

BREAST
RECONSTRUCTION
GUIDE



CHRISTINE FISHER **MD**
BOARD CERTIFIED PLASTIC SURGEON

CONGRATULATIONS ON YOUR CHOICE



DR. CHRISTINE FISHER IS:

-  Board certified in plastic surgery
-  Associated only with accredited medical facilities
-  Compliant with a strict code of ethics
-  Committed to continuing medical education, including patient safety techniques
-  Your partner in cosmetic and reconstructive plastic surgery



In preparing for your surgery, we have compiled all the information that you may need before, during, and after your procedure. Please read these instructions to guide you through this process.

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MEDICATIONS TO AVOID PRIOR TO SURGERY

All patients scheduled for surgery should discontinue taking products containing aspirin, nonsteroidal anti-inflammatory agents, fish oil, and vitamin E supplements for two weeks prior to the procedure. These medications can cause bleeding problems during and after surgery. Also review the list below.

THE FOLLOWING IS A LIST OF MEDICATIONS TO BE AVOIDED:

Advil	Cama inlay tablets	Ecotrin
Alcohol	Caprin	Empirin
Aleve	Cephalgesic	Emprazil
AlkaSeltzer	Cheracol	Equagesic
Anacon	Children's aspirin	Excedrin
Anaprox or Anaproxen	Clinoril	Feldene
Arthritis pain formula	Conaterol	Fiorinal
Ascriptin	Congespirin	Flurbiprophen sodium
Ascodeen30	Cope	Four Way Cold
Aspercream	Coricidin	Ginko
Aspergum	Coumadin (discuss with your doctor)	Ibuprofen
Aspirin	Darvon Daypro	Indocin Indomethacin
Baby aspirin	Disalcid	Magsal
Baclofen	Doan's	Max powder
BC powders	Dolia	Measurin
Brufen	Dolobid	Meclomen
Buffex	Dristan	Medipren
Butalbital	Duragesic	Midol
Cama Arthritis Pain	Easprin	Mobigesic
		Mobic

Monacet with Codeine	Peptobismol	Stendin
Momentum muscle	Percodan	Stero-Darvon with ASA
Back form	Persantine	Supac
Motrin	Persistin	SX65 compound
Naprosyn	Quagesic	Synalgos
Norgesic or Norgesic Forte	Relafen	Talwin
Nuprin	Robaxisal	Tolectin
Pabirin buffered	Rogaine	Toradol
Panadynes	Rufen	Trandate
Panalgesic	Sineaid or Sineoff	Trialgesic
Pabirin buffered	Soma with Codeine	Triaminicin
Panadynes	Soma compounds	Ursinus Inlay
Panalgesic	Stanback Powder	Vanquish

SUPPLEMENTS TO EXCLUDE 3 WEEKS BEFORE AND 3 WEEKS AFTER SURGERY

Many of the following supplements will thin your blood and increase your risk of complications.

Bilberry	Dong quai	Echinacea
Ephedra	Feverfew	Fish oil capsules
Garlic	Ginger	Ginkgo
Ginseng	Goldenseal pressure	Hawthorne
Kava Kava	Licorice	Melatonin
Red Clover	St Johns Wort	Valerian
Vitamin E	Yohimbe	

SUPPLEMENTS TO INCLUDE BEFORE & AFTER SURGERY

SUPPLEMENT	MECHANISM OF ACTION	DOSAGE RANGE
Protein supplements	Building blocks for healing, required for new cell growth and repair.	150 g per day from foods or whey/vegan protein powder.
Multivitamin	Vitamins to promote wound healing.	As directed by packaging.
Arnica Montana	Naturopathic remedy for bruising and swelling.	30x formula taken 3 times per day post-operatively.
Vitamin A (Carotenoid/Retinol Palmitate)	Antioxidant, required for new cell growth.	15,000–25,000 IU per day for up to 4 weeks.
Vitamin C (Ascorbic Acid)	Antioxidant, necessary for tissue growth and repair; primary role in collagen formation.	1,000–1,500 mg total per day in divided doses.
B vitamins	“Anti-stress” group of water soluble vitamins, essential in DNA synthesis and improves energy level and metabolic rate.	Take a “B complex” daily, including folic acid.
Zinc	Antioxidant, essential role in both collagen formation and protein synthesis.	20–30 mg per day.
Iron	Important role in wound healing by participating in oxygen transport and collagen production. Also an essential mineral in the creation and functioning of hemoglobin, which carries oxygen in red blood cells.	18–325 mg per day (may need a stool softener, such as Colace).
Bromelain	Proteolytic enzyme used to minimize inflammation and soft tissue injury.	1,000 mg 3 times per day between meals. Start 72 hours before surgery.

SUPPLEMENTS OF POTENTIAL BENEFIT

SUPPLEMENT	MECHANISM OF ACTION	DOSAGE RANGE
Arginine	An amino acid involved in collagen synthesis and protein deposition in the healing process.	20 g per day.
Glutamine	Major precursor in glucose formation, amino acid synthesis, and nucleotide synthesis in cells.	20 g per day.
Selenium	Antioxidant, inhibits the oxidation of fats, and protects vitamin E.	150–210 mg per day.
Copper	Required for crosslinking of collagen and elastin, as well as formation of red blood cells.	1.5–2 mg per day.
Flavenoids (Quercetin/ citrus bioflavenoids)	Antioxidants, function with vitamin C to reduce bruising and support immune function.	6–1,500 mg per day.



