



# Post-op Instructions

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## Activity-Based

1. You will need to rest frequently the first week; however you may walk around the house to the extent that your body can tolerate it.
2. Sleep flat on your back, with the head of your bed elevated. **Do Not Sleep On Your Side**, you must sleep on your back for the next few weeks until your chest heals.
3. Practice breathing exercises every 2-3 hours, taking deep breaths to expand your lungs.
4. Do not raise your arms overhead; Do not reach for anything out of reach; and limit your arm movements for the first 2-3 weeks after surgery.
5. Avoid, for the first few weeks, picking up anything heavier than 5lbs or any other strenuous activities that might raise your heart rate.
6. Do not exercise until you are instructed to do so. Most patients are able to return to their normal exercise routines 6 weeks after surgery.
7. You may not drive a car for the first week, or while you are taking pain medication.
8. **Avoid Smoking** or even being around smoke for 2 weeks, at minimum. Smoke, including second-hand, affects your immune system, and will interfere with the healing process.

## Diet

1. Eat light meals with clear liquids for the first 24 hours.
2. If you are nauseous, stick to a bland diet until the nausea subsides, or you may take your 2nd Zofran.
3. The pain medicine could cause constipation, therefore it is important that you drink plenty of fluids. You may take an over-the-counter stool softener, such as Senekot or Dulcolax. If, after several days, you have not had a bowel movement, then you may take a laxative.

## Dressings

1. You will have a compression vest over your dressings. Do not remove the vest. The doctor will take it off at your first post-op appointment.
2. You will have 2 drains, which will stay in for about 7 days.
3. Drain care instructions are as follows:
  - i. The amount of drainage needs to be recorded starting on **Day 3**. Don't be alarmed if your drains are not producing much fluid; this is normal and may be that your body simply does not produce a lot of fluid.
  - ii. It is normal to have to empty the drains a few times during the first couple of days. This will decrease over the course of the week. The drainage will start out bloody, then lighten to pink, then a pinkish-clear yellow color; this is normal.  
Note: The suction on the drainage bulb works better when the bulb is empty
  - iii. To read the amount of drainage, open the bulb and look at its side. The numbers on the *empty* side are in CC's. Write the date, time, and amount down, and keep a 24 hour total.
  - iv. The drainage may be red; regardless, dump it down the toilet -- Do not save it.
  - v. Compress the bulb until your 2 finger touch, then re-cap the bulb. This process creates the suction needed.

- vi. This is a sterile, closed drainage system. **DO NOT RINSE OUT THE TUBE OR BULB WITH ANYTHING.**
- vii. The tubing may need to be stripped. This should be done as necessary to keep the tube unclogged.
  - 1) Hold the tube securely at the insertion site using two fingers from the same hand.
  - 2) Take your two fingers from the other hand, and squeeze the tube gently together, while pulling down on the tube toward the bulb. **MAKE SURE YOU DO NOT PULL VIGOROUSLY, PULLING OUT THE TUBE IN THE PROCESS.**
- 4. It is normal to see dried bloody drainage on the bandage; however, you should call if blood is soaking through the bandages.
- 5. You may **NOT** shower, until the drains are removed. Sponge bath only until your dressings are removed, or just shower your lower body, if able. The important thing is to keep your bandages on and dry. After your dressings are removed, you may shower the next day. Do not face the shower jets, as this may damage the nipple grafts. Face your back to the shower, allowing the water to run over the front of your chest. Do not scrub your nipple grafts. When getting out of the shower, pat yourself dry with a clean towel, then immediately place new dressings on the nipple grafts as described below.
- 6. After 2-3 weeks, it is not uncommon for you to see small pimple-like blisters appearing along your incision site. These are sutures that haven't dissolved yet. If the suture material is poking through your skin, you may take a pair of tweezers and pull the suture material (which looks like fishing line) as far as you can, then snip the suture at the skin's edge so that the body will re-absorb the material. Repeat as necessary. If the suture material pulls all the way out, that's okay.
- 7. Expect your nipple grafts to bleed and peel for a few weeks. Follow instructions on wound care, as directed by Dr. Fischer, until they are healed completely. Coat each nipple graft with Neosporin, then cover over with gauze or a large square Band-Aid. This must be at least once a day, after showering. After about 2 weeks, non-adhesive gauze (such as Telfa) with Neosporin should be used until the nipple grafts have completely healed. This may take up to 3 weeks in some cases, and it is not unusual for the center of the nipple graft to take longest to heal. If the center of the nipple looks like a hole, don't be alarmed; just continue with the dressing, as this will eventually fill itself in.
- 8. It is normal to have swelling up to 6-9 months after surgery. Most signs of puffiness of the central chest will disappear after the swelling has completely dissipated. Only contact us regarding this if it is still present several months after surgery, as it can take time for you to grow accustomed to your new chest.

### **Medication**

- 1. Take the antibiotic until it is finished, as prescribed.
- 2. The main medication is a narcotic, and should be taken as prescribed. Do not take any Tylenol while on the pain medication, as the medicine we have prescribed already has Tylenol in it.
- 3. Do not drink alcoholic beverages or drive a car while under the influence of the main medication.
- 4. The pain medication can cause nausea and should be taken with food at each dose.
- 5. You may resume your regular medication after surgery, except for Ibuprofen and Vitamin E (wait at least 2 days after your operation).
- 6. If you are on aspirin or Coumadin, check with your doctor to see when it is safe to resume taking them.

**Call the Office If You Have:**

1. A temperature greater than 101 degrees.
2. Excessive bright red bleeding on the dressings/vest or from the drainage tubes.
3. Excessive bloody drainage from the drains (drains filling completely with blood, then filling up again, shortly after); especially if happening for several hours.
4. Swelling of one side of the chest, that feels twice as big as the other side. This may be a sign of bleeding.
5. If you have persistent vomiting, leave a pharmacy number so a prescription can be called. in.
6. If you have any additional questions regarding your care.

**IF YOU HAVE A LIFE THREATENING EMERGENCY, CALL 911 AND GO TO THE CLOSEST EMERGENCY ROOM.**