

BREAST AUGMENTATION WITH LIFT

DOCTOR GERUT'S POSTOPERATIVE INSTRUCTIONS

NO SMOKING, SEX, LIFTING, STRAINING, ETC. FOR FIRST TWO DAYS, KEEP ELBOWS AT SIDES AT ALL TIMES. Shoulder motion should be restricted to a minimum. Elbows may bend freely to bring hands to face but shoulders may move only enough to wash under arms. You must not wash your own hair for this causes your arms to move too much. If you move around too much, it causes bleeding or infection. It is critical that you **DO NOT move your shoulders for 48 hours**. Even the motion of removing a child proof cap from your medication can cause bleeding.

Wiggle your toes and ankles and move your knees as much as possible to prevent blood clots from forming in your legs. Do this until you are walking normally.

Cough and breathe deeply. This will help prevent post-operative respiratory infections.

Please take the medications that Dr. Gerut indicates with a check mark. Any medication not checked off may be taken if necessary. **If you are allergic to any of these medications, please let us know!** Please take all pills with food to avoid nausea. When you fill your prescriptions, the bottles will be labeled **only with the medical names for your pills** and for your reference, these medical names are in parentheses below.

Antibiotic:

- ☐ **Keflex** (Cephalexin) - 500mg (1 pill) 2 times a day or if allergic to Penicillin,
- ☐ **Vibramycin** (Doxycycline) - 100mg 2 times a day

Severe pain:

☐ **Percocet** (Oxycodone)- 1-2 pills every three to four hours as needed. For the first two days, you should take the pain pills every 2 or 3 hours and not wait to feel it.

Moderate pain:

- ☐ **Norco** (hydrocodone bitartrate and acetaminophen) - 1-2 pills every 3 to 4 hours as needed.

Nausea:

- ☐ **Compazine** (Prochlorperazine) Use one if needed. Never use more than 2 in 24 hours. If nausea returns, and you weigh less than 160 pounds, call the using a second suppository.

Anti-swelling:

- ☐ **Medrol Dose Pack** (methylprednisolone) -take pills as directed

Constipation:

- ☐ **Ex-Lax** (or any other mild laxative as needed).

Multi-Vitamin:

- ☐ 1 daily

YOU WILL GO HOME WITH A SPECIAL BRA AND POSSIBLY A STRAP ABOVE THE BREASTS. KEEP BOTH THE BRA AND THE STRAP ON AT ALL TIMES DURING THE FIRST 48 HOURS.

Do not shower until two days after the surgery. After 48 hours you may remove the strap and bandages to shower **BRIEFLY**. During the shower, the breasts and stitches may be washed **GENTLY** by letting water run on them. Gently pat breasts dry, apply Bacitracin or Neosporin ointment to visible stitches, and then apply new bandages and put the bra and strap back on. **During your first shower, your shoulder motion should be gentle and slow. You should have help for your first shower as you might slip and fall.**

Your stitches will either dissolve or be removed within two weeks after surgery. . Do not peel the skin tapes off. Let them fall off by themselves. Your sutures will dissolve but if some do not, they will be removed.

If post surgical garments get too tight, you may loosen them slightly. For best results, they should remain as tight as possible. For comfort, wear a cotton tee shirt under them. For several weeks you will have to wear the bra 24 hours a day. Although this may be uncomfortable at times, it will greatly aid your healing.

You may have drains and you may go home with drains still in- we will show you how to empty the bulb twice a day and keep a careful record of how much comes out. Make sure there is always suction on the drains by keeping the bulbs collapsed and the plugs in tightly.

Expect small areas of bloody or yellowish drainage on your bandages. These areas may develop even **weeks** after your surgery. Small amounts of drainage are expected. Severe bleeding or large amounts of drainage must be reported to Dr. Gerut immediately.

You must expect swelling, soreness, as well as some black and blue. Expect bruising on and around your breasts. This may increase over the first few days after surgery. It is normal that it migrates onto your ribs below and to the sides of the breasts.

You must check your nipple/areolar areas frequently for any color changes. ANY DARK PURPLE/BLACK COLOR should be reported to Dr. Gerut as soon as possible. **Please be prepared to text or email pictures of your breasts to Dr. Gerut the night after and the day after surgery.**

It is normal to have pain, swelling and bruising but if there is very severe swelling and/or pain only on one side or if severe pain persists after two days call Dr. Gerut immediately. Please take your temperature using a thermometer every afternoon and call if higher than 100.8 degrees Fahrenheit. If pain persists after three days, if there is a severe or sudden increase in pain or swelling on one side only or other problem call Dr. Gerut immediately at **516-295-2100**. After hours call **516-620-3619**.

You will have to sleep on your back for the first several days after surgery.

Expect to be constipated after surgery due to the anesthesia and medications. This will subside with time.

Do not apply any treatment cream to the surgical area unless approved by Dr. Gerut.