ENHANCE RECOVERY AFTER PLASTIC SURGERY

There are many nutritional supplement options available to promote wound healing after surgery.

-  Nutrition profoundly influences the wound healing process.
-  Nutritional supplementation can have a positive effect on recovery and healing, including helping to reduce the length of your hospital stay, post-operative infections, and complications.

Start nutritional supplementation three weeks before surgery. Increase your dietary protein intake and/or add protein smoothies to your diet. Use one scoop of protein powder per day the first week, then two scoops per day the second week, and three scoops per day the third week. Continue at three scoops per day until three weeks after surgery. Protein powder may be mixed into a smoothie to improve its flavor.

EXAMPLE SMOOTHIE RECIPE:

-  Protein powder (1–2 scoops, based on serving size)
-  8 ounces of fruit juice, water, milk, or non-dairy milk such as almond milk
-  1 cup of fresh or frozen berry mix or other fresh fruit, such as banana
-  Handful of spinach or other greens
-  1/2 cup Greek yogurt (optional)



PRE-OPERATIVE INSTRUCTIONS

A successful surgery requires a partnership between you and your surgeon.

The following instructions are essential for a safe experience and an optimal outcome. If you cannot comply with these instructions, please notify our office.

THREE OR MORE WEEKS BEFORE SURGERY

PLAN YOUR PRE-OPERATIVE CLEARANCE AND TESTS: If suggested by our team, arrange to see your primary care physician for a full history and physical. Additional tests such as a chest X-ray or an EKG heart tracing may be necessary depending on your age and medical history. Make sure all tests are received by our office at least two weeks prior to your surgery.

STOP SMOKING OR USING E-CIGARETTES OR ANY NICOTINE DELIVERY PRODUCTS FOUR WEEKS BEFORE SURGERY. Nicotine greatly impairs your ability to heal. It compromises circulation by constricting blood vessels, which can lead to skin and fat death (necrosis) after surgery. It impairs the immune system by disabling white blood cells and reducing the oxygen-carrying capacity of red blood cells, increasing the chance of infection after surgery.

It is important that you are nicotine free for at least four weeks prior to surgery. E-cigarettes, nicotine vaporizers, nicotine patches, and nicotine gum are also nicotine delivery devices and will negatively impact your recovery after surgery for the same reasons.

PRACTICE PROPER FITNESS: Walking, jogging, or swimming and low-weight strength training several times per week can help enhance your strength and improve your post-operative recovery.

GOOD NUTRITION: Eat well in the weeks prior to surgery. Crash or fad dieting, overeating, or high alcohol intake can greatly affect your health and well-being. Eat a diet high in protein, drink plenty of water, and consider adding a multivitamin with iron to your diet.

SUPPLEMENTS: See pages 3-4 for a complete list of supplements to discontinue before surgery.

PRE-OPERATIVE NUTRITIONAL SUPPLEMENT: Take a multivitamin with iron, or use an approved nutritional supplement daily. Start a protein powder supplement or higher protein diet as described in detail in this guide.

PREPARE AND PLAN: Schedule time off of work, and arrange any support you may need in the days following surgery. You may need help with housework, childcare, shopping, and driving. Make sure a responsible adult will drive you to and from surgery, and that one can stay with you in the first week after surgery.

ORDER POST-OPERATIVE GARMENTS: Wearing an appropriate support garment after surgery reduces swelling and improves healing. We can recommend specific products that provide proper support and ease of use. In preparation for breast surgery you should order at least two front-opening cotton sports bras without an underwire, two inches larger than your normal band size. If undergoing revision surgery, including liposuction, we will recommend specific compression garments to wear.

BE HEALTHY BEFORE SURGERY: In the weeks before surgery maintain the best of health and hygiene. A lingering viral illness such as a cold or other illness could result in your surgery being rescheduled. Please address illnesses immediately, and let our office know if you have an illness or change in health in the weeks before your surgery.

ENJOY LIFE AND RELAX: Stress and anxiety negatively affect your surgery experience and recovery.

SUPPLEMENTS TO EXCLUDE 3 WEEKS BEFORE AND 3 WEEKS AFTER SURGERY: Many of the following supplements will thin your blood and increase your risk of complications.

Bilberry	Dong quai	Echinacea
Ephedra	Feverfew	Fish oil capsules
Garlic	Ginger	Ginkgo
Ginseng	Goldenseal pressure	Hawthorne
Kava Kava	Licorice	Melatonin
Red Clover	St Johns Wort	Valerian
Vitamin E	Yohimbe	

TWO TO THREE WEEKS BEFORE SURGERY

PREPARE AND PLAN: Put your schedule together for the day before, the day of and the first few days following surgery. Share your plan with your key support people.

FILL PRESCRIPTIONS: If given prior to surgery, fill your prescriptions to have at home ready for you before your surgery day. You may receive the following:



PAIN MEDICATION:

Percocet, Vicodin, or Tramadol

1-2 tablets every 4-6 hours as needed

Please be aware that narcotic prescriptions expire in 21 days, so fill accordingly.



ANTIBIOTIC:

If prescribed an antibiotic, take as directed after surgery.



