

## BREAST REDUCTION

### Pre-Operative and Post-Operative Instructions

#### PREPARING FOR SURGERY

Educate yourself:

- Ask Dr. Ridgway any questions that you have. Do not save your questions until the day of surgery - we don't want you worrying unnecessarily and your questions might change your surgical plan.
- We recommend reviewing the following websites:
  - [www.breasthealthonline.com](http://www.breasthealthonline.com). This website was created by women who have had breast reduction surgery.
  - <https://www.plasticsurgery.org/reconstructive-procedures/breast-reduction>
- If you are comfortable with the idea, talk to friends who have had breast surgery in order to obtain a patient's perspective. This surgery is very common.

Six months before surgery:

- Women over 40: Since you should not have a mammogram for 6 months after surgery, you should schedule one within 6 months before surgery.
- Contact your primary care provider (PCP) to schedule an appointment for a pre-operative check within the month prior to your scheduled surgery date. This note is to ensure that your medical provider thinks you are safe to undergo surgery and anesthesia.

One month before surgery:

- See your primary care provider within 30 days of your surgery for your pre-operative exam and ensure that they send Dr. Ridgway's office a copy of your medical clearance note. F:406-587-2120, E:office@ridgwayplasticsurgery.com
- Stop tobacco use and avoid being around anyone who smokes for at least 1 month before and 2 weeks after surgery. This includes nicotine patches and gum, chewing tobacco and vaping. Smoking impairs wound healing and increases your risk of infection. It also increases your risk of anesthesia complications including pneumonia, cardiac events and blood clots. Due to a strong risk for delayed healing, we will likely perform a urine test on the day of your surgery to test for by-products of smoking. If the test is positive, your surgery will be cancelled. If you have not been able to stop, please let us know as soon as possible and we can reschedule your surgery.
- Start eating a healthy diet to prepare your body to heal smoothly. Increase your protein intake to ideally 70 grams per day and add foods high in Vitamin C to your diet -- dark leafy greens with kale and spinach, strawberries, broccoli, bell peppers, kiwi, cantaloupe, brussels sprouts, papaya and

oranges. You may also want to supplement with a daily zinc supplement or multivitamin. Zinc is found in shrimp, cashews, lentils, sesame and pumpkin seeds, lamb, turkey and quinoa. Protein, Vitamin C and zinc have all been shown to help healing.

- If you have diabetes, you are at increased risk for wound infection and problems healing. We want to have your glucose levels optimized and well controlled prior to surgery. Work with your PCP to ensure this goal is reached.
- If you have rheumatoid arthritis, ulcerative colitis, lupus or are taking any chemotherapy, steroids or immunosuppression for another reason, you are at increased risk for wound healing problems and infection. Please alert us of these medications as we will attempt to work with your prescribing doctor to stop these medications. If it is not possible to stop these medications, the risks of complications may outweigh the benefits of surgery.
- If you have a history of a blood clot - deep vein thrombosis (DVT), pulmonary embolism (PE), multiple miscarriages, a family history of blood clots - you are at increased risk for a DVT or PE happening again. A PE can be fatal. We will need to speak with you, to your doctor and a hematologist about perioperative blood thinners such as Lovenox®.

Two weeks before surgery:

- If you take blood thinners, such as Coumadin®, Plavix® or Lovenox®, please speak with Dr. Ridgway and your primary care provider about stopping these medications. Sometimes the risks of stopping these medications outweigh the benefits of surgery.
- Stop taking all aspirin and ibuprofen products 14 days before surgery and at least 2 days after your surgery, unless otherwise directed. These products thin your blood and may increase bleeding. To be safe, please take acetaminophen (Tylenol®) only for pain relief in the 2 weeks prior to surgery.

Other bleeding thinning products to avoid are:

- Vitamin E
- Fish oil
- Ginkgo biloba
- Garlic supplements
- St. John's wort
- Herbal teas
- Ginger supplements
- Excessive intake of avocado, cayenne pepper, cranberries, raisins or dried cherries
- Continue to take your prescribed medications unless otherwise advised by your doctor. If you have questions about your medications, ask your doctor or pharmacist.
- Stop drinking alcohol at least 7 days prior to surgery. Alcohol consumption (even weekend binge drinking) can impair your ability to stop bleeding and to fight an infection. Alcohol consumption also increases your risk of complications from anesthesia.
- Stay well hydrated.
- Arrange for a support person to help you after surgery with the following:
  - To fill your prescriptions
  - Receive instructions for your care

- Drive you home and stay with you for at least the first 24 hours after surgery
- Bring you back to the clinic for your first post-op visit

#### The day before your surgery:

- A representative from the office will call you before your surgery to let you know the time of your surgery.
- Do not eat or drink anything after midnight. Hydrate well the day and week before surgery.
- Pick up your prescriptions.
- Shower the night before and the morning of surgery with an antibacterial soap (Hibiclens®, Dial®, or Lever 2000®). Take special care to wash your chest and underarms.
- DO NOT apply deodorant, powder, or lotion.
- DO NOT wear any jewelry or nail polish. Sculptured nails may have to be clipped for monitoring purposes.