No aspirin, Bufferin, APC, Fiorinal, Alka Seltzer, Ecotrin, Excedrin, Anacin, Vitamin E or any other medication not directed by DR. Gerut. Regarding Advil or Motrin, check with Dr. Gerut or his office staff.

Acidophilus, Diflucan or Monistat (or other over the counter anti-yeast infection medication) or vinegar douche to avoid or treat yeast infection from antibiotics.

After 48 hours you may move your shoulders as you wish. You may begin limited activity roughly 5 days to one week after surgery and full heavy exercise within about three weeks. Jogging, impact aerobics or other "Bouncing" exercises will be permitted after three to four weeks.

Your breasts will be numb at first, then they will become sensitive to touch for several weeks to months after surgery and this will return to normal.

Please call the office at your earliest convenience to schedule your first postoperative appointment.

To be as safe as possible, from now on, you must be treated as if you have a heart murmur:
Any dental treatment other than filling or any surgical procedure no matter how small - must be pre-treated morning of the procedure and 2 pills after, 6 hours apart. Also, you must take antibiotic for any infection (urine infection, tooth abcess, etc.) and any significant cold or flu.

Hardening due to scar encapsulation is a possibility when breast augmentation surgery is performed. Aggressive massage and other physical manipulation can help avoid this. Despite good efforts, it still may occur. Some surgeons believe the anti-asthma medication Accolate/Singular may prevent/treat this scar encapsulation. Other surgeons feel ultra-sound treatment may help. If you wish to have these treatments at any time, please ask. Ultra-sound may be done at a physical therapy office for a fee. We can provide you with a prescription for Accolate, but be aware of the possible side-effects that include; liver failure and death.

Starting 7 days after surgery, you **MUST** lie down on the floor, on your stomach, for **30 minutes twice a day**. This should continue for months after surgery. Also, starting **5 days** after surgery, begin massaging the breasts. This should also continue for months following surgery. These manipulations will aide in the prevention of hardening due to scar encapsulation.

Breast implants affect your breast examination as well as mammography. Your personal physician and/or your gynecologist must be told about the implants. You must examine your own breasts monthly.

I have been made aware of the following possible problems, complications and/or side effects and I accept them (there are others possible that are not listed here):

Bleeding	Thrombophlebitis	Reaction to the sutures
Infection	Hypertrophic Scars	Capsule Formation (hardening)
Need for revisional surgery	Keloids	Skin/scar discoloration
Wound Dehiscence	Chronic Pain	Disability
Skin Numbness	Asymmetry – very likely	Change in breast shape
Seroma	Anesthesia Risks	Paresthesias
Loss of nipple areolar sensation	Nipple areolar malposition	Scarring
Change in Mammogram	Hematoma	Contour deformities
Nipple-Areolar necrosis	Implant extrusion	Recurrent Ptosis
Change of breast shape with chest muscle motion		Implant can leak needing immediate replacement
Interference with mammogram		High position of implant with breast tissue looking too low
Need to replace implant after 5-10 years (silicone) even with no leakage		
Change in breast self-examination		

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It may be necessary for you to communicate with Dr. Gerut by text or email before or after your surgery. This communication may involve sending information about or photographs of yourself over the Internet from which you may or may not be identifiable. By your initials here you acknowledge and accept this potential breach of your privacy.

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For some of the above complications, it may be necessary to remove an/the implant(s) and it will need to remain out for at least 6 months. Among other things, significant weight gain or weight loss (change of 10% or more in body weight) can affect your surgical result, for this reason, you must agree to make all efforts to keep your weight stable after your procedure. If your weight changes significantly (change of 10% or more in body weight) after your procedure, you will not be entitled to any free “touch-up” procedures to the same area and

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you will be charged a surgical fee and an operating room fee and an anesthesia fee. If for other reasons, revisional surgery is required, there may be a surgical fee but even if there is no surgical fee, THERE WILL BE A STANDARD FEE FOR THE OPERATING ROOM AND THE ANESTHESIA.

No Aspirin, Bufferin, APC, Fiorinal, Alka Seltzer, Ecotrin, Excedrin, Anacin, Vitamin E or any other medication not directed by Dr. Gerut for ONE WEEK AFTER SURGERY. Regarding Advil or Motrin, check with Dr. Gerut or his office staff. During the time that you are taking a narcotic pain reliever, you are to avoid driving or operating heavy machinery. Dizziness or severe drowsiness can cause falls or other accidents.

For those patients having silicone implants:

The rupture of silicone breast implants is most often silent (there are no symptoms experienced by the patient and no physical sign of changes with the implant). The FDA recommends that you have an MRI a few years after this surgery and you will need to exchange your implants for new ones after 5-10 years.

It is important that you know that implants are NOT considered lifetime devices and that in the future you will undergo implant removal, with or without replacement.

I have read the above instructions (4 pages total) and possible problems fully, all my questions have been answered and I understand and accept the instructions and possible problems fully.

Patient Signature

Date

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