

WEST COUNTY Patient Information for :

PLASTIC SURGEONS
of Washington University

*“DIRECT TO IMPLANT”
BREAST RECONSTRUCTION*



Dr. Terence Myckatyn &
Dr. Marissa Tenenbaum

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Surgery Scheduling Secretary/Dr. Myckatyn – Michelle – 314-996-3028
Plastic and Reconstructive Surgery Nursing Staff – 314-996-3201
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

AS SOON AS POSSIBLE BEFORE SURGERY:

1. **Realize the limitations of *DIRECT TO IMPLANT* breast reconstruction.** Mastectomy (the removal of the breast) results in the removal of not only the breast tissue but also some amount of skin that frequently includes the nipple (bump) and areola (pigmented circle around the areola). So, you may only have enough skin available to cover a small to moderate sized implant. The best candidates for *direct to implant* breast reconstructions are healthy nonsmokers who undergo a simple, nipple sparing, or prophylactic mastectomy, have moderate-sized breasts to begin with, and will accept a smaller breast than they started with prior to mastectomy. The obvious benefit is that they can avoid the staged series of operations that is required with a tissue expander.

2. **Learning about breast implants.** You will have the choice of a *silicone* or *saline* breast implant. 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 Reconstruction” link at the top of this page is most relevant to you.

3. **Smoking affects healing.** Please **stop smoking or ANY nicotine products for as long as possible before and after surgery.** If needed, we can prescribe Chantix to help you quit.

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. 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, urinary tract infection, fever or any other illness prior to surgery, please notify us.

EVENING BEFORE SURGERY:

1. Have some jello and/or soup available for after surgery.
2. Get a good night’s rest.

DAY OF SURGERY

Be at the Hospital at: _____

1. Do not eat or drink anything starting the midnight before surgery. **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. A vehicle that allows you to recline is best.

AFTER SURGERY

1. **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.
2. **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.

Once you are discharged home, you can take a narcotic such as Tylenol with oxycodone (Percocet), hydrocodone (Vicodin), propoxyphene (Darvocet), or codeine (Tylenol #3) for pain control. To prevent inflammation we may prescribe Celebrex or Ibuprofen, and to encourage muscle relaxation we may prescribe Flexeril.

3. **Arm 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. After this, you may move your shoulder joint but only to shoulder level. When you see us in follow-up we will give you some exercises to perform that will start at about 2 or 3 weeks after surgery:
 - i) make small circles with your arm to move your shoulder
 - ii) “climb the wall” – allow a wall to support your arm as your hand slowly climbs up it by bending only at the shoulder joint
4. **Drains** are 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 when they make less than 30 cc within a 24 hour period. On average, they will stay in for 2-3 weeks.
5. **Wound glue.** The wounds have been sealed with Dermabond or superglue. No wound care except cleaning is required. Do not use ointment over Dermabond glue.
6. **Showering.** You may shower 48 hours after surgery. The incisions can get soapy and wet, but avoid applying full showerhead pressure to them.
7. **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.

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 for 4 weeks.** 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 one week thereafter. Running, impact aerobics, and light upper body work can start at 6-10 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 our office 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. Bruising and swelling are normal. This will disappear with time.
4. Unusual sensations like numbness, sharpness, and burning are common during the healing process. These sensations may last several weeks and will gradually disappear.
5. If you have any questions, sudden onset of extreme pain, fever, or redness, please call Dr. Myckatyn or Dr. Tenenbaum's office at 314-362-4263 or 314-996-8800

RETURNING TO WORK:

1. Working from home : 2-3 weeks
2. Desk job : 3 weeks
3. Up on your feet a lot : 4 weeks
4. Manual labor : 6 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. Avoid sweating for the first month after surgery by staying out of the sun even if you are covered or using sunscreen, and limiting exercise.
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.
6. Remember that to optimize your results after *direct to implant* breast reconstruction, additional surgery may still be recommended. Your result following this procedure will not be perfectly symmetric, and as the implant pocket becomes less swollen and more stretched with time, the implant may drop down and to the side, and more rippling of the implant may be noted. Also, if radiation therapy of the breast is required, this may also change the appearance of the breast. Usually, other procedures can be performed to alter your reconstructed breast, more closely match the other healthy or reconstructed breast, and reconstruct the nipple and areola.

7. If you plan to have **any** dental or surgical procedure when you have breast implants, please contact our office to prescribe you a short course of antibiotics **BEFORE** and **AFTER** your procedure.

FOLLOW-UP (return visits):

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 with registered nurse (RN) or physician's assistant (PA) at 1 week and to address any minor questions or concerns, remove drains, and check wounds.
- b) Physician follow-ups will typically occur at 3 weeks, and at 3 months to address any questions and whether any further reconstructive surgery is feasible or desired.

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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