



Mastopexy Augmentation Surgery



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Northland Plastic Surgery

Surgery Handbook

**Mastopexy
Augmentation**

**A surgical procedure to raise, reshape,
and enlarge the breasts using implants.**

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PROCEDURE OVERVIEW - MASTOPEXY AUGMENTATION

Mastopexy is a surgical procedure that improves sagging of the breasts by removing excess skin. Sagging of the breasts can develop over time from loss of elasticity and effects of gravity, weight loss, and after pregnancy and nursing. Mastopexy alone will lift the breast but will not necessarily restore fullness. Augmentation of the breasts using a breast implant beneath the breast tissue helps restore fullness and improves projection of the breasts.

Mastopexy augmentation will not satisfy an unrealistic search for perfection or change one's life circumstances. The best candidates for mastopexy augmentation are in good physical health, are personally motivated, and are looking for improvement, not perfection, in the way they look.

Breast augmentation is performed on an outpatient basis using general anesthesia. The procedure may take between 2 and 3 hours depending on the extent of the surgery. Minimal droop of the breast may be corrected by removing only a rim of skin around the areola. More significant droop may require skin removal from around and below the areola. Excess skin is removed, the nipple-areola complex is moved to a higher position, and the skin edges are brought together to reshape the breast. Scars that result from this approach resemble an anchor – encircling the areola and extending down to the crease of the breast. All sutures are placed beneath the skin and will dissolve over time. After surgery, the incisions are covered with gauze dressings and an ace wrap or support bra may be placed to position and protect the breasts. Most people report pain and pressure of the chest from the stretching of the tissues during the first week after surgery. This discomfort gradually diminishes over 2 - 3 weeks and is easily controlled with oral medications. During this time of recovery, upper arm and aerobic activity should be limited. Most people can return to work after 7 - 10 days, depending on their job requirements. After 6 weeks, most people can resume normal physical activity. Patients are seen several times during the first weeks after surgery to monitor healing. Later visits may be scheduled 3, 6, and 12 months after surgery. Routine follow-up visits should be performed yearly so that changes or problems can be discovered early.

Patients over the age of 40 need to have a base-line mammogram performed within the year prior to mastopexy augmentation. We recommend waiting a minimum of 12 months after surgery before resuming regular mammograms. After, patients should continue to follow routine self-breast examination and mammography guidelines according to the American Cancer Society.

Mastopexy augmentation can enhance body contour restore or create fullness, shape, and symmetry of the breasts. The shape and position of the breasts however will not last forever; gravity, aging, pregnancy, and weight changes may influence the shape of the breast over time. In addition, the lifespan of implants is not known, and they should NOT be considered “lifetime” devices. It is reasonable to expect future surgeries after breast augmentation. Surgeries may include but are not limited to replacing a deflated implant or improving sagging of the breasts that occurs over time. Most people are very happy with the results of mastopexy augmentation. Mastopexy augmentation has made a significant difference in the lives of many people; feeling an improvement in self-esteem and confidence in how they look both in and out of clothing.

PREPARING FOR SURGERY

STARTING NOW

- **STOP SMOKING AND ALL NICOTINE PRODUCTS:** We strongly recommend that you stop the use of ALL nicotine products at least one month before your surgery. Smoking reduces circulation to the skin and slows healing. In some cases, your physician may cancel your surgery if you do not follow this recommendation.

2 WEEKS BEFORE SURGERY

- **STOP 2 WEEKS PRIOR:** Fish oil, garlic, ginger, ginkgo biloba, ma huang, and vitamin E. Any herbal or homeopathic supplement.
- **STOP 10 – 14 DAYS PRIOR:** Do not take anti-inflammatories. Review the provided list of drugs to avoid and discontinue their use 10 – 14 days before your surgery. Such drugs can cause bleeding, delay in healing, anesthesia conflicts, infection, or problems during and after surgery. Use medications containing acetaminophen (such as Tylenol) instead. If you are unsure about discontinuing a medication, please consult with your primary physician.

24 – 48 HOURS BEFORE YOUR SURGERY

- **CONFIRM YOUR SURGERY TIME:** A nurse will call you 1 – 2 days before your surgery to review your medical status and confirm your surgery time. If a nurse has not reached you by 3:00 PM the day before your surgery, please call Lakewalk Surgery Center at 218-728-0650 or 877-728-0650 for your final preoperative instructions.
- **EATING AND DRINKING:** Do not eat or drink anything after 12:00 midnight the night before your surgery. This includes water. Do not drink alcohol within 24 hours of surgery.