#### Helpful preparation hints:

- Make sure items like milk, juice, and water are in small containers. Gallon and half gallon containers will be too heavy for you to lift.
- Have pre-made dinners on hand so you can cook them in the microwave.
- Prepare foods high in protein such as meat, poultry, fish, and eggs. Eating more protein will help you heal at a faster rate, as will adding dark green vegetables.
- Have crackers or pretzels on hand to eat with your medication or if you have an upset stomach.
- Use paper plates and plastic cups so you do not need to wash dishes.
- Bring items down from high shelves so you do not have to reach. Bring up items on low shelves so you do not need to bend down.
- Plan to wear button-down shirts, loose pants, and slip-on shoes, as it will be difficult to raise your arms or bend at the waist.
- Have your night clothes, slippers, dressing supplies, and medications set up and ready for when you come home. Have a phone in easy reach, as well as remote controls, and reading material.
- Try to have someone available to run to the store for you. Driving can be hazardous the first two weeks and while you are taking narcotics. Your range of motion may be limited and you may not be able to react quickly enough in response to a dog running into the road or a car cutting you off.

#### Items to have on hand:

Some supplies which may be helpful during your recovery are:

- Arnica ointment to apply to areas of bruising
- A gentle laxative for constipation while taking narcotics
- Yogurt or probiotics to prevent yeast infections while on antibiotics
- Thermometer
- Slip on shoes
- Several house robes
- A pillow to use under your seat belt

- High protein foods
- Antibacterial soap
- Aquaphor® ointment
- Extra gauze or nursing pads
- Paper tape
- A flexible straw for drinking
- A list of phone numbers/emergency contacts for your helpers

### DAY OF SURGERY

- Arrive at the location for your surgery at the time requested.
- Do not drink or eat anything the morning of your surgery.
- Take your normal medications.
- Your support person can wait in the surgery waiting room. He or she should plan on waiting about 3 to 5 hours.
- Your surgery normally takes 2-4 hours.
- In some cases, patients need to spend the night. However, the majority of patients go home in 2-4 hours following surgery.

The first night of surgery, you are at risk for bleeding under the skin. This would present with increased swelling, increased pain and possibly increased bruising or drain output. This may be a surgical emergency so please call and we will ask you to meet us in the clinic or hospital to evaluate you.

### THE HEALING PROCESS:

Incision care:

Your incisions will be closed with sutures deep to the skin. Surgical glue and steri-strips will be placed over the incisions. These steri-strips usually stay in place for a week or two and then will peel off. When they peel off, if you wish to optimize your scars, please apply silicon tape (Mepitac® ¾" is recommended and can be found on Amazon.com). We will continue this for 6 weeks at least and then begin scar massage with Aquaphor®. Do not begin scar massage prior to 6 weeks as your wounds are not strong enough.

If you have a lollipop or vertical pattern breast reduction, there will be taping under your breast. Leave that in place until your appointment with the doctor in 2 weeks. Pat the tape dry after each shower. You will continue to tape for 6 weeks following surgery.

The healing process after breast reduction surgery varies with each person. You should expect to feel tired for the first 2 to 3 weeks due to the anesthesia and healing process. Rest often during the day and get a good night's sleep.

- Shooting pain and burning sensations are normal and will subside as you heal.
- Breast swelling is normal, as is mild bruising. If one side is swelling more than the other or the swelling is painful, it could be a fluid collection. Please call and you may need to have the fluid removed with a needle or have a drain replaced.

- Expect to have some pink, red, or clear drainage from your incisions for the first 1 to 2 weeks. Continue to use gauze dressings until the drainage is gone.
- Expect redness at your incision line for several weeks as your stitches absorb. If the redness spreads away from the incision, please call the clinic.
- Spitting sutures: Occasionally an area of redness and tenderness develops where a dissolving stitch becomes irritated and pushes to the surface. This stitch is clear or white and looks like fishing line. If this occurs, it is not an emergency. You may clip the stitch or call the clinic for an appointment to have it trimmed.
- Your incisions will get red and bumpy in the first 3 months as your body builds scar tissue. This is the best time to massage your scars (see Scar Massage handout). By your 6-month appointment the scars will have lightened and flattened. However, it takes at least a year for your scars to heal and scar appearance will continue to improve for years.