ANTI-NAUSEA MEDICATION:

Ondansetron, 4 mg every 6 hours as needed, and/or

Scopolamine patch, 1.5 mg applied behind the ear, lasting 72 hours



PREVENT CONSTIPATION:

Miralax, 1/2 capful on the night before surgery and for 7 days after surgery to prevent constipation, which can be caused by pain medications

PRE-OPERATIVE CLEARANCE AND INFORMATION: If instructed to get a medical clearance prior to surgery, be sure to undergo ALL pre-operative testing that was ordered. Make certain all test results are received by our office two weeks prior to your surgery. If medical clearance is not received, your surgery may need to be cancelled or delayed.



FITNESS: Exercise reasonably, at least walking several times per week. Avoid new strenuous activities that could potentially injure or sprain your shoulders, back, pectoral muscles and arms, or upper body.

GOOD NUTRITION: Continue taking your supplements as directed. Stay hydrated with unsweetened beverages.

NO SMOKING: No nicotine products, including e-cigarettes and nicotine gum. Stay away from secondhand smoke, too. Your healing depends on this.

LEAD A HEALTHY LIFESTYLE: Practice good hand-washing and avoid large crowds or individuals who are ill. Do not risk catching a virus or cold; avoid exposure to others with symptoms of viral illness.

Refer to the given list of medications and herbal supplements to avoid on pages 3-4. STOP taking the mentioned medications three weeks before your surgery.

COMMON EXAMPLES OF MEDICATIONS THAT CAUSE BLEEDING PROBLEMS AFTER SURGERY:

Aspirin and products containing aspirin

Ibuprofen and other over-the-counter anti-inflammatory agents (for minor pain you may use Tylenol)

Garlic supplements

Green tea and green tea extracts

Vitamin E

Estrogen supplements, Tamoxifen

St. John's Wort

ONE WEEK BEFORE SURGERY

MAKE PLANS FOR THE DAY OF SURGERY: Plan to arrive two hours before surgery. There are comfortable waiting areas for your friends and family members.

REVIEW YOUR PRESCRIPTION ORDERS AND INSTRUCTIONS: If given prior to surgery, check your prescriptions for accuracy. Be certain all medications are filled.

CONTINUE TO PRACTICE HEALTHY HABITS, NUTRITION, AND FITNESS: No strenuous exercise. No saunas, hot tubs, steam baths, or mud wraps. No smoking or alcohol consumption.

FIND YOUR COMFORT ZONE: Locate the most comfortable place where you can gently recline and recover. You don't want to be testing locations or pillows the day of surgery. Shop for magazines, books, music, and other items to keep you busy and entertained in the 1-2 weeks following surgery.

WAX OR SHAVE YOUR UNDERARMS, LEGS, OR OTHER AREAS: A week before surgery, shave the surgical area. Shave your underarms if you are having breast surgery and the hair on your upper pubis if undergoing a DIEP flap. Do not shave the day before surgery as it can increase your risk of infection.

PREPARE AND FREEZE MEALS FOR 1-2 WEEKS: Consider quick snacks: protein shakes, soup, frozen dinners, yogurt, oatmeal, cottage cheese, juice. Be sure to have adequate protein; the body needs it for proper healing. Consider limiting high-sodium foods to reduce swelling.

SHOWER PREPARATION: Consider a handheld shower head and bathroom chair.

ONE DAY BEFORE SURGERY

PACK YOUR BAG FOR THE DAY OF SURGERY: This should include:

-  All paperwork—remember to bring ID and insurance cards.
-  Updated list of prescription medicines and supplements.
-  Reading glasses, if used.
-  Warm, clean cotton socks and non-slip house shoes.
-  Loose-fitting, comfortable clothes. Pants should have a soft waistband and tops should fasten in the front.
-  Book to read, DVDs, laptop/iPad. (Wifi is available.)

CONFIRM YOUR ROUTE TO AND FROM SURGERY with the responsible adult who will drive you.

THE NIGHT BEFORE: Use any gentle, fragrance-free soap. Shampoo your hair. Do not use any hair gel or other styling products, scented skin creams, or moisturizers. Do not use hair spray, perfume, cosmetics, or deodorant. Remove all fingernail and toenail polish. Do not shave within 24 hours of your surgery.

DO NOT EAT OR DRINK ANYTHING FOR 8 HOURS BEFORE THE SURGERY: Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel surgery. This includes candy, gum, mints, and coffee.

ON THE DAY OF THE SURGERY



NOTHING BY MOUTH: Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel surgery. This includes candy, gum, mints, and coffee.

DO NOT WEAR COSMETICS, JEWELRY OF ANY KIND, CONTACT LENSES, HAIR CLIPS, BODY PIERCING(S): If there is something you cannot remove, let the admitting nurse know right away.

WEAR COMFORTABLE, CLEAN, LOOSE-FITTING CLOTHING: Wear only a top that zips or buttons up the front. Do not wear pullovers, turtlenecks, or any tight-fitting top or bottom. You may bring a robe or pajamas. Wear slip-on shoes.

POST-OPERATIVE INSTRUCTIONS

CAREGIVER: It is very important to have someone who can assist you with getting around and taking your medications for at least a few days after you go home.

NAUSEA: You may experience nausea during the first 3–4 days. To reduce this, take your nausea pill one hour before taking your pain medications or antibiotics and take your pain tablets with food.

