

WESTCOUNTRY

PLASTIC SURGEONS
of Washington University



Patient Information for :

BREAST AUGMENTATION- MASTOPEXY

Dr. Terence Myckatyn &
Dr. Marissa Tenenbaum

Surgery Scheduling Secretary/Dr. Tenenbaum – Carol – 314-996-3040
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Marilyn Bennett and Patty McCune

OR DAY/TIME : _____ PLACE: _____ ARRIVAL TIME: _____

During office hours, questions can be answered by our office staff at 314-996-8800. During off hours, please call Barnes hospital at 314-362-5000 and ask for the “Plastic Surgery Resident on call.”

Please note that our website (www.westcountyplasticsurgeons.wustl.edu) has detailed descriptions of most procedures. This form is available from our website by navigating to: Patient Resources > Patient Forms.

BEFORE SURGERY

SIX WEEKS BEFORE SURGERY:

1. **Smoking affects healing.** Please **stop smoking or ANY nicotine products for at least 6 weeks before surgery and one month after.** If needed, we can prescribe Chantix to help you quit.
2. **Good nutrition can help optimize wound healing and speed your recovery from plastic surgery.** To reduce the risk of problems, please be sure to consume a high protein diet and appropriately supplement any vitamin or dietary deficiencies that you may have.

3. **Implantinfo.com.** To judge the size of breast implants that best suit your taste and frame we suggest visiting the website : www.implantinfo.com

You should print off some pictures before surgery and bring them to us so we can review what results you like, but also some that you don't. We can never perfectly duplicate these results, but a picture is an excellent way of communicating what you like and don't like with your surgeon – especially when it comes to the size of the implants.

When reviewing the online pictures, it is very important to select patients that look like you before surgery and who underwent a similar procedure to the one you plan to undergo. Remember that **performing a breast implant and a breast lift at the same time (ie. Breast augmentation mastopexy) is a more complex operation.** Thus, it is more common that later corrective surgery be required to optimize a result. You need to consider this when undergoing a combined implant and lift procedure.

4. **Learning about breast implants.** To learn more about the safety of breast implants, including silicone breast implants, please refer to the official public site from the American Society of Plastic Surgeons (ASPS) at: www.breastimplantsafety.org/

In your case, the “Breast Augmentation” link at the top of this page is most relevant to you.

5. **Learning about Strattice acellular dermal matrix.** In some cases, we will recommend the use of a product to help support the weight of a breast implant internally. Strattice acellular dermal matrix is a porcine (swine) derived product that has been sterilized using an electron beam. It is used in augmentation-mastopexy as an “internal bra” when your surgeon is concerned that the breast tissue alone is too weak to support the implant. The initial experience with acellular dermal matrices for breast surgery comes from breast reconstruction for cancer where our practice has used this product hundreds of times. Based on its value as an internal support structure it has recently been introduced into cosmetic breast surgery to prevent breast implants from moving and as a tool to help correct some other problems with breast implants. To learn more about this product, please refer to the website: www.renewingyou.com

TWO WEEKS BEFORE SURGERY:

1. Some medications can interfere with anesthesia and cause undesirable side effects that could affect your surgery. Please read over the enclosed “**Medication and Supplement Alert List**” and let us know if you take any of them. For example, **garlic** and **ginseng can cause bleeding** even though they are homeopathic remedies and not true medicines. So please stop taking these, and any other non-prescription herbal medicines for two weeks before surgery. Also, Aspirin should not be taken 2 weeks before or after surgery. Tylenol is a good medicine to take for any aches or pains you may have prior to your surgery.
2. If you develop a cold, facial sore, fever or any other illness prior to surgery, please notify us.

3. If you are having surgery as an outpatient, please be sure arrangements have been made for a responsible adult to drive you to and pick you up after surgery and to stay with you for the first 24 hours.

EVENING BEFORE SURGERY:

1. Have some jello and/or soup available for after surgery.
2. Get a good night's rest.
3. Do not eat or drink anything after midnight if your surgery is scheduled before noon. Never eat or drink anything at all for at least 8 hours prior to surgery.

DAY OF SURGERY

Arrive at the Hospital at: _____

1. Do not eat or drink anything if your surgery is scheduled before noon. If your surgery is scheduled after noon, you may have coffee or tea and dry toast no later than 8 hours before your scheduled surgery time. **DO NOT SMOKE.**
2. Do not wear contact lenses, wigs, hairpins, hairpieces or jewelry. Dress in old, loose, comfortable clothes. Do not wear pullover tops or pantyhose. Remove all body piercing jewelry from all locations. Wear slip-on shoes.
3. Have someone drive you to your surgery and make certain someone will be available to take you home and stay with you for 24 hours. Put a pillow and blanket in the car for the trip home.

