

SOUTHWEST BREAST & AESTHETICS

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Subsequent Stage/Revisionary Implant Based Breast Reconstruction

PRE-OPERATIVE INSTRUCTIONS

1. Please discontinue all vitamins and supplements 2 weeks prior to surgery. If you have specific questions about this, please contact our office.
2. Unless otherwise instructed by your surgeon - do not take any anti-hypertensive medications or anticoagulant (blood thinning) medications the day of surgery.
3. **Please do not eat any solid food past midnight the night before your surgery.**
4. We practice the Enhanced Recovery After Surgery (ERAS) method. Scientific studies have shown ERAS to be highly beneficial in lowering pain, hunger, and infection. Most of our patients do not require narcotics for more than a few days, if at all, due to this method.
5. As part of ERAS, you are allowed to drink carbohydrate rich fluids up to 2 hours before surgery start time. **These fluids are limited to:** Powerade, Gatorade, apple juice, grape juice, or coconut water (please do not drink anything that is red or purple in color).

PLEASE NOTE: If you have a history of diabetes, gastroesophageal reflux disease (GERD), hiatal hernia, previous bariatric surgery (gastric sleeve, gastric bypass, etc.), or BMI of greater than 33, please adhere to the standard instruction of nothing to eat OR drink by mouth past midnight the night before your surgery.
6. Shower with SOAP & WATER the morning of your surgery. Do not apply any lotions, make up, body spray or deodorant after showering.
7. Depending on the facility you are scheduled at, you may receive a post-operative bra from the facility the day of surgery - however this does not apply to all patients. Please bring any postoperative garments our office advised you to get with you to the facility the day of your surgery (postoperative bras and/or compression garment). See post-operative instructions below for more details.
8. You are to check in at the facility 2 hours prior to your surgery start time. For example, if your surgery start time is 9:00 AM, you should be checking in at the facility by 7:00 AM.
9. As part of ERAS, you will receive a dose of Tylenol, Lyrica (nerve pain suppressor), and Celebrex (same drug class as ibuprofen) once you've checked in at the facility - approximately 1 hour prior to your surgery start time.

AFTER SURGERY

1. After surgery, you will be brought to the recovery room. The expected length of time in the recovery room is approximately 1-2 hours. Your family / chaperone will be contacted when you have been transported to the recovery room.
2. A member of the plastic surgery team will speak with your family / chaperone regarding post-operative instructions, will answer any questions, and will provide updates on the course of the procedure.
3. This is typically an OUTPATIENT procedure. MOST of our patients go home the same day after surgery, although depending on your health status and comfort level, you may be kept in the hospital one to two days.

POST-OPERATIVE INSTRUCTIONS

1. **Diet:** Resume a normal diet. Attempt to increase fluid (six cups of water) and fiber intake in order to prevent constipation as this is a known effect of narcotic pain medication. Stool softeners should be taken with narcotic pain medication.
2. **Activity:** You are encouraged to ambulate the day of surgery. Non-strenuous activity only is allowed. You should not lift greater than five pounds unless otherwise indicated; these restrictions should continue until they are removed at follow-up visitations. Resumption of exercises should only begin after clearance from your surgeon.
3. **Pain:** During the surgery you may be injected with a long-acting local anesthetic Exparel to provide pain relief. In addition, narcotic pain medication will be prescribed to you prior to surgery. We strongly recommend you pick your post-op medications up at the pharmacy prior to surgery to provide a more relaxed post-operative course. Aspirin should not be taken unless specifically prescribed by your surgeon.
4. **Follow-Up Schedule:** The first post-op follow up appointment will occur the week following surgery. You are encouraged to make the follow up appointment prior to the surgery. Normal follow-up routine includes office visits weekly and then at one three months post-operatively.
5. **Drains:** **Typically, drains are NOT needed for this surgery, although may be necessary for certain patients.** Even when drain placement is not anticipated, there is always the possibility that during surgery, your surgeon decides a drain is necessary. IF you end up with drains, instructions for drain care and how to record the volume of drainage will be reviewed with you by nursing staff at the facility. On average, drains are removed 2-3 weeks after surgery, but may stay in as long as 4 weeks. Drains are removed when output falls below 30 mL in a 24 hour period.
6. **Incisions:** Sutures are most often internal and not visible on the surface. Typically they dissolve on their own with time. In some situations there may be some external sutures that may or may not require removal. We will remove and care for sutures as necessary in the clinic. Incisions may show mild signs of redness and inflammation for the first four months post-operatively. This is normal and should resolve with time. It is normal to have some oozing from the wound edges in the initial post-operative period. Wound care and scar care instructions will be based on how healing progresses as assessed at clinic visits. Do not place ointment or other products over incision lines until instructed by your surgeon. **PLEASE DO NOT PLACE ICE PACKS OR HEATING PADS ON OR NEAR ANY SURGICAL SITES DUE TO ALTERED SENSATION AND INABILITY TO FEEL WHEN TOO HOT/TOO COLD!!!**
7. **Dressings:** Dressings are simple and consist of medical-grade glue, soft padding to absorb any oozing from the wounds. Do not pick at or attempt to remove the glue. It will fall off with time OR will be removed by your surgeon in the office. Replacing soft padding daily keeps the area clean and dry. Make sure any padding you purchase over the counter at your pharmacy is “non-stick”.