COMPRESSION STOCKINGS will reduce the risk of a blood clot forming in your legs. Try to wear a pair for the first five days after surgery. TED anti-embolism stockings, closed toe, are recommended. These can be purchased at most pharmacies or online at Amazon.com.

PAIN MEDICATION: Your post-op discomfort can be controlled by prescribed painkillers. Take pain tablets with a snack to reduce the possibility of nausea. Do not take narcotic pain medicines (Percocet/Norco) with Tylenol.

After discharge, transition to over-the-counter pain medications, such as Motrin/ibuprofen (up to 600 mg three times a day) OR Aleve/naproxen (up to 440 mg twice a day). These over-the-counter medications can be taken with Tylenol as written on the label for added benefit.

HEALING: It is important that the surgical incisions are not subjected to excessive force, abrasion, or motion during the time of healing. You may feel more tired than usual. Rest or nap daily to further improve your healing.

DRESSINGS: Leave dressings in place until instructed by our office. Replace the ACE bandage/abdominal binder/compression garment, if applicable.

SHOWER: Remove any dressing, sponges, and gauze pads 48 hours after surgery. You may then take a shower with help; no soaking baths or hot tubs. After showering, simply pat your incisions dry. If needed, place a dry dressing such as a gauze pad or maxi-pad to absorb drainage. Replace your abdominal binder or compression garment. Your compression garment may be hand washed and hung to dry. Purchase two so you always have one to wear.

Special note: If you have a breast implant with a drain in place, you may not shower. Only sponge bathe while the drain is in place, and keep the drain site dry. There is a special antimicrobial Biopatch dressing at the location where the drain enters your skin which will be changed weekly in the office while the drain is in place.

BRUISING: There will be bruising in the surgical site. Bruises usually move downward due to gravity, and can thus affect adjacent or dependent areas. Suntanning immediately after surgery can cause these bruises to become permanent skin stains.

SWELLING may take three months or more to subside.

DRIVING: Do not drive a car until you are no longer taking pain medication, as your reflexes and alertness may be altered.

LIGHT ACTIVITY/WALKING: Dr. Fisher recommends light activity to reduce swelling and prevent leg blood clot formation. Light exercise includes walking and stretching your legs while sitting. It is important to start walking as soon as possible, typically the day after surgery. You should limit the use of your arms to less than 90 degrees. If you feel pain or pulling from the scar area, cease the movement.

ACTIVITIES: During the first two weeks after surgery avoid strenuous activities that raise your blood pressure. This could cause a tear or bleeding at the operative site, which could result in a hematoma (collection of blood). Walking is the safest exercise, especially during the first week. Avoid exercises which directly stress the area of your surgery for a full four weeks. After this period, if cleared by your provider, cardiovascular activities such as riding a stationary bike or brisk walking can be initiated. Avoid heavy lifting, contact sports, and jogging for six weeks. Six to eight weeks after surgery, you will be nearing your pre-operative level. Avoid pulling at the surgical area to maximize healing and minimize wide scarring. Even though the skin is closed, the healing process takes nine to twelve months to be complete.

NO SMOKING: Smoking reduces the oxygen in your blood and can greatly impact your ability to heal. While it is advised for your overall health that you quit smoking entirely, it is imperative that you do not smoke whatsoever until your incisions have fully healed. You should also avoid exposure to secondhand smoke, which can also impair wound healing.

SCARRING: Every person's body is different, and many factors contribute to scar healing. Your scars will be firm and pink for several months. Non-smokers have a better chance of rapid healing and thinner

scarring. Sun exposure thickens and darkens scars, so use a gentle zinc/titanium-containing sunblock (even on scars under your swimsuit). Expect to wait at least nine months before your scars lighten in color and become as flat as the rest of your skin. Although they will never disappear completely, scars will not show under most clothing, even bathing suits. We can also discuss other scar treatments after your wounds have healed.

GARMENTS: When you wake up from your procedure you might be in a binder or compression garment. You should plan to wear your abdominal binder for four weeks following abdominal surgery. After liposuction wear the compression garment for a total of four weeks: day and night for the first two weeks, and during the daytime and when active for the next two weeks. You may remove your compression garments to shower.

NUMBNESS: All surgical areas stay numb for 4-8 weeks. Light massage will help desensitize your skin in order to avoid hypersensitivity or skin irritation.

SEXUAL ACTIVITY: You should resume sexual activity only when all of your incisions are healed, waiting a minimum of six weeks after breast or abdominal surgery.

FOLLOW UPS: Regular checkups protect against complications. If you have a problem or a concern please call the office right away. Dr. Fisher and her mid-level providers will see you in the hospital and within 1-2 weeks of your discharge home. Please call to schedule your first post-operative appointment if you do not make one at your pre-operative appointment with us.



DRAIN CARE

IF YOU HAVE A DRAIN, DRAIN CARE IS REQUIRED SEVERAL TIMES PER DAY IMMEDIATELY FOLLOWING SURGERY. Follow these instructions exactly and record drainage. You will be asked to provide your doctor with your drain log at each post-op visit.