### Sleeping: Try to get a good night's sleep

Your surgeon may ask you to sleep on your back for 2 weeks. Here are some suggestions for a good night's sleep.

- Try sleeping in your recliner chair.
- Have extra pillows in your bed for support: two along your sides and one under your knees to keep you on your back and to relieve lower back pressure. Buy a large "body pillow" or a pillow with arm rests for sitting up in bed.

### Getting out of bed

You will be asked to limit the use of your arms for 2 weeks after surgery. This can be a problem when trying to get out of bed. The following suggestions help you get out of bed with minimal use of your arms.

- When in bed, pull your knees up towards your chest and tip to the side, gently rolling out of bed. Take care not to roll onto your breasts.
- Create a nest of pillows. Having many pillows to prop you in a semi-upright position help give you that extra boost to get out of bed.
- Have someone put gentle pressure to your lower shoulder blades as you sit up. This gives you the extra power you need to get to your feet.

### Pain Medications:

With any surgery there is some discomfort or pain. We will prescribe pain medication, usually a narcotic and an anti-inflammatory. Take both as prescribed and only as needed. Most people take their narcotic for the first couple of days and their anti-inflammatory for 1 to 2 weeks. Please read your "Narcotic Use and Post-Op Pain" handout for proper use of your pain medications.

### Showering and bathing

- If you have breast drains, Dr. Ridgway or her nurse usually removes them within the first 3 days following surgery. You may shower 2 days following surgery whether you have drains or not. Wash by allowing the water to run over your incisions. Pat the incisions dry prior to putting on your bra. You do not want your incisions to be covered with moist dressings.

- DO NOT shower if you have had a free nipple graft. Your dressing must stay dry and in place until you see your doctor, usually in 7 to 9 days.
- Be sure to have someone nearby when taking your first shower in case you feel dizzy. Remember your center of gravity will be different and you will be on a narcotic.
- Do not soak, swim or hot tub until all incisions are completely healed.

Garments:

- You will be provided with a garment after your surgery. Please keep a dry gauze inside the garment along your incisions so your incisions do not get wet. Please change it as necessary if it gets wet or damp. The gauze will also help to make sure your bra is NOT rubbing on your incisions.

Do's and Don't's for the next 6 weeks:

- DO NOT drive a motor vehicle for 2 weeks until you can handle the steering wheel without discomfort. Do not drive while taking your narcotic. You will be able to wear a seat belt if you place a small pillow over your chest area.
- DO NOT engage in sexual activity for at least 1 week.
- DO NOT smoke or be around anyone who smokes for 2 weeks. Smoking delays healing and can lead to infection.
- DO NOT lift more than 5 pounds or bend at the waist to lift for 2 weeks.
- DO NOT participate in strenuous activities such as running or aerobics for 6 weeks. When you do resume these activities, do so slowly. If it hurts, it is too early.
- DO NOT tan at the incision lines for at least 12 months.
- Do resume walking at a gentle pace.
- You may return to work in 1 to 6 weeks (average time is 3 weeks) depending upon your work activity.
- Do report signs of infection. We want to see you as soon as possible if you have any of these signs.

Signs of Infection:

- A temperature over 100.4° F or 38° C.
- Redness at the incision line that is beginning to spread away from the incision after the first 48 hours.
- Yellow pus-like or foul smelling drainage larger than dime size from the incision or drain sites.
- Increased pain/discomfort that is not relieved by your pain medicine.
- Increased swelling.

All surgery including breast surgery has some risk:

Breast reduction surgery is not a simple surgery, but is normally safe when performed by an experienced and board-certified plastic surgeon.

There are, however, always risks of complications, including unfavorable scars, seroma (fluid collection), wound healing problems including skin or nipple loss, bleeding, infection, temporary or permanent loss of sensation, asymmetry, chronic pain or complications from anesthesia. These problems are more common in overweight, diabetic and smoking patients.

Breast reduction does leave extensive and permanent scars and may also leave you with slightly different sized or shaped breasts. You may also have unevenly positioned nipples. Future breast-feeding may not be possible.

Your breast should be at their final shape by about 6 months after your surgery. It is at this time that revision surgery could be considered. The scars will continue to improve for years.

#### CONTACT INFORMATION

Office hours: 8:00 am – 4:00 pm, Monday – Thursday; 8:00 am – 1:00 pm Friday

Please call 406-586-2620 with any questions or concerns.