THE MORNING OF SURGERY

- **MEDICATIONS:** If you take a daily medication that must be taken in the morning, you may take it with a sip of water in the early morning. Absolutely do not eat or drink anything else.
- **ORAL HYGIENE:** You may brush your teeth but DO NOT swallow the water.
- **CLEANSING:** Shower or bathe using an antibacterial soap such as Dial the morning of your surgery.
- **TOPICALS:** Please do not wear moisturizers, creams, lotions, deodorant, or make-up.
- **CLOTHING:** Wear comfortable, loose-fitting clothing that does not need to be put on over your head. Remove hair accessories and jewelry. Please do not bring valuables with you.

MEDICATIONS TO AVOID

- We have provided a list of medications that should be avoided when you are having surgery. These medications can prolong bleeding and should be avoided for 10 – 14 days before your surgery. Your surgeon will advise you when it is safe for you to use anti-inflammatories after your surgery.
- Please review the list carefully. Check the labels of all medicines that you take, even those available without a prescription, to make sure you are not taking any of these substances. If you have questions about any of the medications that you are taking, please let us know or talk with your primary care physician. It is important that we know all the current medications, vitamins, herbs, or other supplements that you are taking.
- If you need a medication for pain during this time, you may use products containing acetaminophen (Tylenol).

Aspirin medications to avoid

4-Way Cold Tablets	Ecotrin products	Talwin
5-Aminosalicylic Acid	Empirin products	Triaminicin
Acetilsalicylic Acid	Excedrin products	Trilisate
Alka-Seltzer products	Equagesic	Vanquish
Anacin products	Fiorinal products	Wesprin
Arthritis foundation products	Goody's HA powder	Zorprin
Arthritis pain formula	Lanorinal	
Aspirin (ASA)	Magnesium Salicylate	
Ascriptin products	Midol products	
Aspergum	Meproamate	
Azulfidine products	Mesalamine	
BC powder or tablets	Methocarbamol	
Bayer products	Momentum	
Bismatrol products	Mono-Gesic	
Butalbital Compound	Nighttime effervescent cold	
Bufferin products	Norgesic products	
Cheracol	Oxycodone	
Coricidin	Pepto-Bismol	
Darvon	Percodan products	
Disalcid	Salicylate products	
Doan's products	Sine-off	
Dristan	Sinutab	
Easprin	Soma compound	

Nonsteroidal anti-inflammatory medications to avoid

Advil products	Ibuprofen	Ponstel
Aleve	Indocin products	Relafen
Anaprox products	Indomethacin products	Tordal
Ansaid	Meclomen	Trilisate
Bextra	Midol products	Voltaren
Cataflam	Motrin products	
Celebrex	Nalfon products	
Clinoril	Naprelan Tablets	
Daypro	Naprosyn	
Dolobid	Nuprin	
Feldene	Orudis products	
Fenoprofen	Oruvail	

Other medications to avoid

Accutrim	Heparin	Plavix
Aggrenox	Hydrocortisone	Pletal
Agrylin	Lovenox	Ticlid
Coumadin	Miradon	Warfarin
Dipyridamole	Persantin	

WHAT TO EXPECT AT LAKEWALK SURGERY CENTER

Going to the operating room is not a normal experience for most of us. Your surgeon and all the staff caring for you recognize the anxiety with which most patients approach this step in the process of achieving their goals. A description of the surgery experience will help you feel more comfortable.

