

Dr. Jennifer Robinson

Plastic Surgeon

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BREAST REDUCTION / REDUCTION MAMMOPLASTY

BEFORE SURGERY

Visit your family doctor, and discuss any medications that you are currently taking, including Vitamins. Some medications increase bleeding and should be avoided for at least ten days before surgery (i.e. Aspirin, Coumadin, Plavix, new - generation anticoagulants (eg apixaban, xeralto, Ginger orGingko supplements).

You may tire easily for the first few weeks after surgery and will therefore need plenty of rest. In order to protect incisions and promote healing, vigorous activity must be limited for four to six weeks after surgery. Avoid heavy lifting, stretching and strenuous exercise. You may need to prepare to have assistance with duties around the house (i.e. lifting children/meal preparation/ vacuuming). Time off work varies between 2 and 6 weeks, depending on occupation.

DAY OF SURGERY

For your general anesthetic, it is very important that you have nothing to eat or drink after midnight the night before surgery. Shower/bath prior to leaving for the hospital. Wearing a shirt that opens in the front may be easiest to put on/take off.

AFTER SURGERY

You will be discharged from hospital on **the day of the surgery**. Leave your dressings on until postoperative **day 3**. Then take all of the dressings off down to the underlying glued tapes. You may shower daily thereafter with soap and water, rinse, pat dry. Avoid bathing/submerging the incisions for 2 weeks. Raise your

arms very carefully to wash your hair.

A loose-fitting sports bra should be purchased and can be worn starting 3 days after the surgery. The sutures are under the skin surface and will dissolve. **The glued-on dressing strips should be left in place until your follow-up visit—at 2 weeks with our nurse.** You may notice puckering at the suture lines. This should resolve within 4 - 6 weeks and further improve with massage. Swelling will be mostly resolved after the first 2 weeks.

Bruising is common. Areas where the incisions meet can open and drain for up to weeks afterward. Daily cleansing and polysporin with a band-aid on these areas will encourage healing. In these areas as well as anywhere along the incision, the buried sutures are knotted and you may begin to feel them through the incision. This is normal and happens. Keep clean, apply polysporin and a band-aid until those areas are healed over. If the sutures knots are visible, you can remove them with clean tweezers after the 6 week mark as your body will have dissolved them below the skin surface.

Asymmetries are common. Scars can be red for up to 6 months, and occasionally longer.

Scar management will include taping or silicone strip application up to the 6 week mark. Pressure therapy in the form of taping or silicone strips can be beneficial for the duration that the scars are red and active.

IMPORTANT!

If any of the following occur please notify Dr. Robinson's office:

-fever and chills -increasing rather than decreasing pain - redness extending around the wound, especially if only on one side -EXCESSIVE bleeding, swelling, or paralysis

A postoperative appointment should be scheduled for 2 weeks postoperatively. Please arrange this with Dr. Robinson's office.

PAIN

—Ibuprofen (Advil) and acetaminophen (Tylenol) together can provide relief around the clock. The additional prescription provided can be taken additionally on as as-needed basis only.

—you may resume full activities in 4 weeks, some people will require 6 weeks' recovery