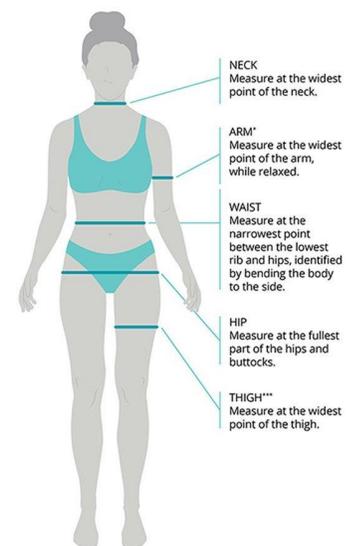
8. **Bathing:** You may shower on post-operative day two. No bathing or submerging in water (ie: pool, whirlpool, hot tub, lake, ocean, etc.) for 4 weeks. It is advisable to pat dry the incision area gently prior to applying new soft padding to the area.
9. **Implant Settling Phase:** Your permanent implants will take several months to settle. They will change in shape and size as the settling phase progresses.
10. **Post-Operative Bra:** The reconstructed breast(s) should be supported 24/7 (except when showering) with minimal movement for 2 full weeks - unless otherwise instructed by your surgeon. There should be no direct or prolonged pressure to the breast for 2 weeks (this includes no sleeping on your tummy or sides).
11. **Work:** You are normally advised to take four weeks off from work, although earlier return to work is possible depending on your occupation and recovery. The recovery period could take longer if there are complications after the surgery.

*****If your surgery involves liposuction w/ fat grafting, see items 12-14 below. Otherwise disregard.**

12. **Liposuction Donor Sites (where fat is taken from):** It is normal to have pinkish drainage from the area of liposuction. This can last several days. We recommend that you sleep on old towels as this can potentially ruin your bedding. These areas will also be significantly bruised and tender. As weeks go by, you will receive additional instructions from your surgeon if massage of the liposuction sites is required, otherwise DO NOT massage any of these areas.
13. **Compression Garment (for where fat is taken from):** Compression to the liposuction donor sites will decrease the amount of swelling. It will also improve shape. For the first 2 weeks after surgery, the compression garment is to be worn 24/7, except for when showering. We highly suggest you purchase high-waisted yoga pants/compression leggings and/or Spanx prior to the surgery and should bring them with you to the facility the day of surgery. During post-op weeks 3-4, it is best for you to continue wearing some form of compression as often as possible, but you can transition to a more comfortable garment. Based on patient feedback - when you're up and walking around during the day you can wear something [like this](#) - and then sleep in one of the garments below.

- Below are links to some compression garments we recommend (at least for the first 2 weeks) - which can be purchased online. Keep in mind that you will need to bring at least 1 of these garments with you to the hospital the day of surgery - so make sure to order far enough in advance.