- When you arrive at Lakewalk Surgery Center you will be escorted to a private room. You will be asked to change into a gown and robe and a nurse will do a general assessment (blood pressure, pulse, etc.). An IV (intravenous line) will be started in your hand or forearm. Your surgeon and a member of the anesthesia staff will meet with you before you enter the operating suite. This is the time for final surgical planning; for certain procedures the surgeon may draw on your skin to aid him later during the procedure. There will be time for last minute questions.
- Once you enter the operating room, the staff will do everything they can to make you feel secure. Monitoring devices will be connected to you to ensure your safety during the procedure. Medicines that will make you drowsy will be administered through your IV.
- When your surgery has been completed and your dressings are in place, you will return to a private room for recovery. During this period, a registered nurse will take care of you and monitor you until you are ready to leave the surgery center. All the nurses at Lakewalk Surgery Center are certified for advanced cardiac life support. The surgery center is equipped just like a hospital, and is one reason Lakewalk Surgery Center is fully accredited.
- Your stay in the recovery area will vary depending on the type of surgery and length of anesthesia. Family or personal friends may be with you in the recovery room. The nurse can contact significant others when you arrive in recovery or when you are ready to be discharged. Even though you will be awake during this time, it is not unusual to not remember much about your recovery after surgery. This is related to the effects of the medications used during anesthesia.
- You can be assured that the staff at Lakewalk Surgery Center will do everything possible to make your surgical experience safe, comfortable, and confidential.
- **You must arrange for someone to bring you to and drive you home from the surgery center. Under no conditions will you be allowed to drive or take a taxi after surgery. It is also important that you have a family member or friend remain with you the first 24 hours after surgery while the effects of anesthesia wear off.**

GENERAL ANESTHESIA INFORMATION

- When general anesthesia is used, you will be sound asleep and under the care of the anesthesia staff throughout the operation. Lakewalk Surgery Center operating rooms have been designed to be spacious and comfortable. Once you are lying on the operating table, you will be connected to several monitors. After you have breathed pure oxygen for a few minutes, you will be given a sedative to help you fall asleep. You will breathe an anesthetic gas and be given medications through your IV to keep you asleep and pain free. The anesthesia staff will monitor your medical condition and assist your breathing throughout the procedure.
- The anesthesiologist or CRN-A (certified registered nurse anesthetist) spends all their time during the procedure ensuring your safety. Extremely sensitive monitors are used during surgery and have greatly reduced the risks of anesthesia. A tiny change in the oxygen level in your blood, the amount of carbon dioxide you breathe out, the percentage of anesthetic gas being administered, your heart rate, or your blood pressure are reported and treated immediately.
- Today's anesthesia monitoring equipment is much safer than in the past. The anesthesia and monitoring equipment is routinely maintained and is the same quality as the equipment in any major hospital.
- Many precautions are taken before and during your surgery to prevent side effects from anesthesia. Minor side effects can include dry throat, soreness of the jaw, nausea, vomiting, or memory lapse. Significant risks are rare especially for patients having elective surgery and who have good general health.

SURGICAL RISKS

We want you to fully understand the risks involved in surgery so you can make an informed decision. Although complications are infrequent, all operations have some degree of risk. We will use our expertise and knowledge to avoid complications in so far as we are able. If a complication does occur, we will use those same skills to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overestimated. In general, the least serious problems occur more often, and the more serious problems occur rarely. Most complications involve a lengthened recovery period rather than any permanent effect on your final result.

NORMAL SYMPTOMS

- **SWELLING AND BRUISING:** Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may be a symptom of persistent bleeding or development of an infection.
- **DISCOMFORT OR PAIN:** Mild to moderate discomfort or pain is normal after any surgery. If pain becomes severe and is not relieved by pain medication, you should call our office.
- **CRUSTING OR SCABBING:** You may develop some crusting or scabbing along the incision line. You may apply a small amount of antibiotic ointment on these areas until they are healed.
- **ITCHING:** Itching and occasional shooting electrical sensations often occur as the skin and nerve endings heal. Ice, skin moisturizers, and massage are sometimes helpful. These symptoms are common.
- **REDNESS OF SCARS:** All new scars are red, dark pink, or purple. Scars on the breasts or body may take a year or longer to fade and become flesh colored. All wounds take at least one year to fully mature. You will have scars after an operation. The final look of the scar(s) CANNOT be predicted. Everyone heals differently. The scar is permanent.

COMMON RISKS

- **HEMATOMA:** Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result.