1. Always wash hands or use a gel sanitizer before caring for drain.
2. Hold the tubing securely at the skin site with one hand. With the other hand, pinch the tubing between your thumb and index finger and apply firm pressure as you strip the tubing towards the bulb.
3. If the tubing and bulb come apart, wipe the ends with alcohol and reconnect. Squeeze the bulb again and replace cap.
4. Measure the drain output using clear cups 2-3 times per day or at any time the drainage bulb is more than 1/3 full and record on your drain log. *Be sure to record each drain separately.*



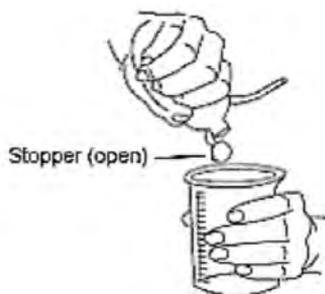
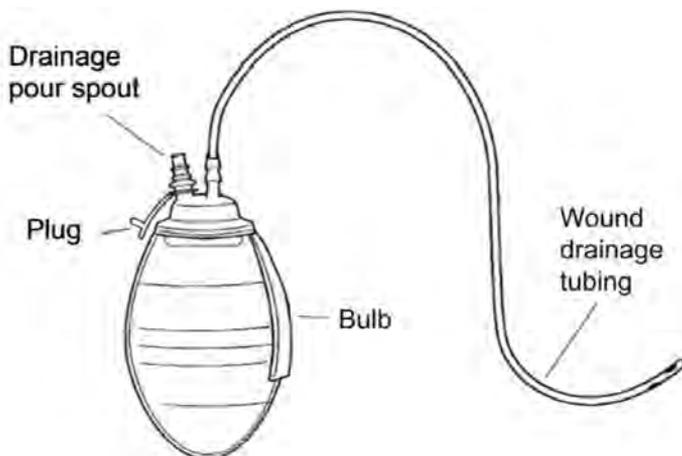
Always dispose of drainage in the toilet.



Squeeze bulbs tight to create suction and replace cap.

5. If instructed to leave the drain site uncovered, wash daily with soap and water. Do not clean the drain site with peroxide or rubbing alcohol.
6. Always secure the drain using a Velcro belt (if provided by the hospital), or safety pin the bulb to your clothing so there is not tension on the drain at the incision site.
 -  Do not cut the drains.
 -  Check that the bulb is always depressed (flat).
7. Occasionally, drains may get pulled out. Do not panic. Do not try to reinsert the drain. Cover the drain site with a 4x4 gauze pad, apply pressure, and call the office immediately.
8. Call if there is any increase in bright bloody drainage, purulent (pus-filled) drainage, increase in pain, loss of suction (bulb not depressed), leaking around insertion site, or clogged bulb.





Turn the drain collection container upside down over the measuring cup. Gently squeeze the bulb to empty it.



Squeeze the bulb flat with your hand before you replace the plug.

INCISION & SUTURE LINE CARE

Incisions and suture lines are a necessary part of surgery. These lines take many months to fully heal. There is no guarantee as to what a scar will look like once it has fully healed; however, these instructions are important to achieve good outcomes.

INCISION CARE: If Dermabond (skin glue) was used on your incision, leave open to air. Do not place ointment on top of medical glue without discussing with your doctor. The glue will eventually fall off on its own. If Steri-Strips or glue tape was used, leave in place.

SHOWERING/BATHING/SWIMMING: Unless otherwise instructed, you may shower 48 hours after a surgical procedure. You should refrain from tub bathing until the incision site is completely sealed. Do not swim in any lake, ocean, swimming pool, or other water until after your incision lines have fully sealed (about six weeks after the surgery).

Special note: If you have a breast implant with a drain in place, do not shower. Only sponge bathe while drain is in place, and keep drain site dry.

SUTURE REMOVAL: Most of your sutures are absorbable and are placed internally. They will be absorbed over the course of 2–6 months. However, a few stitches may be placed externally. These typically are removed one week after surgery.

INITIAL HEALING: Once your incision lines have closed at about two weeks, you may wish to apply a gentle skin moisturizer with sunscreen to the suture line. This aids in softening the scar and may alleviate any itching in the surgically treated area. Choose something fragrance free and free of glycolic acid, retinoid, or other possible irritating ingredients.

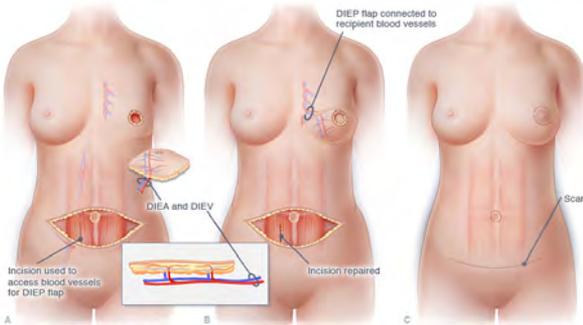
Once your incision lines have sealed at about 4–6 weeks, you may apply scar therapy treatments, silicone ointments, or silicone sheets to the incision. These can be purchased at a pharmacy or through our office.

Avoid any vigorous physical activity over the following six weeks. Direct trauma and physical stress may result in a separation of the suture edges or a wide scar.

PROCEDURE- SPECIFIC INFORMATION

DIEP FLAP BREAST RECONSTRUCTION

A deep inferior epigastric perforator (DIEP) flap is an advanced breast reconstruction technique in which Dr. Fisher uses your own excess abdominal tissue, not an implant, to create your new breast without removing any underlying muscle or damaging your motor nerves. Your recovery requires several days of rest in the hospital to monitor the flap before you are sent home.