- **Marena Girdles** --- More expensive, but higher quality (Medical grade) option
 - [Zipperless girdle + crotch opening \(STYLE NO. LGS2\)](#)
 - For any Marena garments, MAKE SURE to measure yourself using the size chart on their website to ensure you are ordering the correct size. Your regular pant size will NOT be the same size as the Marena garments.
 - If based on your measurements you fall between 2 sizes, you will want to order the size that aligns with your hip measurement.
 - Here is a diagram from Marena for where to take the different measurements:



- **Amazon, Brand: Homma** --- Cheaper, but still a good option

- https://www.amazon.com/Homma-Control-Fitness-Workout-Running/dp/B01MS2C9O4/ref=sr_1_5?crd=2YM8KULV8DOIP&dchild=1&keywords=homma%2Bbiker%2Bsports+&qid=1598659418&s=apparel&sprefix=homma%2Bbiker%2Cfashion%2C184&sr

14. **Fat Grafting Sites (where fat has been injected):** It is normal to have a significant amount of bruising at the fat grafting sites on the breast(s). Areas of lumpiness will eventually decrease over time. It is normal to experience tenderness of the fat grafted areas. The breast(s) will initially appear more filled in and larger, but as the swelling recedes over the next 6 weeks, some of the volume will decrease.

POST-OPERATIVE PRESCRIPTIONS & OVER THE COUNTER MEDICATIONS

We will send post-op medication prescriptions to your preferred pharmacy within 1 week of your surgery date (typically the Thursday prior). Once prescriptions have been sent, our nurse will give you a call to notify you and discuss any details regarding the medications and dosing instructions. We recommend you pick up the prescriptions and purchase the necessary over the counter medications prior to surgery to have ready at home upon discharge from the hospital.

1. **Oxycodone** is an oral narcotic prescribed to be taken *ONLY as necessary for breakthrough pain*. The goal is to limit the use of this medication to instances when the non-narcotic pain medications listed below do not control your pain. Narcotics can be dangerous, are known to cause drowsiness, and should not be mixed with alcohol. Due to the side effects, you should not drive or operate heavy machinery while under the influence of any narcotic pain medication. If your pain is severe, please call us.
2. **Acetaminophen (Tylenol)** is used for pain relief and is to be taken *as instructed for the specified number of days*. IF your pharmacy does not fill the prescription we send for this medication, you will need to purchase a bottle of this medication (500 mg tablets) over the counter at your local pharmacy. You should avoid drinking alcohol while taking this medication.
3. **Ibuprofen (Advil/Motrin)** is used for pain relief and is to be taken *as instructed for the specified number of days*. This medication is an NSAID (non-steroidal anti-inflammatory). IF your pharmacy does not fill the prescription we send for this medication, you will need to purchase a bottle of this medication (200 mg tablets) over the counter at your local pharmacy. You should stay hydrated while taking this medication.
4. **Gabapentin (Neurontin)** is a nerve pain medication prescribed to alleviate the nerve pain associated with your surgery. Please let us know if you are taking any prescription mood-altering (depression or bipolar) medications as these can potentially interact.
5. **YOU MAY OR MAY NOT BE PRESCRIBED --- Cyclobenzaprine (Flexeril)**, which a muscle relaxant prescribed to alleviate the muscular pain associated with surgery and IF prescribed should be taken as instructed for the specified number of days. This medication can also make you drowsy and should not be mixed with alcohol. You should not drive or operate heavy machinery while under the influence of this medication.
6. Narcotics and decreased mobility after surgery can cause constipation, thus a stool softener should be taken daily until you have your first bowel movement after surgery. If you are still taking narcotics (oxycodone) at the time of your first bowel movement, you should continue the stool softener until narcotics have been discontinued. You will need to purchase a stool softener over the counter at your local pharmacy. Our first-line choice stool softener is **Docusate Sodium (Colace)**. Laxatives such as Senna (Senokot) should be reserved for cases when constipation continues despite stool softeners. In addition to medications, sufficient fiber intake and hydration should also be maintained in order to prevent constipation.
7. Nausea may occur postoperatively and can be a side effect of anesthesia and/or pain medications. When necessary, anti-nausea medications can be prescribed to be taken as needed. The first-line medication we prescribe is **Ondansetron ODT (Zofran ODT)**. This medication is placed on your tongue and allowed to dissolve.