

BREAST southwest & AESTHETICS

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Implant/Tissue Expander Breast Reconstruction

PRE-OPERATIVE INSTRUCTIONS

1. 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.
2. **Please do not eat any solid food past midnight the night before your surgery.**
3. As part of ERAS, you are allowed to drink carbohydrate rich fluids up to 2 hours before your surgery. 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).

IMPORTANT NOTE - If you are a patient with a history of diabetes, acid reflux/gastroesophageal reflux disease (GERD), gastric ulcers, hiatal hernia, previous bariatric surgery (gastric sleeve etc.), or BMI greater than 33, please adhere to the standard instruction of nothing to eat OR drink past midnight the night before your surgery.

4. Shower with a mild SOAP & WATER the morning of your surgery. If your breast surgeon advised you to use a special soap - defer to their instructions for showering. Do not apply any lotions, make up, body spray or deodorant after showering the morning of your surgery.
5. **Please bring any post-operative bras you were advised to get with you to the facility the day of your surgery.** See post-op instructions below for more details about this.
6. As part of ERAS, once you've arrived at the facility, you will receive a dose of Tylenol, Lyrica (nerve pain suppressor), and Celebrex (same drug class as ibuprofen).
7. Also as part of ERAS, once you are under anesthesia, the anesthesiologist will use a local anesthetic called Exparel for nerve blocks to alleviate pain. This medication typically lasts 48-96 hours postoperatively.

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.
4. You will need to make arrangements for someone else to drive you home after surgery and to stay with you for a minimum of 24 hours after you are discharged.

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 (walk) the day of surgery. Non-strenuous activity only is allowed. You should not lift, push, or pull anything greater than 5-10 pounds for 4-6 weeks. 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 will be injected with a long-acting local anesthetic to provide pain relief. In addition, narcotic pain medication will be prescribed to you prior to surgery. It is suggested to fill the prescription 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 every 1-2 weeks until drains are removed - and if you have tissue expanders, until expansion is complete - then at one/three months post-operatively.
5. **Drains:** Drains will be placed during surgery. Usually one drain per reconstructed breast. Instructions for drain care and how to record the volume of drainage will be reviewed with you. On average, drains will be removed in the office 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.

Replacing padding daily keeps the area clean and dry. Soft padding can be purchased over the counter at your local pharmacy.

8. **Bathing:** You may shower on post-operative day two. No bathing or submerging in water (ie: pool, whirlpool, hot tub, etc.) for 4 weeks. It is advisable to pat dry the incision area gently prior to applying new soft padding to the area.
9. **Post-Operative Bra:** The reconstructed breast(s) should be supported with minimal movement for 2 weeks. There should be no direct or prolonged pressure to the breast(s) for a minimum of 2 weeks. Unless otherwise instructed by your surgeon, underwire bras are not to be worn for a minimum of 6 weeks. Given these restrictions, we will set you up with specific post-operative bras for you to wear during the first 4-6 weeks after surgery.
 - **If your surgery is scheduled at HonorHealth Deer Valley, Greenbaum, or Piper - you will receive ONE bra the day of surgery from the hospital.** This will be your PRIMARY post-op bra and should be worn at least until your 1 week post-op appointment with your surgeon.
 - [Here is a link to the manufacturer's website](#) where you can see what the bra looks like and if you wish can purchase additional bras of this type.
 - We will also provide you with a referral to go to a breast cancer boutique in town where you can get additional post-operative bras and a camisole with pockets for the drains.
 - The cost of these garments should be covered through your insurance, however do confirm this with the breast cancer boutique directly.
 - You will need to call the boutique to schedule a fitting appointment for some time prior to your surgery (ideally within 1 month of your surgery date).
10. **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.
11. **Expansion:** If you have tissue expander(s) placed, you will awake from surgery with either no volume OR a small amount of air or saline in your expander(s). Your plastic surgeon will make this decision during the surgery depending on assessment of the site immediately after mastectomy. Usually there will be no additional expansion performed for the first 2 weeks, as the tissues are healing. Once your surgeon decides it is appropriate to begin expansion, you will have saline gradually injected into the expander(s) during follow up visits to our office.
12. **Implant/Expander Settling Phase:** Your implant(s)/expander(s) will take several months to settle. Reconstructed breasts will change in shape and size as the settling phase progresses.

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). 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. Oral narcotics are prescribed to manage the pain and should be taken only as necessary. They are to be taken as instructed. The first-line medication is **Oxycodone**. This can vary depending on patient needs and preferences. This medication can make you drowsy and should not be mixed with alcohol. You should not drive nor operate any heavy machinery while under the influence of this medication.

2. **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.
3. **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.
4. **A one-week course of oral antibiotics** will be prescribed and should be taken as directed until you run out. Please be sure to notify us of any known allergies to antibiotics.
5. **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.
6. **Cyclobenzaprine (Flexeril)** is a muscle relaxant prescribed to alleviate the muscular pain associated with your surgery and 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.
7. 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.
8. 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.