

BREAST AUGMENTATION

Pre & Post Operative Information Sheet

BEFORE SURGERY

1. Do not take any aspirin or aspirin related products (Anicin, Bufferin, Motrin, Advil, Midol, Excedrin, ect.), medicines for arthritis or any nonprescription drugs of any kind 2 weeks prior to surgery and 1 week after surgery. If you need pain medication, take Tylenol. See separate sheet.
2. You will be required to obtain some laboratory blood work (possibly EKG and chest xray) approximately 1-2 weeks before your surgery.
3. Smokers **MUST STOP SMOKING** for 2 weeks prior to surgery and 4 weeks after surgery to reduce complications caused by smoking. Mastopexy patients must quit smoking AT LEAST one month prior to surgery. **NO ALCOHOLIC BEVERAGES FOR 1 WEEK PRIOR TO SURGERY.**
4. Shower using the Phisohex soap the night before surgery and the morning of surgery. Do not use creams, lotions, or deodorants after showering.

Do not eat or drink anything after midnight the night before your surgery. Any needed medications may be taken with sips of water.

Take 1 antibiotic with supper the night before. Take 1 Xanax at bedtime the night before.

5. Arrange for someone to bring you to the office the morning of surgery and pick you up. Give this person's name and number to the nurse. Also arrange for someone to stay with you the night of surgery.
6. Please wear loose fitting clothing that opens in the front and low heel shoes the day of surgery. Do not wear wigs, hairpins or jewelry. No makeup or fingernail polish the day of surgery. Wear cotton panties and socks.
7. If you develop a cold sore or facial sore or any other kind of illness prior to surgery, please notify the office immediately. If you have any questions or concerns, please call the office at 629-8154.
8. Please be at the office on _____ at _____.

INSTRUCTIONS FOLLOWING AUGMENTATION/MASTOPEXY

1. Go home - eat something as tolerated - start with ice chips and advance as tolerated.
2. **MEDICATIONS** Take pain medication as directed. Do not take on an empty stomach. Have some crackers, toast or bagels and then take pain medicine before the numbness wears off.
3. Drink plenty of fluids (juices, water and sports drinks).
4. **Complications:** Please call us immediately for any of the following:
 - Pain or swelling significantly greater on 1 side.
 - Fever over 101°.
 - Redness surrounding the wound or purulent drainage.
 - If you feel there is a problem.
5. Do not use any heat on the chest area. Cold packs may give comfort. You may use bags of frozen peas or corn.

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INSTRUCTIONS FOLLOWING AUGMENTATION/MASTOPEXY (CONTINUED)

6. Have someone stay with you the first day and night of surgery. Sleep in any position you find comfortable. Avoid using your arms to get up or down. Don't do any bending or lifting.
7. Leave the bra in place until your return visit the following day. You will be instructed when to shower. When you are allowed, use only tepid or luke-warm water. Do not let it hit you directly on the chest. Replace the bra and wear it day and night for the first week. After that you can change to a regular bra to be worn during the day. Avoid underwire bras for the first month. Typically, you will have tape covering your incisions. These will fall off by themselves or be removed by the doctor at your one week appointment.
8. **Massage:** Massaging of your breasts after augmentation is believed to help reduce capsule contractures. This should be done twice daily beginning 1 week after surgery.
9. **Sun Exposure:** You should not expose your breasts to direct sun for 1 month. You should use sunscreen on your scars for 6 months to prevent hyperpigmentation. **BE CAREFUL!** Areas of your breasts will be numb and can easily be burned or injured.
10. For any problems, call 629-8154. If after hours, listen to the recorded message. Push 0 to talk to the answering service. The doctor will return your call. Do not leave a message on the recorder, it will not be received until the next morning.

I have read the above instructions and understand them.
There will be someone with the patient for 24 hours.

Signed: _____