



## **THE PRE-OPERATIVE SESSION™**

### **PRE-OPERATIVE INSTRUCTIONS FOR BREAST REDUCTION SURGERY**

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#### **THREE WEEKS BEFORE SURGERY:**

- Laboratory tests and EKG (if they are required) must be done. If you are having your testing at a lab other than the one we suggested, please have the written results faxed to our office one full week before surgery (our fax number is 585-271-4786).
- A mammogram done within the past year is required for any female at or over the age of 35 for any type of breast surgery.
- SURGERY WILL NEED TO BE CANCELLED IF THERE IS ANY CHANCE THAT YOU ARE PREGNANT.
- All fees are due, including surgical, facility and anesthesia.

#### **TWO WEEKS BEFORE SURGERY:**

- Do not take any products containing aspirin, ibuprofen (Advil, Motrin), non-steroidal anti-inflammatory medication or Vitamin E. Tylenol is acceptable.
- Refrain from all nicotine products, including cigarettes, pipe tobacco, chew or Nicotine patch. Nicotine interferes with healthy circulation and may affect the result of your surgery. It also places you at higher risk of complication when receiving anesthesia.

#### **ONE WEEK BEFORE SURGERY:**

- Do not drink alcohol for 1 week before and after surgery.
- Please ensure that all laboratory tests and/or blood work has been completed by this time as ordered by the physician/nurse practitioner. Our fax number is 585-271-4786.

#### **THE DAY BEFORE SURGERY:**

- The Surgery Center will call you after noon to inform you of your arrival time for surgery.
- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT** (This includes water and gum chewing). Surgery may be cancelled if this is not followed. A fasting state is required in order to receive sedation for surgery. The only exception is medication, which we instruct you to take with a sip of water the morning of surgery.

#### **DAY OF SURGERY:**

- Go to suite 101 (Lindsay House Surgery Center).
- You may shower and shampoo the morning of surgery. Do not wear makeup, hair sprays or gels, or nail polish. You may leave acrylic nails on.
- Avoid clothing that must be pulled over the head. Please wear loose fitting clothing.
- Do not wear jewelry, including body jewelry or bring valuables to surgery.
- Do not use underarm deodorant.
- If you have your menstrual cycle, please wear a feminine napkin. Do not wear a tampon.

## **POST-OPERATIVE INSTRUCTIONS FOR BREAST REDUCTION SURGERY**

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### **COMMON INSTRUCTIONS AFTER SURGERY:**

- A responsible adult must provide transportation for you (public transportation is not permissible) and must stay with you after your surgery and overnight until the morning following the procedure. If you are having several procedures, you may need or prefer assistance for 1-2 days following your procedure.
- Do not drive for 24 hours after surgery or while you are taking pain medication.
- Avoid making major decisions or participating in activities that require judgment for 24 hours after surgery.
- You are encouraged to walk around the house on the day of surgery and thereafter. This helps to prevent blood clots from developing in the legs.
- Move/pump your legs frequently while lying down. This also helps in preventing blood clots from developing.
- Wear the support stockings for at least 5 days after surgery or until fully active.
- Use your incentive spirometer 10 every hour while awake for 5 days after surgery or until fully active. This is necessary to prevent post operative pneumonia or atelectasis.
- Resume activities slowly. You may feel tired for the first few days.
- Do not exercise for the first week. After the first week, you may resume low intensity, lower body exercise. You may use your upper body for everyday tasks after surgery (for example – reaching for or putting away dishes); however, refrain from using the upper body muscles in a repetitive or strenuous motion for 3 weeks. No vacuuming, tennis or pectoral exercises for 3 weeks. No jogging for 3 weeks. You may resume all exercise/activity after 3 weeks.
- When you do resume exercise, you should wear a tight, supportive sport bra to minimize bounce and droop of the breasts.
- Drink plenty of fluids (8-10 glasses/day) for the first week to keep well hydrated.
- If you have not urinated after 6 hours of being home from surgery, please contact our office.
- Expect to have some incisional discomfort for the first 24 hours after surgery. Take your pain medication before your pain becomes severe.
- Take all medications as instructed post operatively.
- You may resume most restricted medications after one week from the time of surgery. Ibuprofen may be resumed after 3 days.
- Some bruising and swelling is normal. It is expected to take between 3-6 months to see your final results.
- Avoid direct sunlight to the incision for at least 1 year. Use a sunscreen with zinc oxide with an SPF of 20 or greater to help decrease the visibility of the scar.

**POST OPERATIVE INSTRUCTIONS:  
BREAST CARE AFTER  
BREAST REDUCTION SURGERY**

- You will have a support bra on after surgery. This will need to be worn continuously for the first 3 weeks.
- You will have a gauze dressing over your breasts underneath the support bra. You should expect some bloody drainage during the first 24 hours. You may change the gauze pads as needed in order to keep the incisions dry.
- You will have steri strips (adhesive bandages) in place over your incisions. Please keep the steri strips clean and dry.
- Initially, you may take a quick shower with your back to the water, keeping your incisions completely dry.
- On post operative Day 5, you may take a shower. It is okay to get the steri strips wet at this point, but do not remove them. You can gently pat yourself dry with a towel or use a blow dryer (cool setting) to dry the steri strips.
- Reapply the support bra after showering.
- Your steri strips should remain in place until they begin to fall off naturally. At your 3 week follow-up appointment, we will remove any steri strips that remain.

**CALL OUR OFFICE IF YOU DEVELOP ANY OF THE FOLLOWING:**

- Fever of 101 degrees F or greater.
- Pain not relieved with pain medication.
- Swelling, redness, bleeding, and/or foul drainage from an incision site.
- Persistent nausea and/or vomiting.
- Any other concerns.

**Office Telephone #:** 585-244-1000

**Physician pager #:** 585-258-4851

**I HAVE READ THIS DOCUMENT/IT HAS BEEN EXPLAINED TO ME AND I UNDERSTAND ALL OF THE INSTRUCTIONS PROVIDED.**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

My telephone number the morning of surgery is: \_\_\_\_\_

My telephone number the day after surgery is: \_\_\_\_\_