

Jones Plastic Surgery Center

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BREAST AUGMENTATION SURGERY Postoperative Suggestions and Guidelines

NOTE: ABSOLUTELY NO SMOKING

ALL MEDICATIONS SHOULD BE TAKEN WITH FOOD

IMMEDIATELY AFTER SURGERY AND FOR THE FIRST 48 HOURS

- a. Regular diet. No alcoholic beverages. Stay hydrated.
- b. Get up to go to the bathroom. Rest and relax otherwise. You should walk with assistance no less than once the first night. Try to flex and extend your feet when resting to help prevent blood clots.
- c. Begin taking your antibiotic and other medications as written. Medication for nausea can be prescribed as needed.
- d. You need someone to be with you at least the first night, and you need to be within 30 minutes of the office.
- e. You may start icing the day of surgery for 20 minutes at a time with no direct ice to skin contact, with 2 hours in between each icing. Avoid placing ice directly on incisions.
- f. Begin taking anti-inflammatory medications such as Motrin or Ibuprofen the night of the procedure, unless otherwise instructed by Dr. Jones, and if you have no medical contraindications such as stomach ulcers. **NO ASPIRIN.**
- g. Begin massaging the upper portion of the breast and perform this no less than 10 reps hourly.

CALL US IF:

- a. Noticeable breast swelling occurs, especially if one breast becomes noticeably larger than the other
- b. Large amount of blood on the bra
- c. Temperature of over 100° F
- d. Shortness of breath, excessive pain, the inability to void, or other concerns

AFTER 24-48 HOURS

- 1. Your bandages should be changed, but steri-strips will remain over your incisions for 2-3 weeks.
- 2. You may be able to shower at 48 hrs after surgery (unless Dr. Jones says otherwise).
- 3. Continue to wear your surgical bra night and day for approximately 6 weeks.
- 4. You may drive when not taking a narcotic or sedating medications.
- 5. No strenuous activity for 6 wks unless otherwise instructed (no lifting > 10 lbs, no raising arms high above the head, no running, jogging, etc.).

PLEASE CALL WITH ANY QUESTIONS OR CONCERNS:
Office # 405-848-3459

PLEASE REVIEW
POST OP EXERCISES/INSTRUCTIONS
at www.drjustinjones.com

Signature _____

Witness _____

Printed Name _____

Date _____