



NORTHEAST PLASTIC SURGERY
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Nipple Areola Complex Reconstruction

Post-operative Instructions

- ▶ Your post-operative appointment is scheduled for _____.
- ▶ Do not remove your breast dressings. Your breast dressings will be removed during your first office visit. You may notice an oily liquid beneath your adhesive breast dressing. This oil was used to enhance the adherence of the areolar graft that you may have.
- ▶ After 48 hours, you may remove any gauze covering overlying any donor site incision you may have (typically abdomen or inner thigh) only. If a simultaneous contralateral breast reduction or lift was also performed, please defer to the Breast Reduction Post-operative Instructions for care of the contralateral breast.
- ▶ Sponge-bathe only until further instructed. After your donor site gauze dressings have been removed, you may allow those sites only to get wet, although scrubbing should be avoided.
- ▶ After your breast dressings are removed at your first post-operative visit, your care for the nipple-areola complex should consist of once daily dressing changes using Bacitracin, Xeroform gauze, Telfa nonadherent gauze, and paper tape. Continue this care until further instructed, which is usually for approximately 2 weeks. Thereafter, Bacitracin alone on a daily basis is usually recommended for an additional 1-2 weeks. Of note, you may notice peeling at the areolar graft site, which is part of the normal healing process. If only the nipple was reconstructed, dressings changes may slightly differ.
- ▶ You may normally shower once the nipple-areola complex dressing care consists of only daily Bacitracin ointment application, although this may vary. Please await definitive instructions prior to showering.
- ▶ Do not wear a compressive bra during the post-operative period, as this may compress the reconstructed nipple-areola complex. Please await further instructions on when a bra may be worn, although we generally recommend that 4 weeks post-operatively is safe.
- ▶ You have received prescriptions for _____ as an antibiotic and _____ for pain relief. Postoperative pain management includes other modalities that are non-narcotic based to minimize reliance on such medications. Please take Colace as a stool softener to limit abdominal straining and constipation.

- ▶ Avoid the following anti-platelet agents until at least your first 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 E, as they result in a higher risk of bleeding.
- ▶ 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, Effient, Aggrenox, Pradaxa, Savaysa, Xarelto, Eliquis, or Brilinta.
- ▶ Do not consume alcohol while 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 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 6 weeks following your surgery. Nicotine reduces circulation and can result in wound healing impairment.
- ▶ Every patient and procedure is unique. However, please alert us if you observe any of the following and are concerned:
 - ▷ temperature $\geq 101.4^{\circ}\text{F}$
 - ▷ increased redness at the surgical site or adjacent site(s)
 - ▷ 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 post-operatively. Starting 2 weeks post-operatively, we may recommend that you utilize silicone sheeting such as Epi-Derm™ Silicone Gel Strips from Biodermis™ at your donor sites. 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.