

SIMPLE MASTECTOMY FOR GYNECOMASTIA POST-OP INSTRUCTION

ACTIVITIES

- No strenuous activity. No heavy bending, lifting, twisting, pushing, or pulling >5-10 lbs. for 6 weeks.
- Driving may be resumed when you are no longer taking pain medications and can drive easily and rapidly, moving your foot from the gas to the brake. For the majority of patients, this window is usually one week.
- Do not smoke or be around a smoker. This can be the most significant cause of serious healing issues.
- Start walking as soon as possible. This helps to reduce swelling and lowers the chance of blood clots.
- Over activity can cause bleeding, so be very careful and **LISTEN TO YOUR BODY! If it hurts, don't do it!**

DIET

- Fluid intake is encouraged. It is important to make sure you are well hydrated, and drink at least eight 8oz. glasses of water daily after surgery.
- Follow a balanced diet. Avoid heavy, greasy, spicy foods for the first few days, as well as carbonated beverages and things that will cause bloating. Resume regular diet slowly as tolerated.
- No alcoholic beverages while you are taking pain medication. Even after pain medications are done, it is encouraged to avoid drinking alcohol for 3 weeks as it causes fluid retention.
- Constipation after surgery is common from general anesthesia as well as narcotic pain medicine. An over-the-counter stool softener is recommended. Milk of Magnesia, Mag Citrate, or enemas can be used to help, or even adding raw fruit to your diet can aid in constipation relief. Remember to increase your fluids as well.

WOUND CARE

- For patients with a bolster (nipple graft)- Shower after the bolster is removed (after 1-week post-op appointment).
- For patients without a bolster- Shower after 48 hours.
- Do not allow water from the shower to directly hit the breast. The shower water may be directed on your back. You may shower with soap and water. Remember to pat dry the incisions. Allow your nipples to air dry.
- Do not soak in tubs or pools for 2 weeks or while drains are in place.
- For patients with a graft/reconstructed areola, completely cover areola and nipple with Aquaphor and gauze/non-stick.
- For patients with liposuction- Expect a large volume of blood-tinged anesthetic solution to drain during the first 48 hrs.
- You will have white band steri-strips or mesh in place over the incision. Please do not remove them; we will take these off at 2-3 weeks post-op in the office.

WHAT TO EXPECT

- Maximum discomfort should occur in the first few days, improving each day thereafter.
- Bruising, swelling, numbness and tightness, and tenderness of skin for 3-4 months.
- You will be sent home wearing a compression garment. Wear your compression garment until the physician says otherwise.

MEDICATIONS

- Resume all home medications as directed by your primary care provider, and follow up with them if you have any questions about resuming the medication.
- The medications you will be prescribed after surgery are part of our Enhanced Recovery After Surgery (ERAS) program. This program is designed to make your recovery faster and easier on you and your body and to lower the chances of a problem after surgery.
- You have been prescribed several medications after surgery. Each medication should be taken as directed.
- Acetaminophen (Tylenol) 1000 mg by mouth three times daily (OVER-THE-COUNTER).
You should take your Tylenol on a regular basis for the first two weeks after surgery. Tylenol is an excellent pain reliever that is non-addictive and has few side effects.
- Naproxen (Aleve) **OR** Ibuprofen (Advil) 800mg tablet by mouth twice daily (OVER-THE-COUNTER)
You should take it on a regular basis for the first two weeks after surgery. Aleve/Advil is a pain reliever **AND** anti-inflammatory. This medication works differently than Tylenol. Do not take this medication if you have had gastric bypass surgery, have a history of kidney problems, or have been told not to take this medication by another doctor.

MEDICATIONS, cont'd

- Oxycodone (Roxicodone) one to two tablet(s) by mouth every 6 hours as needed after surgery (Prescription)
Oxycodone is a narcotic pain medication. Most patients will feel nauseated and may vomit if this medication is taken on an empty stomach. This medication also causes constipation that worsens over time. Taking the prescribed stool softener and increasing your water and fiber intake is important to help with constipation. This medication can be addictive for some patients, and it is important to taper off this medication quickly after surgery. Narcotic pain medications should be used for short periods of time only and can be helpful for breakthrough pain after surgery. Once you have stopped taking this medication, turn the rest into your pharmacy so that it can be disposed of correctly. Every prescription of this medication is closely tracked and monitored by the Federal Drug Enforcement Agency (DEA).
- Polyethylene Glycol (Miralax) one capful (17 grams) by mouth twice daily (OVER-THE-COUNTER)
Miralax is a stool softener agent. You should take this medication twice daily after surgery to help with constipation. Constipation after surgery is from the general anesthesia as well as the narcotic pain medication you get during and after surgery. It is important to make sure you are well hydrated while taking this medication, so drink at least eight 8 oz. glasses of water daily after surgery.

CALL THE SURGEON:

- Continuous bleeding that does not stop with pressure
- Fever of more than 101.5 degrees
- Unable to empty bladder
- Difficulty breathing
- Nausea or vomiting not controlled with the anti-nausea medication • Pain not controlled with medications
- Lidocaine Toxicity

Signs & Symptoms of Lidocaine Toxicity

- o Slurred or difficult speech
- o Paresthesia- "pins and needles" feeling of skin
- o Numbness of lips/mouth
- o Metallic taste in mouth
- o "Ringing" in Ears
- o Double Vision
- o Feeling hot or cold
- o Altered Cardiovascular System
- o Drowsiness
- o Dizziness
- o Dysrhythmias (irregular heartbeat)
- o Restlessness, Agitation, Nervousness
- o Hypotension (low blood pressure)
- o Bradycardia (low heart rate)
- o Loss of Consciousness
- o Muscle Twitching
- o Tremors or Shaking
- o Seizures
- o Respiratory Depression
- o Respiratory and Cardiac Arrest

RISKS

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I (we) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death. I (we) also realize that the following risks and hazards may occur in connection with this particular procedure:

- 1. Loss of skin or nipple.**
- 2. Asymmetry**
- 3. Unattractive and/or painful scars.**
- 4. Loss of breast sensation.**
- 5. Inability to breastfeed**
- 6. Need for additional procedures.**
- 7. Lidocaine Toxicity**

If suction lipectomy performed, additional risks are:

- 1. Wrinkling, dimpling, irregularity of surface.**
- 2. Chronic pain.**
- 3. Seroma (fluid) accumulation**
- 4. Skin discoloration.**
- 5. Sagging of skin.**
- 6. Lidocaine Toxicity**