

BREAST RECONSTRUCTION REVISION

Post-Surgical Guide



INCISIONS

- Bruising and swelling are normal, especially in areas of fat harvest.
- Your incisions are typically closed in multiple layers with absorbable sutures, although you may have a few sutures that need to be removed at a postop visit.
- The surface is typically sealed with a medical glue or glue tape.
- If you had an abdominal scar revision, your abdominal closure may feel tight. Keep your body flexed when in bed or relaxing in a recliner by placing two pillows behind your back and a pillow under your knees. When walking, you may need to bend at the knees and flex the hips to relieve tension the first week.
- If fat grafting is done, wear abdominal binder at all times until told otherwise by the office. Wearing a tank top or soft cotton t-shirt underneath your binder is typically more comfortable.
- No compressive bra or other clothing to breasts.
- Some drainage from surgical incisions can be expected immediately after surgery. If this happens, place a gauze or a Kleenex over the incisions.
- ABSOLUTELY NO ICE or HEATING PADS to surgical sites.

SHOWER

- Unless otherwise instructed by the office, it is ok to shower 48 hours after surgery.
- Use your hand or a very soft, clean washcloth to wash you incisions. Do not rub the area. Pat dry.
- No soaking in a bath or swimming until cleared by the office. This is typically 4 weeks after surgery.

MEDICATIONS

- Unless instructed otherwise, take two Aleve in the morning and two in the evening after discharge.
- For additional pain control, take prescribed narcotic pain tablets every 4-6 hours as needed for moderate to severe pain. You may instead take extra-strength Tylenol for mild pain, but be sure not to take the narcotic pain medicine also, as these contain Tylenol.
- Prevent constipation while taking narcotic pain medication by taking one dose of Miralax and two doses of Colace daily until you are having normal bowel movements.

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ACTIVITY

- No strenuous activity for 1 week after surgery.
- Take multiple walks per day starting the day of surgery.
- Sleep on back for 4 weeks.
- You may drive after 1 week if no longer taking pain medication.

DRAINS

- Drains may be placed at the time of surgery.
- Use proper hand hygiene such as a gel sanitizer on hands before caring for drain.
- Twice a day, have your caregiver strip the drain tubing (gently milk the tubing towards the bulb) and record the output using clear cups. Be sure to record each drain separately. Discard drainage in toilet.
- Call the office for an increase in bright bloody drainage, cloudy drainage, increase in pain, loss of suction (bulb won't stay compressed), leaking around drain exit site, or a clogged bulb.
- If there is an accidental dislodgement of drain, apply a dressing with gauze and call the office.
- Support drains with safety pins or the velcro belt provided by hospital.
- Drains will stay in until they are outputting about 20 ml or less per 24 hours

EMERGENCIES

- **After hours, call Medlink Paging Service at (512) 323-5465**
- Call the office immediately for:
 - Temperature greater than 101 degrees
 - Significant increase in swelling or one breast more swollen than the other
 - Extreme pain not controlled by pain medication
 - Redness of the breast or pus/yellow/green drainage from incisions
 - Darkened or blackened skin (in excess of normal bruising)