

## **HAND & PLASTIC SURGERY CENTRE, P.L.C.**

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*Surgery of the Hand & Upper Extremity*  
*Microvascular Surgery*  
*Plastic & Reconstructive Surgery*

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## **BRACHIOPLASTY POST-OP INSTRUCTIONS**

### **AT HOME AFTER ARM LIFT SURGERY:**

- It is normal to experience bruising, swelling, numbness, soreness, tightness, burning, difficulty lifting your arms, and drainage from your incisions.
- Swelling may occur for approximately 1-6 months, and numbness will continue to improve as healing progresses.
- You may help lessen bruising, swelling and discomfort with the use of cold compresses. For the first 72 hours, sleep with pillows under your arms to keep them in an elevated position.
- Full arm extension may be impossible for the first week. You can help this by standing 2 feet from the wall, and "walk" your fingers up the wall. Don't overdo it, gradually increase by using your discomfort as a guide.
- Please ask your physician before you begin taking aspirin or other anti-inflammatory medications, as these can create greater risk for bleeding.

### **OTHER POST-OPERATIVE INSTRUCTIONS:**

- Your dressings will consist of a compression garment applied to each arm to help reduce swelling and bruising. In some cases, you may also have small tubes inserted under the skin to collect any fluid buildup. These will be removed approximately one week after surgery. The sutures will be dissolvable so nothing will need to be removed.
- You may need to wait 2-3 days before you shower. At this time you may shower if you are comfortable, but leave the paper tapes over your incisions in place. Wash the area of sutures gently but thoroughly each time. You may need to apply gauze over your incisions to absorb any drainage and replace as needed. Tub bathing is not recommended until all incisions have healed.
- Your support garments will need to be worn for 2-4 weeks following surgery. You may adjust the garments as needed. It should be snug, but not uncomfortable.
- Please be careful when shaving, as your incisions may be puckered and while you are still experiencing numbness.
- Avoid sun exposure to new incision areas. These areas are very sensitive to sunlight and can be easily burned for up to a year following surgery. We recommend sunscreen to all healed incisions.
- Light exercises such as walking can begin when you are comfortable, but avoid any strenuous activities such as lifting, straining and stretching your arms.
- Strenuous activities may be gradually increased 2-3 weeks following surgery, and you may typically resume normal activities in about 4-6 weeks.
- Returning to work will vary depending on the job type. Generally you will be able to return to work approximately 7-10 days following your surgery. You may discuss this issue with your physician at the time of your post-op visit.

•Scarring will mature with time; it may take up to 3 months to a year for scars to fade and flatten.

Please contact the office immediately if any of the following occur (616) 459-4131:

- Fever of 100.5 or greater
- Unusual swelling, redness, bleeding or increase pain
- Persistent vomiting
- Develop hives, diarrhea, or other reactions to medicine
- Any other questions or concerns

Please remember that for the vast majority of patients the goal is significant improvement, not perfection. Please contact the office at (616) 459-4131 should you have any questions or concerns.

**POST-OP APPOINTMENT:** \_\_\_\_\_

**PRESCRIBED MEDICATION(S):** \_\_\_\_\_

Please take Narcotic/OTC medication as directed and as needed. DO NOT drive or operate machinery if you are taking a narcotic. If you are prescribed antibiotics, take as directed until gone. Taking an incomplete course can lead to recurrence of infection. Please take antibiotics with food as this may cause upset stomach. Please ask physician before you begin taking aspirin, motrin/ibuprofen or other anti-inflammatory medications, as these can increase risk of bleeding. **\*\*IF NAUSEATED, TRY NON-ACIDIC LIQUIDS, DRY TOAST OR OTHER BLAND FOODS\*\***

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Hospital Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_