

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, opt. 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.

Tissue Expanders

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.

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. Drink 24 oz of a clear carbohydrate beverage 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

1. Drink 12 oz of water 4 hours before your 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.

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 as prescribed. 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/Norco), 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.

A **biopatch** is a chlorhexidine-impregnated disk placed around your drain. We will place a clear dressing around it. When that clear dressing comes off, the biopatch may come off as well. If that is the case, you can cleanse the area where the drain comes out with a chlorhexidine swab from a local pharmacy, hydrogen peroxide, or medical alcohol 2-3 times a day.

5. **Wound glue.** The wounds have been sealed with Dermabond or equivalent. No wound care except cleaning is required. Do not use ointment over wound 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. **Filling your tissue expander.** We will use a magnet device to identify the port on your tissue expander through which we can fill it. We will cleanse the area and then pass a needle through your skin and into the filling port. This should not cause sharp pain since

your skin will be numb following your mastectomy. We will then fill your tissue expander with sterile saline fluid. We typically fill your tissue expander every 1 to 4 weeks.

6. After filling your tissue expander you may feel chest tightness or soreness. Minimizing heavy activity, sleeping with the head of your bed slightly elevated, and taking a muscle relaxant or anti-inflammatory medicine that we prescribe may be helpful.
7. 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. After hours you can reach the plastic surgery resident on call at 314-362-1242 and let the physician know you are Dr. Myckatyn's or Dr. Tenenbaum's patient.

RETURNING TO WORK:

1. Working from home : 1-3 weeks
2. Desk job : 2-3 weeks
3. Up on your feet a lot : 3-4 weeks
4. Manual labor : 6-8 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 5-14 days with our Nurses to pull drains, check wounds, and to address any minor questions or concerns

- b) Physician follow-up at approximately 3 weeks, 3 months and 1 year and to address any concerns