderation and at night if needed. While you are taking pain medicine, you are encouraged to follow a high fiber diet or take a stool softener such as Colace (available over the counter), as pain medications tend to cause constipation. Do not take Motrin/Ibuprofen or Aspirin products for 1 week after surgery. Ask your surgeon when you may resume your blood thinning medications. All other prescription medications may be resumed immediately, as discussed with your physician.

SLEEPING: During the first 2 weeks, place pillows under your head and knees. Sleeping in a recliner may be most comfortable to keep the upper body supported. After the first 2 weeks, sleeping on your side and back is permitted, but not on your stomach. After 4 weeks, resume normal and comfortable sleeping positions.

ACTIVITY: You may walk and climb stairs immediately following surgery, but avoid standing straight at the waist for 1 week. After 2 weeks you may resume moderate activity such as brisk walking. No sexual activity for 3 weeks. During the first 4 weeks, do not lift anything heavier than a gallon of milk (10 pounds). No heavy exercise for 4 weeks (tennis, yoga, pilates, jogging, aerobics, weights, etc.). After 6 weeks you may resume more strenuous aerobic work and lifting activities. No abdominal exercises for 8 (+) weeks.

DRIVING: No driving for 3 weeks after your procedure or longer if you are taking pain medicine.

SMOKING, ALCOHOL, AND CANNABIS: Do not smoke for the first several weeks after surgery as it impedes wound healing and can lead to serious wound complications. Smoking, Alcohol, and Cannabis consumption is dangerous while taking pain medicine. It has a tendency to worsen bleeding. If you use Cannabis/Marijuana, please discuss with your physician.

POST-OPERATIVE APPOINTMENT: Most patients stay in the hospital for 2 to 3 days post-operatively. Your first follow-up visit will be 1 week after surgery. Drains will be removed during one of the first few visits, depending on the output of fluids. Your surgeon will then see you at appropriate intervals after this to monitor your progress.

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PHYSICAL THERAPY: A prescription for physical therapy will be given to you at either your pre-operative appointment or your first post-operative appointment. Gentle range of motion exercises are encouraged during the first 2 weeks.

WORK AND TRAVEL: Depending on your career and your rate of healing, you should be able to return to work within 4 to 6 weeks of surgery. If your job involves heavy lifting, please allow 8 to 12 weeks before returning to work. Your surgeon will be able to give you a better estimate depending on your physical and professional profile. Flying or traveling is permitted after the first week as tolerated.

SPECIAL CONSIDERATIONS: Call your surgeon immediately if you experience any of the following: excessive pain, rapidly expanding swelling under the skin, bleeding, redness at the incision site or pus drainage from incision, spreading bright pink discoloration, or fever over 101.5° F.

Call 911 if you are experiencing a life-threatening emergency. Such symptoms include severe shortage of breath, chest palpitations, sudden or severe chest pain, or other life-threatening concerns.