

5 Davis Road East Old Lyme, CT 06371

Your post-operative appointment is scheduled for

E, as they result in a higher risk of bleeding.

Effient, Aggrenox, Pradaxa, Savaysa, Xerelto, Eliquis, or Brilinta.

Tel 860.390.6000 Fax 860-215-8150

info@northeastpsc.com www.northeastpsc.com

Nilay Shah, MD Megan Phillips, PA-C Vinod V. Pathy, MD, FACS

Jillian Fortier, MD Morgan Massey, PA-C

Tissue Expander Exchange for Implant

Post-operative Instructions

	and the second s
>	Do not remove your dressings. Your dressings will be removed at your first post-operative visit. Keep your sports bra or breast garment as well as your breast stabilizer band in place. The garment and stabilizer will be worn for 4-6 weeks. Do not wear an underwire bra for at least 3 months post-operatively.
>	Keep your dressings dry. Sponge-bathe only until further instructed at your first post-operative visit. Most patients are able to shower following the first post-operative visit.
•	If you have drains in place, empty them every 12 hours and record the measurements for each drain, separately and labeled by side, on your chart. Please bring the charwith you to your office visits. The amounts that are draining from each drain will determine when each drain may be removed. The drains are usually removed within 1 week, but a number of factors can influence the duration. Once each drain is removed, you should keep a dry gauze dressing for 48 hours over the former sites or the skin to prevent drainage onto your clothing but then may discontinue the drain dressings altogether after those 48 hours.
>	If a liquid skin adhesive (glue) was used along your incisions, it may take several weeks to dissolve. Do not apply ointments such as Bacitracin directly over the glued area unless instructed, as this may prematurely dissolve this dressing.
>	You have received prescriptions for as an antibiotic for pain relief, and for muscle relaxation if the implant was placed in a submuscular pocket. You may alternatively take Tylenometric for muscle relaxation in the implant was placed in a submuscular pocket.
	for pain relief. Please take <u>Colace</u> as a stool softener to limit constipation. Avoid the following anti-platelet agents until at least your first post-op appointment,
	Avoid the following diffi-platetet agents of the at teast your tilst post-op appointment,

including, but not limited, to: ibuprofen products (Advil, Motrin), Aleve, Naprosyn,

Celebrex, Toradol, fish oil, herbals, and supplements including those containing Vitamin

If you are taking the following blood thinners or anti-platelet agents, you should have already obtained instructions pre-operatively when they may resume, but please discuss with your surgical team: aspirin, Coumadin (warfarin), Lovenox, Plavix, Pletal,

- ▶ Do not consume alcohol while you are taking any medications following surgery, especially pain medications, muscle relaxants, anti-anxiety medications, sleeping pills, or other sedatives.
- You may resume your pre-operative diet as tolerated.
- Restrictions are as follows:
 - ▶ Do not lay flat in bed. Sleep with your head elevated on at least 2 pillows for 2 weeks. Do not lay on your sides for 6 weeks.
 - ▶ You may walk as tolerated beginning the day of your surgery.
 - No driving for 2 weeks. You will be restricted from driving until all narcotic and muscle relaxant medications have been stopped.
 - No heavy lifting (> 5 lbs) for 4 weeks.
 - ▶ No strenuous pulling or pushing for 4 weeks.
 - No vigorous upper body workout for 6 weeks.
 - ► Avoid hot or cold packs against your skin, as skin changes may occur because of sensory changes.
- Please refrain from nicotine-containing products for at least 4 weeks following your surgery. Nicotine reduces circulation and can therefore result in wound healing impairment. It may also increase your risk of capsular contracture formation.
- ► Every patient and procedure is unique. However, please alert us if you observe any of the following and are concerned:
 - beta temperature ≥ 101.4°F

 - > worsening bruising at the surgical or adjacent site(s)
 - ▷ blisters at the surgical site(s)
 - > increased swelling or size leading to significant and sudden asymmetry
 - > unremitting or increasing pain at the surgical site(s)
 - > significant drainage at the surgical site
- ▶ There are a number of different modalities that can limit scar formation postoperatively. Starting 2 weeks post-operatively, we normally recommend that you utilize
 silicone sheeting such as Epi-Derm™ Silicone Gel Strips from Biodermis™. This therapy
 may be purchased directly through www.biodermis.com. Silicone sheets should be
 applied overlying the healing scar for at least 12 hours daily, and ideally closer to 24
 hours daily, with gentle cleansing of the scar performed once daily. An individual
 sheet may be re-used multiple times, with the average lifespan being 7-10 days.
 Alternatively, you may choose to utilize any number of silicone scar reduction gels,
 such as Mederma® or Biocorneum®, and massage in a thin coat twice daily to the
 scar for 2-3 months. We recommend silicone gel with the added embedded SPF
 component.
- Beginning 2 weeks after surgery, you should perform implant displacement exercises (i.e. massage) to limit the formation of capsular contracture. You will be instructed on the appropriate technique in the office. In brief, you should gently but firmly push the implant in all 4 directions (up, down, left, right), 10 pushes in each direction, 3 times daily, for 1 month. Thereafter, perform the massage in all 4 directions, 10 pushes in each direction, 1 time daily.