

Implant Removal Surgery Aftercare Guidelines

Surgery Date: _____	<u>First Night</u> Date: _____	<u>Following</u> <u>Day</u> Date:	<u>3-5 Days</u> <u>1st</u> <u>Post op Visit</u> Date:	<u>7-10 Days</u> <u>2nd</u> <u>Post op Visit</u> Date:	<u>2 Weeks</u> <u>Post op</u> Date:	<u>3 Weeks</u> <u>Post op</u> Date:	<u>4-6 Weeks</u> <u>Post op</u> Date:	<u>8 Weeks</u> <u>Post-op</u> Date:	<u>12 Weeks</u> <u>Post-op</u> Date:
Sleep in a reclined position			X						
Medications- take as directed				X					
Soft Diet and liquids		X							
Stool softener/High Fiber foods				X					
Leave on all dressing					X				
Surgical Stockings		X							
Emotional ups & downs	X	X	X	X	X	X	X	X	X
Hands/elbows at side				X					
Driving-(when completely off all medications and can react to an emergency)				X					
Shower			X						
Water Proof Band Aid							X		
Steri Strip Removal							X		
Can get incision line wet							X4		
Surgical Bra							X4		
Lower body exercise						X			
Heavy lifting/upper body exercise mild								X	
Alcohol Beverages					X				
Herbal Supplements/Dietary Supplements					X				
Comfortable Sports Bra/ Non Underwire Bra							X4		
Wear Underwire Bra								X	
Ocean, pool, or Jacuzzi water								X	
Drains				X					
Silicone Sheeting							X		

Breast Implant Removal Post Op Care Instructions

- 1.** Sleeping in an upright position for 1 week after surgery.
- 2.** No heavy lifting until 3 weeks post-surgery.
- 3.** No driving for 1 week post or until off narcotic pain medication completely.
- 4.** Please take the medications as directed. Antibiotic medication is for 3 days, pain and nausea medication are taken as needed. Never take medications on an empty stomach and always space out the medications.
- 5.** Constipation is very common due to the pain medication and anesthesia. Please use Colace, an over the counter stool softener or any laxative that has worked with you in the past. You may start taking something to help prevent constipation 2-3 days post surgery.
- 6.** If you develop a rash or think you are having an allergic reaction to the medication, please call our office immediately. Sometimes Benadryl will help.
- 7.** No upper body exercises for 8 weeks post surgery.
- 8.** You cannot get the breast wet for 1-3 weeks post surgery or until Dr. Pousti has directed otherwise. When you do go in the shower regular soap and water.
- 9.** No ocean water or pool water for 6-8 weeks post surgery or until the incision is fully healed.
- 10.** No tanning or sun exposure to the incision until your incision has healed completely.
- 11.** Please do not put scar creams or ointments on the incision immediately after surgery, you may irritate the area or cause an allergic reaction.
- 12.** After surgery you will have sterile dressings, a surgical bra, and compression stockings provided to you. Please leave everything on until we see you in the office, which is usually 3 days post surgery.
- 13.** Wear the surgical bra for a total of 4 weeks. You may wear a comfortable sports bra or regular non-underwire bra after your surgical bra for at least 4 more weeks. Around 2 months post-op, you may begin wearing a normal bra as long as you have acquired full sensation.
- 14.** Some drainage from the incision lines is normal and its usually a light green/yellow discharge at about 2-3 weeks post surgery. Please keep the area as dry as possible.

15. If there is redness on the incision line or it feels tender, please call our office at (619) 466-8851.

16. Incision lines and final results may take up to about a year.

17. If you are an out of town patient, please keep in touch via email, and send photos to us at your 2ndweek, 1st month, 2ndmonth, 4th month, 6th month...etc.

18. Please call us with any concerns Mon-Friday 8:30am-5:30 pm Saturdays from 9:00am-12pm at 619- 466-8851.

Preventing Constipation While Taking Post-Operative Opiate Pain Medicine

Post-operative pain is typically handled using opiate and non-opiate pain relievers. Examples of opiates include Percocet and Vicodin or their generic equivalents. A typical non-opiate medicine is acetaminophen (generic Tylenol) or ibuprofen. These medicines are very effective at controlling pain and they are intended for short-term use, as directed by your doctor. The opiates can become addictive over longer periods of time.

Opiates act on certain nerve pathways in the brain that block the perception of pain. However, at the same time, the medicines work on another nerve pathway involved in stimulating the intestinal muscles to rhythmically move material down the large intestine for disposal from the body. The large intestine is also a place where the body reabsorbs water, which prevents diarrhea.

When these intestinal muscles slow down or stop for periods of time, the contents of the intestine may not be moving well and more water may still be removed making the contents very solid or hard. This is called constipation.

Suggestions to minimize the potential problems described above include:

Prior to surgery:

To lighten the load on the intestines, avoid eating large, heavy meals a few days before the surgery date. Eat smaller meals and include fruits and vegetables and foods higher in fiber. Try to avoid foods that cause you to have intestinal gas.

Following surgery:

1. Eat foods rich in soluble and insoluble fiber (such as bran, oats, foods made with whole grains, fruits, and vegetables), drinking enough fluids, and getting enough exercise (Note: exercise only as instructed by your doctor).
2. Take a laxative and/or stool softener.
 - a. **Bulk-forming laxatives** generally are the safest type of laxative. Examples of bulk-forming laxatives include psyllium (1 brand name: Metamucil), polycarbophil (1 brand name: FiberCon), and methylcellulose (1 brand name: Citrucel).
 - i. To reduce your risk of side effects, you should start slowly and make sure to drink plenty of fluids while taking bulk-forming laxatives. Gradually increase how much you use.
 - b. **Stool softeners** help mix fluid into stools to soften them. This makes stools easier to pass out of the body. An example of a stool softener is docusate (1 brand name: Colace).
 - c. **Osmotic laxatives** cause the intestine to hold more fluid. This softens stools and helps the bowel move them out. Examples include polyethylene glycol (1 brand name: Miralax) and magnesium hydroxide solution (called milk of magnesia)
 - d. **Stimulant laxatives** are the strongest type of laxatives. They cause the bowel to squeeze or contract to move the stools out. Stimulant laxatives should not be used for more than a few days. When these laxatives are taken for a long time, the bowel can lose its muscle tone and “forget” how to push the stool out on its own.
 - i. Bisacodyl (1 brand name: Dulcolax) and sennosides (1 brand name: Senokot) are examples of stimulant laxatives.

Read the directions on the drug facts label to learn how much medicine to take and how often to take it. If you have any questions about how much medicine to take, call your doctor or pharmacist.

Precautions

- Most laxatives don't have side effects if you use them correctly. However, sometimes they can cause cramping, gas, bloating, nausea, or diarrhea.
- Don't take laxatives if you have an allergy to any of the ingredients. Some people may be allergic to psyllium, a key ingredient in 1 type of bulk-forming laxative.
- If you have a condition called phenylketonuria, you shouldn't take a laxative that contains phenylalanine.

Some text taken from www.familydoctor.org