AFTER SURGERY

1. **Resting position.** While resting, keep your head and shoulders elevated on at least 2 pillows for the first 24 hours. You may get up to the bathroom but have someone keep an eye on you at first.
2. **Diet.** A light diet is best for the rest of the day after surgery. Begin by taking liquids slowly and progress to soups or jello. You may start a regular diet the next day.
3. **Pain control.** If you have pain or discomfort, take the pain medication every 4 hours. It is best to take pain medication with crackers, jello, etc. If you have no pain, do not take the medication. Alcohol and pain medication should not be taken together. We may also prescribe a muscle relaxant that can be taken 3 times per day and may be more helpful than narcotic.
4. **Activity.** For the first 48 hours keep your arm movements to a minimum. Your arms should not be used to support your body or to lift anything heavy.

5. **Drains.** Small drains are rarely placed, but if they are, they will be used to draw off any accumulating fluid after surgery. The bulb should be kept collapsed at all times. The fluid will need to be removed when the drain is no longer collapsed. Please keep a record of what time and how much fluid is emptied from the bulb in milliliters. Bring this record with you to the office appointment. Usually, drains are removed 48 hours after your surgery. The drains will not be removed if you have drained more than 30 cc within a 24 hour period.
6. **Wound glue.** The wounds have likely been sealed with Dermabond or superglue no wound care except cleaning is required. Do not use ointment over Dermabond glue.
7. **Showering.** You may shower 48 hours after surgery. The incisions can get soapy and wet, but avoid applying full showerhead pressure to them. Avoid soaking under water in a tub or pool.
8. **Surgical bra.** You should wear your provided surgical bra until the doctor states you may wear an alternative. Obtain a sports bra **WITHOUT AN UNDERWIRE** that clips in the front to bring to your first post-op visit to use as the alternative bra.
9. **Supportive tape.** If supportive tape is used for your surgery, please continue to wear this until your first follow-up visit. Your doctor will remove this when appropriate. If it comes off in the meantime, please contact our office but do not replace it yourself.

OTHER POST-OPERATIVE INSTRUCTIONS

1. You may gradually resume normal daily activities after 48 hours, being careful to avoid any activity that causes pain or discomfort. Strenuous activities and exercises are to be avoided until 2 weeks after surgery. At that point, you may perform non-impact aerobics like the elliptical, stairmaster, arc trainer, or stationary bike. Light jogging, yoga, and lower body weight training can start at 3 weeks. Running, impact aerobics, and light upper body work can start at 4-6 weeks depending on your comfort level. Do not exceed lifting 10 lbs with your upper body for at least 6 weeks. If it hurts, back off. Start slow and progress as tolerated. Call your doctor if you have any questions.
2. Driving may be resumed when a sharp turn of the steering wheel will not cause pain and when you are off regular narcotic pain medicine.
3. Breast massage may start as soon as you are able to do so without pain. Your surgeon will tell you when and if to start. This is usually 7-10 days after surgery. Instructions on breast massage will be given with the first post-operative office visit by either the nurse, medical or physician's assistant. The importance of massage cannot be over-emphasized. It is something you should be committed to doing for the next year.
4. Bruising and swelling are normal. This will disappear with time.
5. Unusual sensations like numbness, sharpness, and burning are common during the healing process. These sensations may last several weeks and will gradually disappear.
6. If your doctor requires that you wear a bandeau, please wear it over the bra so that it resides on the top half of the breasts. It will help push the implants down to a lower position.

7. If you have any questions, sudden onset of extreme pain, fever, or redness, please call Dr. Myckatyn or Dr. Tenenbaum's office at 362-4263 or 314-996-8800.

RETURNING TO WORK:

1. Working from home: Less than 1 week.
2. Desk job : 1 to 2 weeks
3. Up on your feet a lot : 2 to 3 weeks
4. Manual labor : 3 to 4 weeks

GENERAL INFORMATION:

1. Strenuous activity/heavy lifting of objects greater than 10 lbs should be avoided for 6 weeks.
2. All incisions will be extremely sensitive to sunlight for one year. Direct sun contact is to be avoided and use a sunscreen with SPF 30 or greater for the first 6 months and at least SPF 15 for the next 6 months. Excellent sunscreen options are offered through our various skin care lines.
3. Please take all medication carefully and as directed.
4. If you have nausea, vomiting, rash, shortness of breath, or diarrhea after taking your medications, please call the office.
5. If you develop a fever (oral temperature greater than 101), redness or increased pain at the surgical incisions, please call us immediately.

FOLLOW-UP:

Follow-up after surgery varies based on the extent of the procedure, any pre-existing health conditions you may have, how far away you live, and in the unusual event where there is a complication.

For many patients follow-up includes:

- a) Follow-up within 1 week with registered nurse or physician's assistant to pull drains, check wounds, and to address any minor questions or concerns
- b) Physician follow-up at 3 weeks, 3 months and 1 year and to address any concerns

PRESCRIPTIONS:

We will try to provide you with prescriptions for medicines prior to your surgical procedure. Usually this will include a pain medicine and an antibiotic.

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