- **INFLAMMATION AND INFECTION:** A superficial infection may require antibiotic ointment. Deeper infections are treated with oral antibiotics. Development of an abscess usually requires drainage.
- **THICK, WIDE, OR DEPRESSED SCARS:** Abnormal scars may occur even though we use the most modern plastic surgery techniques. Placement of silicone sheeting on the scars, massage, injection of steroids into the scars, laser treatment, or further surgery to correct the scars may be occasionally necessary.
Most scars improve significantly with time. Areas of the body scar differently and people form scars differently depending on ethnicity, skin color and type, and other factors that affect scar development. Your own history of scarring should give you some indication of what you can expect, although even this can change with time.
- **WOUND SEPARATION OR DELAYED HEALING:** This can be a common occurrence. Any incision, during the healing phase, may separate or heal unusually slow for several reasons. These include inflammation, infection, wound tension, decreased circulation, smoking, or excess external pressure. If delayed healing occurs, the outcome is usually not significantly affected. Occasionally revision of a widened scar may be indicated.
- **SENSITIVITY OR ALLERGY TO DRESSINGS OR TAPE:** Occasionally, allergic reactions or sensitivity may occur from soap, ointment, tape, or sutures used during or after surgery. Such problems are unusual and are typically mild and easily treated. In extremely rare circumstances, an allergic reaction can be severe and require aggressive treatment or even hospitalization.
- **INCREASED RISKS FOR SMOKERS:** Smokers have a greater chance of skin loss and poor healing because of decreased skin circulation. We strongly recommend that you discontinue smoking and use the of all nicotine products at least one month before your surgery.
- **INJURY TO DEEPER STRUCTURES:** Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare.

RARE COMPLICATIONS

- If they are severe, any of the problems mentioned under Common Risks may significantly delay healing or necessitate further surgical procedures.
- Medical complications such a pulmonary embolism, severe allergic reaction to medications, cardiac arrhythmias, heart attack, and hyperthermia are rare but serious and life-threatening problems. Informing us of all pertinent medical data before surgery is extremely important; failing to do so may cause serious problems for you and for the medical team during surgery.

SURGICAL RISKS – MASTOPEXY AUGMENTATION

- **INCISIONS (SCARS):** The resulting scars after mastopexy may vary depending on the amount of lift required. If there is minimal droop, the breast shape can be improved by performing a concentric mastopexy where skin is removed just around the areola. The resulting scars will look gathered or slightly wrinkled initially. As the skin heals, the scars will soften and become flat. A standard mastopexy is performed when there is more significant droop and more skin to be removed. Your scars will encircle the areola, drop vertically from the areola to the crease beneath the breast, and run horizontally in the crease. The overall shape of the scar will resemble an anchor. Scars may thicken and remain red for many months. Although the scars will be permanently visible, they will soften and fade over time.
- **FUTURE IMPLANT REPLACEMENT:** There are no guarantees that the implants placed at the time of your surgery will last your lifetime. Implant manufacturers have warranties available to cover implant failure. Please refer to their brochure for specific information. It is important to know that you may need additional surgery in the future to replace or remove an implant.
- **CAPSULAR CONTRACTION:** During surgery, a pocket is created for the implant that is somewhat larger than the implant itself. During healing, a fibrous membrane called a capsule forms around the implant. Under ideal circumstances, the pocket maintains its original dimensions and the implant “rests” inside, remaining soft and natural. For reasons still largely unknown, occasionally the scar capsule shrinks or contracts. This squeezes the implant, resulting in various degrees of firmness. This contraction can occur soon after surgery or years later. It can appear in one or both breasts. It is possible that infection, hematoma, or seroma during the healing period may trigger scar contraction. It is also more common when the implant is placed just beneath the breast tissue alone (subglandular) and not beneath the muscle (submuscular). Capsular contraction is not a health risk, but it can detract from the quality of the result and cause discomfort or distort the breast contour. Surgical correction is usually not necessary in cases of minor contraction. Cases of very firm contraction may require surgical intervention. Rarely, if the contraction recurs and cannot be eliminated, the patient may choose to have the implants permanently removed.
- **DEFLATION WITH SALINE IMPLANTS:** If for any reason the valve or implant covering fails, the saline will leak out and be absorbed by your tissues. You will notice loss of size and shape of the implant. This can happen immediately or slowly over a period of days. Causes of deflation can include damage during surgery, over or under filling an implant with saline solution, capsular contracture, stresses such as trauma or intense physical manipulation, excessive compression during mammographic imaging, weakening of the implant over time, and other unknown reasons. Deflation of an implant causes no medical harm, but additional surgery will be needed to remove and replace the implant.

