

# SOUTHWEST BREAST & AESTHETICS

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## Explantation/Capsulectomy

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### **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. 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). Please do not eat any solid food past midnight the night before your surgery.

**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 30, please adhere to the standard instruction of nothing to eat OR drink by mouth past midnight the night before your surgery.

3. **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.
4. As part of ERAS, you will receive Tylenol, Lyrica (nerve pain suppressor), and Celebrex (same drug class as ibuprofen) 1 hour before your surgery. Once under anesthesia, you will also receive pectoralis nerve block(s).

### **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 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 weekly until drains are removed and then at one month 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. You should bring any post-surgical bras you were advised to get with you to the facility the day of surgery. There should be no direct or prolonged pressure to the breast(s) for a minimum of 2 weeks (this includes sleeping on your side).
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.

#### **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 Friday 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. **Oxycodone** is an oral narcotic prescribed to manage your pain as necessary. 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. Narcotics are to be taken only as instructed and the goal is to limit the use of these medications to instances when the non-narcotic medications listed below do not control your pain. 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. 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.
6. 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.