

# SOUTHWEST BREAST & AESTHETICS

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## Second Stage Implant-Based 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. 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. You should arrive at the facility for check-in 2 hours prior to your surgery start time. For example, if your surgery is scheduled for 9 AM, you should be checking in at the facility by 7 AM.
4. Please bring post-operative garments (post-operative bra and compression garment) with you to the facility the day of your surgery. See post-op instructions below for more details about this.
5. Also as part of ERAS, you will receive Tylenol, Lyrica (nerve pain suppressor), and Celebrex (same drug class as Ibuprofen) 1 hour before your surgery.

### **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 (if placed) and then at one month post-operatively.
5. **Drains:** Drains may be placed during surgery. Usually one drain per reconstructed breast. Instructions for drain care and how to record the volume of drainage would be reviewed with you. On average, drains would be removed in the office 2-3 weeks after surgery, but may stay in as long as 4 weeks. Drains would be 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. **Implant Settling Phase:** Your implant(s) will take several months to settle. Reconstructed breasts will change in shape and size as the implant settling phase progresses.
10. **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.
11. **Compression Garment:** Compression to the areas of liposuction will decrease the amount of swelling. It will also improve shape. We recommend at least 4 weeks of compression post-operatively. We highly suggest you purchase high-waisted yoga pants/compression leggings prior to the surgery and should bring them with you to the facility the day of surgery. Ask your surgeon's breast reconstruction coordinator for specific garment recommendations.
12. **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.
13. **Post-Operative Bra:** The fat grafted breast(s) should be supported with minimal movement for 2 weeks. You should bring the post-surgical bra you were given for the first stage of your reconstruction 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).
14. **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 and Medications:**

Please note that we advise you to prepare necessary medications prior to the surgery to make your post-operative course more pleasant.

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. You may also be prescribed non-narcotic pain medications such as an NSAID (same drug class as ibuprofen), Tylenol (acetaminophen), muscle relaxant, or nerve pain medication. If prescribed, these medications should be taken as instructed.
3. A one-week course of oral antibiotics will be prescribed and should be taken as directed. Please be sure to notify us of any known allergies to antibiotics.
4. Anti-Nausea medications may be prescribed to be taken as needed. Nausea may occur post-operatively and can be a side effect of pain medications. The first-line medication we prescribe is **ondansetron (Zofran)**. 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 class. This medication can also cause constipation.
5. Anti-constipation medications can be purchased over the counter and should be taken with narcotic medications. Our first line choice is a stool softener, **Docusate Sodium (Colace)**. Laxatives such as **Senna (Senokot)** should be reserved for cases where constipation continues despite stool softeners.