- **SILICONE IMPLANT LEAK:** If the covering of a silicone implant fails, the silicone will leak into the capsular space and stay there. There will usually be no change in size or shape of the breasts. Most women are unaware of this occurrence until it is seen on a mammogram. Removal and replacement of the implant is optional, although recommended.
- **HEMATOMA/SEROMA:** Postoperative bleeding or fluid collection into the pocket containing the breast implant can occur. If this is minimal, the body will absorb the blood or fluid with time. If a large hematoma or seroma develops, it will require surgical drainage.
- **INFECTION:** Postoperative infection is uncommon. You will be given antibiotics through your IV during surgery and oral antibiotics after surgery to help prevent infection. Most often, if a patient develops an infection, it occurs early after surgery; however, an infection can occur at any time after surgery. If an infection occurs and does not respond to antibiotics, the implant will need to be removed. An implant cannot safely be replaced until the infection is completely resolved.
- **WOUND HEALING/TISSUE LOSS:** Delayed healing, poor scar formation, or skin loss can occur because of infection, bleeding under the skin, or poor circulation. Healing problems usually occur along an incision line and involve little more than daily dressing changes and a longer healing period. Very rarely, larger areas of the skin or nipple could be lost, requiring further reconstructive surgery. Smoking increases the risk of wound healing problems.
- **EXPOSURE OR EXTRUSION OF AN IMPLANT:** Thin skin, inadequate tissue coverage, capsule formation, infection, or severe wrinkling may contribute to the erosion of an implant through the skin or scar. This very rare complication will probably require removal of the implant.
- **WRINKLES OR RIPPLES:** In patients who have minimal breast tissue and/or thin skin, it is not unusual to feel the edge of the implant or notice wrinkles in the implant in certain positions. Placing the implants under the muscle may reduce visible wrinkling.
- **LOSS OF SENSATION:** Loss of sensation to the breast skin or nipple can occur as the result of surgery. Although rarely permanent, sensation may take several months to years to return as these nerves recover and regrow.
- **IMPLANT POSITION OR SHIFTING:** Initially after surgery the implants may appear high on the breasts. This results from tightness and swelling of the surrounding tissues. Over a period of months, the implants should move lower as the swelling subsides and the tissues soften. If an implant remains high on the breast, moves too low, or shifts to the side, revisional surgery may be needed to adjust the position of the implant.

- **ASYMMETRY:** Nobody has perfectly symmetric breasts. Most people have differences in their breasts including size, shape, nipple position or projection. If your breasts or nipples were different before surgery, they may remain different after surgery. Small differences in the appearance of the breasts after surgery would be considered acceptable. If asymmetry is significant after complete healing, surgical revision may be indicated.
- **INTERFERENCE WITH BREAST FEEDING:** Many people with breast implants have nursed their babies successfully. Nevertheless, any breast surgery can interfere with your ability to breastfeed.
- **CALCIUM DEPOSITS:** In some patients, calcium will develop within the scar capsule around the implant. This usually occurs several years after the implant has been inserted. Deposits of calcium may be mistaken for cancerous lesions on mammography. Specialized diagnostic tests or biopsy of such deposits may need to be performed to distinguish them from cancer.
- **INTERFERENCE WITH MAMMOGRAPHY:** Implants may interfere with seeing a breast cancer on a mammogram. Mammography is also more difficult when a patient has breast implants. Special techniques and additional views will be needed to see as much of the breast tissue as possible. IT IS IMPORTANT TO INFORM THE TECHNICIAN PERFORMING YOUR EXAM THAT YOU HAVE BREAST IMPLANTS.
- **BREAST CANCER:** There is evidence linking implants and a rare form breast cancer known as anaplastic large cell lymphoma. It is most commonly associated with textured implants which are not used any longer.
- **SYNMASTIA (LOSS OF CLEAVAGE):** This is a very unusual problem that can develop after normal augmentation. The skin over the breastbone pulls away from the bone, and normal cleavage is reduced or eliminated. In its most serious form, the pockets on either side merge to form a single pocket. In the more minor form, the pockets remain separate, but the skin tents upward. If this problem develops, surgical correction will be required.
- **SILICONE AND BREAST IMPLANTS:** Some people have claimed that silicone gel implants have contributed to or stimulated connective tissue disorders. It has been scientifically proven that silicone breast implants DO NOT cause connective tissue disease (e.g., Lupus, Scleroderma, Dermatomyositis, Rheumatoid Arthritis, or Fibromyalgia). The shell of a saline-filled implant is made of silicone. Silicone is used in many types of medical devices and has not been implicated as a cause for any disease.