Your incisions will be closed in multiple layers using absorbable sutures. The surface will be sealed with a medical glue and/or glue tape.

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 another under your knees. When walking during the first week you may need to bend at the knees and flex at the hips to relieve tension.

You must sleep on your back for 6 weeks after surgery; no side or stomach sleeping. Many patients find it most comfortable to sleep in a recliner for a period of time.

Strip drains twice daily and record the drainage in your drain log. See complete drain instructions.

Shower daily with a mild soap. Pat area dry.

For the first two weeks after surgery, rest at home. Take multiple walks throughout the day, sleep as necessary, and limit any activity with the arms.

For weeks 2-4 after surgery, you may take short trips out of the house, such as for light shopping or going out to eat. Limit yourself to light activity: Don't attempt anything you couldn't do while holding a cup of coffee.

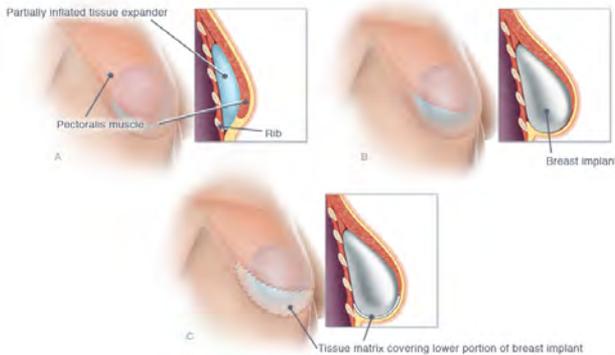
For the first 4-6 weeks after surgery, no twisting, lifting more than 5-10 pounds, and no pressure on breasts.

Do not apply any ice or heating pads to the incisions/breasts.

If you have any concerns, call the office immediately.

IMPLANT-BASED BREAST RECONSTRUCTION

For many patients the first step in an implant-based breast reconstruction involves placement of a tissue expander, a breast-shaped device with an easy-to-access port. This inflatable device is wrapped in a regenerative support scaffold and placed carefully under the mastectomy skin at the time of your initial mastectomy surgery. In some cases this is placed under the pectoralis muscle. When appropriate, Dr. Fisher prefers to do a less invasive implant reconstruction in which the implant is placed on top of the pectoralis muscle. Depending on the desired size of your new breast, the tissue expander will be expanded at weekly office visits by the addition of saline through the port. This will stretch your skin until it can accommodate your desired implant size.



Your incisions will be closed in multiple layers using absorbable sutures. The surface will be sealed with a medical glue and/or glue tape.

Strip drains twice daily and record the drainage in your drain log. See complete drain instructions.

If you have a drain in place, sponge bathe only until your drain is removed. Keep drain site dry.

For the first two weeks after surgery, rest at home. Limit yourself to light activity, with limited use of arms. Don't attempt anything you couldn't do while holding a cup of coffee.

For the first 4-6 weeks after surgery, no twisting, lifting more than 5-10 pounds, no pressure on breasts, no side-lying while sleeping. You may elevate your arms to shower, but not above the shoulders.

Do not apply any ice or heating pads to the incisions/breasts.

If you have any concerns, call the office immediately.

THIGH OR GLUTEAL FLAP BREAST RECONSTRUCTION

Your incisions will be closed in multiple layers using absorbable sutures. The surface will be sealed with a medical glue and/or glue tape. You may also have a few staples in place that will be removed one week after surgery.

Strip drains twice daily and record the drainage in your drain log. See complete drain instructions.

Shower daily with a mild soap. Pat area dry.

For the first two weeks after surgery, rest at home. Limit yourself to light activity. For weeks 2-4 after surgery, you may be a little more active, although you should not attempt anything you couldn't do while holding a cup of coffee.

Avoid sitting, particularly for prolonged periods during the first two weeks.

For the first 4-6 weeks after surgery, no twisting, lifting more than 5-10 pounds, no pressure on breasts, no side-lying while sleeping. You may elevate your arms to shower, but not above the shoulders.

Do not apply any ice or heating pads to the incisions/breasts.

If you have any concerns, call the office immediately.

NIPPLE RECONSTRUCTION

Your incisions will be closed in multiple layers using absorbable sutures. The surface will be sealed with a medical glue and/or glue tape.

You may experience irritation due to the sutures. Any sutures still visible can be removed after two weeks.

Avoid compression of the nipples for 1-2 weeks.

After 24-48 hours, shower daily with a mild soap. Pat the area dry.

If you had any other procedures performed at the same time, follow all discharge instructions provided for that procedure.

Do not apply any ice or heating pads to the incisions/breasts.

If you have any concerns, call the office immediately.

BREAST REDUCTION

Your incisions will be closed in multiple layers using absorbable sutures. The surface will be sealed with a medical glue and/or glue tape.

Strip drains and record the drainage in your drain log. See complete drain instructions.

Shower daily with a mild soap. Pat area dry.

For the first two weeks after surgery, rest at home. Take multiple walks throughout the day, sleep as necessary, and limit any activity with the arms. Limit yourself to light activity: Don't attempt anything you couldn't do while holding a cup of coffee.

For the first 4-6 weeks after surgery, no twisting, lifting more than 5-10 pounds, no pressure on breasts, no side-lying while sleeping. You may elevate your arms to shower, but not above the shoulders.

Do not apply any ice or heating pads to the incisions/breasts.

