

1020 N MASON RD STE #110 SAINT LOUIS MO 63141

Office of Dr. Terence Myckatyn & Dr. Marissa Tenenbaum

Surgery Scheduling Assistant for Dr. Tenenbaum	Carol – 314-996-3040
Surgery Scheduling Assistant for Dr. Myckatyn	Michelle - 314-996-3028
Cosmetic Patient Concierge	Kristi- 314-996-8133
West County Plastic Surgeons Nursing Line	314-996-3201
General Questions and Office Appointments	Front Desk – 314-996-8800 Option 2

Surgery DAY/TIME : _____ PLACE: _____ ARRIVAL TIME: _____

During office hours, questions can be answered by our office staff at **314-996-8800**.

After hours, please call Central Page for the Plastic Surgery Resident ON CALL at **314-362-1242**

Please note that our website (www.westcountyplasticsurgeons.wustl.edu) has detailed descriptions of most procedures.

DIRECT TO IMPLANT BREAST RECONSTRUCTION

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

SIX WEEKS 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 nipple sparing mastectomy, have moderate-sized breasts to begin with, and may need to accept a smaller breast than they started with prior to mastectomy. The obvious benefit is that they can reduce the overall number of operations.
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 at least 6 weeks before surgery and one month after.** If needed, we can prescribe Chantix to help you quit.
4. **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.

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** or **Plavix** should not be taken for 2 weeks before or for 2 days after surgery. **If you take these medicines for a pre-existing history of cardiac stents, stroke, clotting disorder, or other risk factors please let us know so we can work with your cardiologist or internist to ensure that surgery can be conducted safely.** 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, or any other illness prior to surgery, please notify us.

EVENING BEFORE SURGERY

1. Drink 24 oz of a clear carbohydrate beverage (Gatorade/power aid) or water
2. Eat a late dinner of your choosing
3. Have some jello and/or soup available for after surgery.
4. Get a good night’s rest.

MORNING OF SURGERY

Be at the Hospital at: _____

1. Drink 12 oz of water 4 hours before your scheduled surgery - *Do not drink milk, juice with pulp, cream, or sugar the morning of surgery*

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.
4. When in the hospital, you will be given the following oral medicines (we will give these to you at the hospital – there is no need to obtain or take these beforehand). These are : Tylenol and Celecoxib.
5. DO NOT SMOKE

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.** You are given an Enhanced Recovery After Surgery or ERAS protocol. This is a protocol that incorporates best medical practices to optimize your comfort and speed up recovery. The ERAS protocol may include :
 - PECS 2 block – this is a regional local anesthesia block that is used to reduce pain during and after surgery
 - Celecoxib (Celebrex) – a selective cox-2 inhibitor, this is an anti-inflammatory medicine
 - Vicodin – narcotic medicine for pain control
 - Acetaminophen (Tylenol) – for pain control
 - Hydromorphone (Morphine) – for pain control when oral medicines are not enough
 - Zofran – a powerful anti-nausea medicine
 - Flexeril – this is a muscle relaxant that can be used to limit spasm of the chest muscles
 - Colace – a stool softener to prevent constipation due to the narcotic medicines
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
 - iii) be sure to sit up straight and roll your shoulders back – sometimes tight or sore chest muscles will cause you to roll your shoulders forward subconsciously
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.

We may use an antiseptic-impregnated disk or “biopatch” around your drain where it exits the skin to reduce bacterial contamination.

5. **Wound glue.** The wounds have been sealed with medical glue. No wound care except cleaning is required. Do not use ointment over medical 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.
8. **Nitropaste Cream.** To improve blood flow to the breast skin following mastectomy, 1 inch of nitroglycerine paste may be applied to each operated breast at the end of surgery. This will wear off in 24 to 48 hours. It will not be reapplied. If you experience low blood pressure or headaches, you can wash off the nitropaste with a washcloth as in rare instances it may reduce blood pressure.

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 314-996-8800

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

This could vary depending you're your condition and upon your healing.

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 5 to 14 days with our Nurses to pull drains, check wounds, and to address any minor questions or concerns
- b) Physician follow-up at 3 weeks, 3 months, and perhaps other visits to confirm you are healing well.