ALTERNATIVES:

- Mastopexy augmentation is an elective procedure. Alternatives include not having surgery, wearing a support bra, or mastopexy without augmentation.

MEDICATIONS AFTER MASTOPEXY AUGMENTATION

You will be given prescription(s) the day of your surgery. It is important that you use the medications as directed unless you experience abnormal symptoms that might be related to medication use. Symptoms such as itching, development of a rash, wheezing, and tightness in the throat could be an allergic reaction. Should these occur, discontinue all medications, and call the office for instructions.

INSTRUCTIONS

- **PAIN:** You will be given a handwritten prescription for pain medication after your surgery. Take the pain medication only as prescribed. We require a minimum of a 24-hour notice if you are requesting a refill of the narcotic. Contact your pharmacy if you need a refill. There will be no medications prescribed after hours, on weekends, or on holidays. Contact your physician before you start taking aspirin or ibuprofen.
- **MUSCLE SPASM:** Diazepam (Valium). Take as prescribed for muscle pain. Pain from muscle spasm usually feels like pressure, heaviness, or tightness in the chest area. If you are not receiving adequate relief from or are not tolerating the pain medication, try the Diazepam.
- **ANTIBIOTICS:** Take as prescribed. You will be given an antibiotic through your IV during surgery. You should begin your oral antibiotics the day after your surgery. If you are allergic to Keflex, an alternative antibiotic will be given.
- **NAUSEA:** Scopolamine (Transderm Scope). A patch containing a medication to reduce nausea may be placed behind your ear after your surgery. You may experience mild blurred vision and dilation of the pupil on the side of your head that the patch was placed. This will resolve after the patch is removed. You should remove the patch 24 hours after surgery. Discard the patch and wash your hands thoroughly to avoid contact of the medication with your eyes. If you have trouble with nausea, please call our office for advice.

POSTOPERATIVE INSTRUCTIONS

- If you have bleeding, pain (not controlled by your medication), or swelling (increasing or expanding), call our office at (218) 724-7363, day or night, or go to the Emergency Room.
- You must have a responsible adult stay with you during the first 24 hours after surgery.
- DRESSINGS: Keep your dressings as clean and dry as possible. DO NOT REMOVE THEM UNLESS INSTRUCTED TO DO SO.
- ACTIVITY: TAKE IT EASY during the first week after surgery. You may perform activities of daily living but no matter how good you feel, do not clean the house, go shopping, etc. Light activity such as walking is encouraged but too much activity may cause bleeding and/or more swelling. DO NOT LIFT, PUSH OR PULL MORE THAN 10 LBS.
- COLD COMPRESSES: Use of cold compresses after surgery will help to reduce swelling, bruising, and pain. Apply cold gel packs, frozen peas or crushed ice cubes in a zip-lock bag over the surgical area for a period of 20 minutes at regular intervals during the first 24 – 48 hours after surgery. This should help, not hurt. If the ice feels too uncomfortable, don't use it as often.
- DIET: It is not unusual to experience mild nausea after anesthesia. When you begin eating, start with liquids and bland foods. If those are well tolerated, progress to a regular diet. To avoid exaggerating nausea, take your pain medication with food.
- DON'T SMOKE OR USE NICOTINE PRODUCTS: Smoking reduces the flow of blood through the small vessels in your skin. This can affect wound healing. It is important that you do not smoke until released to do so by your physician.
- ALCOHOL: Alcohol dilates the blood vessels and could increase postoperative bleeding. Please do not drink until you have stopped taking the prescription pain pills, as the combination of pain pills and alcohol can be dangerous.
- DRIVING: Do not drive for at least 24 hours after general anesthesia, IV sedation, or while taking prescription pain pills. You may feel normal and alert, but your judgment and reactions may be affected by the medications.
- POSTOPERATIVE APPOINTMENTS: It is important that you follow the schedule of appointments we establish after surgery.
- FEVER: Measured fever of 101.5 (oral temperature) CALL THE OFFICE at (218)724-7363.