If you have any concerns, call the office immediately.

BREAST RECONSTRUCTION REVISION

Your incisions will be closed in multiple layers using absorbable sutures. The surface will be sealed with a medical glue and/or glue tape.

If you have drains, strip them twice daily and record the drainage in your drain log. See complete drain instructions.

Shower daily with a mild soap. Pat area dry.

No strenuous activity for the week after surgery. Walk a lot. Stairs are okay.

Do not apply any ice or heating pads to the incisions/breasts.

If you have any concerns, call the office immediately.

FAT GRAFTING

Some bruising and swelling is normal. You should expect only mild discomfort at the injection site, moderate discomfort at the harvest site.

Wear a compression garment on the injection site for the first 5-7 days after surgery. If a large volume of fat was harvested, we recommend wearing a compression garment on the harvest site or wrapping it in an ACE bandage for 1-2 weeks after surgery.

Shower daily with a mild soap. Pat area dry.

Avoid strenuous activity for the first week after surgery.

Do not apply any ice or heating pads to the injection or harvest site.

If you have any concerns, call the office immediately.

LONG-TERM RECOVERY NOTES

THE FIRST YEAR

In the 12 months following surgery, you should apply a waterproof sunscreen with at least an SPF 30 at all times on the surgically treated area and the suture line. Use sunscreen even where your incision is covered by your swimwear. Apply at least 30 minutes before any prolonged sun exposure is expected. Protective clothing is highly recommended. New scars are very sensitive to sunlight and, if unprotected, may result in permanent changes in scar color to either a darker, lighter, or discolored shade.

IRREGULAR SCARS

Rarely, a scar will take on a nodular, bumpy, raised, or thickened appearance; the scar formation may be hypertrophic or keloid. If this should happen, please contact our office. There are medications that may be effective to flatten and improve the scar as it is forming.



DEEP VEIN THROMBOSIS & PULMONARY EMBOLISM

DVT: WHAT IS IT? DVT stands for deep vein thrombosis. This is a serious condition, and it can cause injury or death. A venous thrombus is a clump of blood cells, platelets, and fibrin (clot) which attaches to the inside walls of veins, can grow in size, and break off to travel downstream from the clot. If the clot stays localized, it can cause swelling and vein irritation. If part of it breaks off, then it can cause blockage downstream, may travel to the lungs (pulmonary embolus), and result in serious illness or even death. In some circumstances, deep vein thrombosis may also contribute to other serious medical problems such as heart attack and stroke.

RISK FACTORS WITH DVT: Patients taking certain medications or those with specific medical conditions are at a higher risk for DVT (see below). Medications that can alter normal blood clotting mechanisms, affect blood flow or can cause blood-vessel damage can lead to DVT. Physical immobility for an extended amount of time, such as after surgery or in airplanes, can increase your risk of DVT as well.

CONDITIONS ASSOCIATED WITH INCREASED RISK OF DVT:

Cancer	Trauma
Increasing age or smoking	Personal/family history of DVT
Heart disease	Blood clotting disorder
Obesity	Use of oral contraceptive
Pregnancy	Use of hormone therapy
Recent surgery	

SYMPTOMS OF DVT: Symptoms may not occur every time when a DVT is formed. If it were to occur, the symptoms may include swelling, pain, and redness in legs and calves. Difficulty breathing and severe chest pain indicates that the blood clot has moved to the lungs. If you are concerned, please be evaluated by a physician immediately.

REDUCING YOUR RISK OF DEEP VEIN THROMBOSIS

When DVT develops, it is often undiagnosed; therefore the definite methods to prevent it are still uncertain. In order to reduce the risk of developing DVT, patients are advised to follow these guidelines:

-  Wear elastic compression stockings after surgery. Closed-toe TED anti-embolism stockings are recommended and can be purchased at most pharmacies or online.
-  Try to walk about 100 feet every three hours with help. Also, when you can, try to sit in a chair and attempt leg exercises as recommended below.
-  Alter your position by stretching your legs and feet. Every hour, do leg exercises such as ankle circles, knee lifts, lifting your knee to your chest, and pumping your feet.
-  Avoid crossing your legs at the knee or ankle.
-  Loose-fitting clothing is recommended.
-  Keep yourself hydrated. Drink non-diuretic fluids, such as water, milk, and juice. Minimize your caffeine and alcohol intake.

POST-SURGICAL EXERCISES

Exercises should not be done if they are causing pain in your calves, or if you are advised not to continue with your exercises by your surgeon.

PUMPING YOUR FEET: Keeping your heels on the ground, point toes and foot as high as you can. Hold for 30 seconds and then put both feet flat on the floor again. Lift your heels off of the floor, while keeping the balls of your feet on the floor, and hold for 30 seconds.

ANKLE CIRCLES: Holding your foot in the air, draw a circle with your toes for 30 seconds. Change direction and continue for another 30 seconds. Put your foot down and then repeat with the other foot.

KNEE LIFTS: Sit down and march your legs, contracting each thigh muscle. Make sure you stay seated during this exercise. Continue for 30 seconds.

LIFTING YOUR KNEE TO YOUR CHEST: Raise your left knee and bring it to your chest region. Hold this position for 10–15 seconds. Return your leg to the floor in a slow motion. Alternate legs 10 times.

