

BREAST REDUCTION OR BREAST LIFT

DOCTOR GERUT'S POST OPERATIVE INSTRUCTIONS

1. NO SEX, LIFTING, STRAINING, ETC. FOR THE 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 as this causes your arms to move too much. If you move around too much, it may cause bleeding or infection. It is critical that you limit arm motion for the first 48 hours. Even the motion of removing a child proof cap from your medication can cause bleeding. **DO NOT SMOKE!** Smoking can cause the skin near your scars to die and can slow or ruin your healing tremendously. Even second-hand smoke is dangerous.

2. You must wiggle your toes and ankles and move your knees as much as possible to help prevent blood clots from forming in your legs. Do this until you are walking normally. **Cough and breathe deeply. This will help prevent any post-operative respiratory problems.**

3. 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 a bit of 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 names are in parentheses below.

Antibiotic:

Keflex (Cephalexin)- 500mg (1 pill) 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, take the pain pills every 2 or 3 hours and not wait to feel it.

OR

Moderate pain:

Norco (hydrocodone bitartrate and acetaminophen) - 1-2 pills every three to four 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 office before using a second suppository.

Anti-swelling:

Medrol -take pills as directed on package. Begin taking the morning after surgery.

Constipation:

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

Multi-Vitamin:

1 daily; and **Vitamin C** -take two or more 500mg tablets daily

4. KEEP THE BRA ON AT ALL TIMES DURING THE FIRST 48 HOURS.

Two days after the surgery you may remove the bra and bandages to shower **BRIEFLY**. During the shower, the breasts and stitches may be washed with normal soap **GENTLY** by letting water run on them. Do not spray shower directly on the breasts or stitches. Gently pat breasts dry, apply Bacitracin or Neosporin ointment to visible stitches (around nipples), then apply new bandages and put bra back on. **During your first shower,**

your elbows may be raised enough only to wash under arms. 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.

5. If post surgical brassiere gets too tight you may change it for a looser one of the same type. Underwire brassieres are not allowed for at least six weeks after surgery.

6. **Do not** peel the skin tapes off. Let them fall off by themselves. Your sutures will all dissolve. If some do not, they will be removed within two or three weeks.

7. 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 drain by keeping the bulb collapsed and the plug in tightly. (SEE ATTACHED SHEET)

8. 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. 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.

9. At first expect your nipples and at least some of the skin of the breasts to be numb. After a few days, your nipples will become extra sensitive to touch. This extra sensitivity and the breast skin numbness may persist for several months after surgery. This will return to normal very slowly.

10. Expect to be constipated and tired after surgery due to the effects of anesthesia and medications. This will subside with time. Please take laxatives in anticipation of this problem

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

12. **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.

13. Acidophilus, Diflucan or Monistat to avoid or treat yeast infection from antibiotics.

14. Any severe increase in pain, or swelling on only one side or any other emergency should be reported to Dr. Gerut immediately at 516-295-2100. After the office is closed please call Dr. Gerut's service at (516) 620-3619.

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. ****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 email or text pictures of your breasts to Dr. Gerut the night after and the day after surgery.**

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

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. X_____

I have been advised of the possible complications (there are others not listed here):

Bleeding	Thrombophlebitis	Reaction to the sutures
Infection	Hypertrophic Scars	Asymmetry (likely)
Need for revisional surgery	Keloids	Skin discoloration
Wound Dehiscence	Chronic Pain	Disability
Skin Numbness	Nerve Damage	Scar discoloration
Seroma	Anesthesia Risks	Parasthesias
Nipple and/or Skin Necrosis	Hematoma	Contour deformities
Scarring	Loss of nipple sensation	Nipple areola necrosis
Nipple areolar malposition	Need for secondary surgery	Fat necrosis
Pain	Wound dehiscence	Time away from work/ social activities
Changes in self-exam and mammogram	Inability to predict exact post-op size	

Your incision lines will appear red and feel hard for months after surgery. Your final scar appearance will not be evident for over one year. If any part of your scar does not heal well, it is usually easily repaired but not until at least six months after surgery. Do not expose your scars to direct or prolonged sunlight for at least one year after surgery.

I understand that after my procedure, any weight gain may drastically change my appearance for the worse.

For this reason, I agree to make all efforts to keep my weight stable after my procedure. I also understand that if I gain weight after my procedure, I will not be entitled to any additional free "touch-up" procedures to the same area(s) but I will be charged a surgical fee and an operating room fee and an anesthesia fee.

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.

I have read the above instructions, my questions have been answered, and I understand the instructions fully.

Patient (or guardian) Signature

Date

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