POSTOPERATIVE INSTRUCTIONS – MASTOPEXY AUGMENTATION

- **SLEEPING:** For at least the first week after surgery, try to sleep on your back. Using two pillows to elevate and support your head and back will help reduce swelling. A pillow under your knees and arms may help you feel more comfortable in this position. It is more important for you to sleep than to rigidly adhere to this suggestion.
- **SHOWERING:** Remove your dressings and shower 48 hours after surgery. After showering, pat the breasts dry. **DO NOT RUB!**
- **SUTURES:** All the sutures are placed beneath the skin and will dissolve over time. Steri-strip tapes may have been placed over the incision lines. These will gradually loosen and come off. After 2 weeks you may gently remove any remaining Steri-strips.
- **DRESSINGS:** Gauze dressings will cover the incision lines after surgery. You may experience slight oozing of blood onto the dressings. Replace the gauze dressings each day until the incisions are dry. After this you may leave the incisions uncovered.
- **BRA WEAR:** A bra or ace wrap may be placed at the time of surgery or a day or two later depending on your surgeon's preference. The bra acts as a "dressing" and helps to protect and support the breasts. When you are wearing a bra, it is important that it is comfortable; it should not be tight! We will review bra wear with you as you heal.
- **ACTIVITY:** Do not lift anything heavier than 10 pounds for the first 6 weeks and avoid repetitive arm exercises for 4 weeks. Limit your aerobic exercise to walking during the first month. In general, guide your activities by your discomfort – that is, if an activity hurts, do not do it. You may return to work after 7 – 10 days depending on your job requirements.
- **SCAR MANAGEMENT:** Scars take at least one year to completely heal. During this time, you must protect them from the sun. Always wear sunscreen with a SPF of at least 30 when in the sunshine or a tanning bed. Most scars heal well without intervention; gentle massage of the scar tissue on a regular basis may help soften the scar more quickly.

AS YOU HEAL

FAMILY & FRIENDS

- Support from family and friends is helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your result to be. Please trust in our knowledge and experience when we discuss your progress with you.
- After having cosmetic or reconstructive surgery, your friends may be reluctant to bring up and discuss what they believe is a private matter. Patients occasionally feel upset that “no one noticed” or “said anything.” If you feel comfortable discussing your surgical experience, do so openly. When people ask how you are, respond by saying, “I’m recovering from surgery and I’m doing really well.” This lets people know that they may talk freely with you. Often when patients are open, they find that their friends and acquaintances are interested in discussing the subject.

DEPRESSION

- Quite frequently patients experience a brief period of “let down” or depression after surgery. Some may subconsciously have expected to feel and look better “instantly” even though they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As healing occurs, these thoughts usually disappear. If you feel depressed, understanding that this is a normal phase of the healing process may help you to cope with these emotions.

HEALING

- The capacity and speed of healing varies from person to person. Several factors such as your genetic background, and your overall state of health and lifestyle (exercise, diet, smoking, drinking, etc.) can affect how you heal. Every patient heals at their own rate.
- Another major factor while healing is whether you follow the postoperative instructions that are given to you. Such guidelines are designed to promote the healing process and prevent the occurrence of anything that may interfere with recovery. It is important you recognize that you are a partner in this process and have a responsibility to follow instructions carefully.
- Unexpected occurrences are infrequent. If, however, you experience a setback, we will do everything possible to facilitate your healing. Should an unexpected event occur, it is in your best interest to ally yourself with us. We will support you through any difficulties and assist you in reaching your goal.

AS YOU HEAL INFORMATION – MASTOPEXY AUGMENTATION

- **ASYMMETRY:** It is common for the two breasts to heal differently. One may swell more, one may feel more uncomfortable, or the shapes may differ initially. Patience is required; you will notice changes in the breasts for many months after surgery. After complete healing, they should look remarkably similar and natural.
- **“SLOSHING” SENSATION:** You may hear and feel “sloshing” in your breast after surgery. This is not the implant! It is air that is trapped in the space around the implant and the natural fluid that accumulates after the operation. Your body will absorb this within a few weeks.
- **SHINY SKIN:** The skin of your breasts may become shiny. This is the result of swelling that occurs after surgery. Within a few weeks, the swelling will subside, and the skin will look more normal.
- **SENSITIVITY:** As nerves recover from surgery, the nipples may become more sensitive. This will subside with time. You may find gentle massage helps.