TRAVEL-RELATED DEEP VEIN THROMBOSIS

There is increasing evidence that immobilization in a car/airline seat for long trips puts people at risk for deep vein thrombosis (DVT). There are a number of ways to reduce the risk of travel-related DVT.

-  Always drink plenty of water to avoid dehydration.
-  Do not drink alcohol before or during the travel, as this can compound dehydration.
-  Try to keep your thighs clear of the edge of your seat. Use foot rests as far as possible.
-  Take a brisk walk for half an hour before travel.
-  If being driven, stop every hour and walk for about five minutes.
-  If on a flight, regularly go for a short walk to the restroom to keep your legs moving.
-  Try a few simple exercises to keep your legs moving: rotating your ankles, alternating pointing your heel and toe, and lifting your knees while seated for a short period every hour.
-  Try to tense your leg muscles as regularly as possible throughout travel.
-  Wear elastic compression stockings especially designed to reduce the risk of DVT. These are readily available at most pharmacies.
-  Take a low dose of aspirin (81 mg daily), starting the day before travel and continuing until three days after finishing travel.



WHAT TO DO IF YOU HAVE AN EMERGENCY

Some discomfort is expected following your surgery. Call the doctor immediately if there are any signs of infection:

-  Temperature greater than 101°
-  Significant swelling
-  Tender, red, swollen, warm areas, pus, yellow or green drainage
-  Swollen/painful or darkened skin

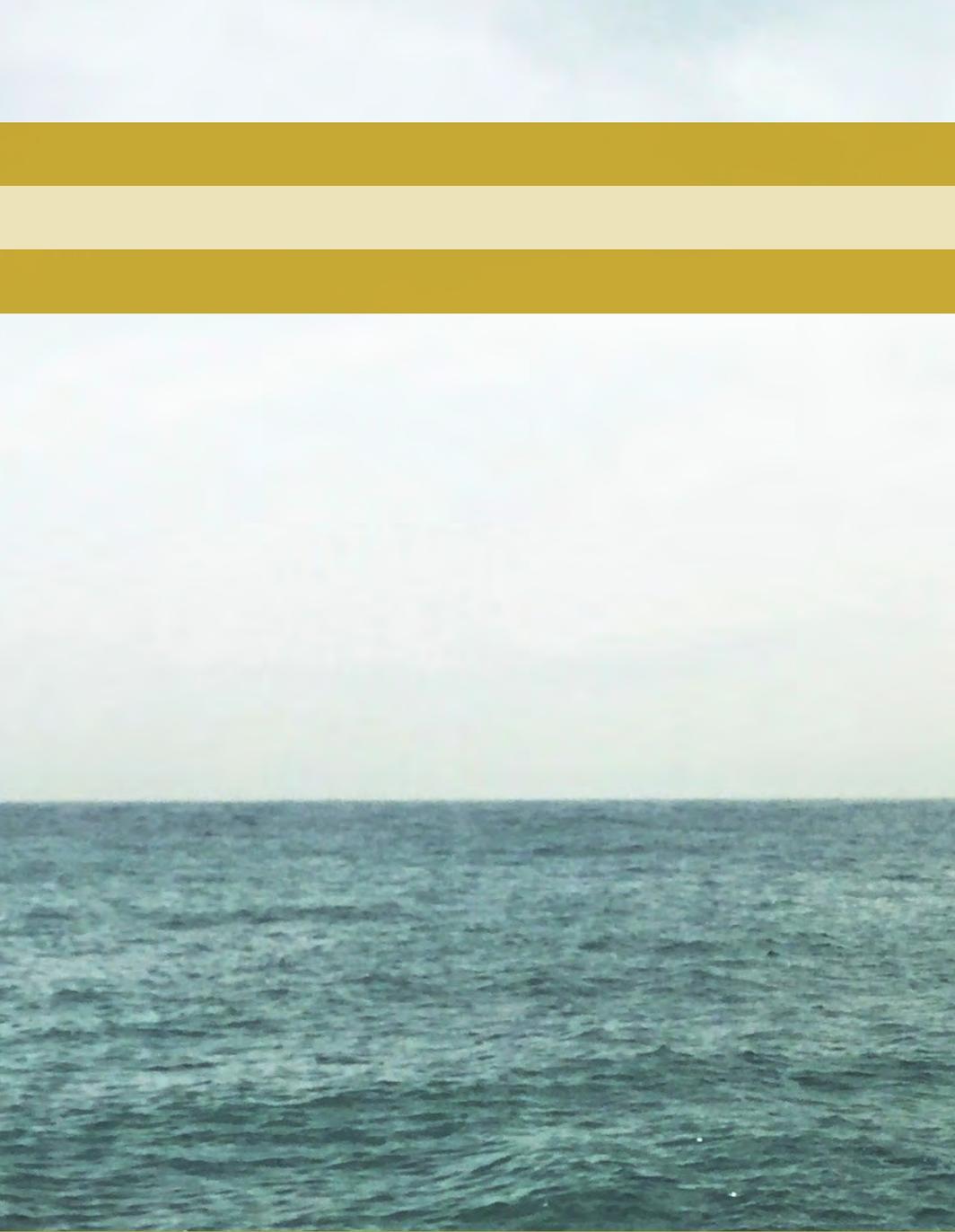
Seek immediate medical attention if you experience shortness of breath, chest pain, or unusual heartbeats.



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