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

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BREAST AUGMENTATION/ IMPLANT REPLACEMENT POST-OP INSTRUCTIONS

NORMAL SYMPTOMS: It is normal to experience, bruising, swelling, tightness and some degree of discomfort for the first few days following surgery. These conditions will lessen each day. Ice packs can help reduce swelling and discomfort. You may be able to feel or hear swishing as the fluid moves around your implants. This is normal, and resolves in 1-3 weeks. You may also experience a change in nipple sensation following surgery as well as tightness. In most cases, this improves within a few weeks after surgery, but may take longer. It is normal for your breasts to look too tight and too high following surgery. During the next 6 weeks surrounding tissue begins to relax and accommodate the new implant; expect 6 mos to a year for final result.

SUPPORT BRA: A sports bra will be provided for you which you should wear day and night for 4-6 weeks after surgery. (You may, of course, remove it for laundering and showering). You may add additional pads for comfort reasons as needed. After the 1st week you may switch to one of your own sports bra for during the day, but continue the surgical bra at night. Make sure your bra is well supportive, but comfortable for you.

DRESSINGS/SHOWERING: You may shower as soon as you are comfortable. Steri-strips will stay on for two weeks and gradually fall off. If they are still in place after two weeks, you can remove them.

SOAKING: Do NOT get into a bath tub, hot tub or swimming pool for at least 4 weeks following surgery because soaking can cause would healing issues or infections.

DRIVING: You may begin driving after your 1st postoperative appointment ONLY if you are no longer taking prescription pain medication (narcotics).

ACTIVITY: Walking is a good way to start. It is important that you do not engage in strenuous activity for the first three weeks. Strenuous exercise includes, but not limited to: jogging, vacuuming, heavy lifting and swimming. Aerobic exercise can raise your blood pressure which could cause late bleeding and adversely affect your result; therefore we enourage you not to do any aerobic activity until you are about 4 weeks post-op. Sexual activity: as soon as you are comfortable with it.

RETURNING TO WORK: Depending on what your job entails returning to work will be different for everyone. Generally, most of our patients take off 5-7 days.

SCARS: Scars take at least 1 year to fade and flatten. During this time, it is better that you protect them from the sun. NO exposure for the first 3 months. Even through a bathing suit, sunlight can reach the skin and cause damage. It is imperative that you wear a sunscreen with a skin-protective factor (SPF) of at least 30 at all times.

NAUSEA/CONSTIPATION: It is important for you to have someone stay with you the day of the procedure. Nausea and/or vomiting may occur while taking oral antibiotics or pain medications. Should this happen, take your medications with food. If you experience constipation, we suggest eating foods that are high in fiber and drink plenty of water (You may try over-the-counter stool softeners). Call our office if these symptoms persist.

WHEN TO CALL (616) 459-4131:

- •If your one breast becomes significantly larger than the other
- •If you develop significant bruising across the chest
- •If you experience a significant increase in pain and tenderness
- •If you develop a temperature 100.5° F or greater
- •If you develop redness (like a sunburn) around your incisions

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

POST-OP APPOINTMENT:	
PRESCRIBED MEDICATION(S):	
gone. Taking an incomplete course can lead to with food as this may cause upset stomach. Ple motrin/ibuprofen or other anti-inflammatory n	are prescribed antibiotics, take as directed until o recurrence of infection. Please take antibiotics ease ask physician before you begin taking aspiring nedications, as these can increase risk of bleeding. DS, DRY TOAST OR OTHER BLAND FOODS**
Patient Signature:	Date:
Hospital Staff Signature:	Date:
Physician Signature:	Date: