



SMITA R. RAMANADHAM, M.D.  
PLASTIC SURGERY

## Breast Reduction / Breast Lift (Mastopexy)

### Patient Care Instructions

#### *General Information*

A breast reduction or breast lift (Mastopexy) involves repositioning the nipple to a higher position, making the areola or colored part of the nipple smaller, and re-shaping the breast with a removal of a varying amount of skin and breast tissue. When a reduction is performed a significant amount of breast tissue is removed with the primary goal to relieve back and neck pain.

#### *Things to handle prior to your surgery*

Avoid all NSAIDs (motrin, aspirin, ibuprofen, etc) for 7-10 days prior to procedure unless otherwise directed by your doctor. Continued use may cause bleeding.

Avoid all herbal medicine or supplements for 3 weeks prior to procedure. Continued use may cause bleeding.

Arrange for someone to drive you home from the hospital and stay with you for 2 to 3 days.

Necessary medications will be called into your pharmacy or a prescription will be given to you on the day of surgery. These should be picked up prior to surgery if possible.

Protein supplementation can be started one to two weeks before surgery and should include over 20 grams of additional protein daily.

Have electrolyte containing fluids such as Gatorade or electrolyte water on hand.

Have stool softeners/laxatives on hand, such as Colace, Biscodyl, Milk of Magnesia. These can be purchased at your local pharmacy.

Review the attached list of medications not to take during the perioperative period. If you have any further questions that were not addressed during your consultation then please call.

If you are unsure if you can stop medications then please call the prescribing provider to confirm if this is medically safe.

For your convenience, we have included a [Suggested Shopping List](#) in the addendum to these instructions

#### *Pre-Operative Guidelines*

Smoking should be stopped a minimum of 4 weeks prior to surgery. Smoking should be avoided for at least 4 weeks after surgery as well. Smoking can greatly interfere with healing and lead to postoperative complications.

Do not eat or drink anything after midnight the night before surgery. This includes no water, gum, or hard candy.

Blood pressure and/or heart medications can be taken with a sip of water as directed by your prescribing physician.



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If you take medication for diabetes then confirm with your prescribing physician how to manage these medications prior to surgery.

If you are prone to nausea or motion sickness let your anesthesiologist know on the day of surgery. Medications can be started prior to surgery or during surgery to help improve your postoperative experience.

### *Post-Operative Care*

Take pain medication as prescribed. Often this medication is necessary for the first two days and then on an as needed basis. Do not drink alcohol with this medication.

Ibuprofen (Motrin) can be started 1 week after surgery.

Take a suggested stool softener/laxative until bowels begin to function normally after surgery. A combination of anesthesia and pain medication usually makes this necessary for a few days.

Do not smoke or be around smoking as even second hand smoke delays healing and increases the risk of complications.

Get plenty of rest.

Follow a well-balanced diet, which includes protein and is limited in salt intake. A high salt diet or meal, can lead to increased swelling and prolonged recovery. It is best to continue the protein supplementation for approximately 3 weeks after surgery.

Oral hydration should include the use of electrolyte containing fluids such as Gatorade or a low calorie substitute.

Limit the amount of caffeinated beverages as they can promote dehydration; however, Dr. Ramanadham recommends you maintain your daily average of caffeine to avoid headaches.

You may wear a camisole or sport bra, but no underwire bra for 4 to 6 weeks. This will be tailored to your individual situation. You may be placed into a surgical bra, which should be worn as much as tolerated.

### *Activity Restrictions*

Walking is encouraged shortly after the operation and can be increased over the first 2 weeks. This is important immediately after surgery to decrease your risks of blood clots. Light cardiovascular exercise can be gradually resumed after 4 weeks with all activities to be resumed at 6 weeks. Avoid exercises that cause bouncing of your breasts as this may cause tension on your incisions.

Your arms should not be used to support your body or to lift heavy things. Raising your arms to 90 degrees is acceptable.

Avoid sleeping on your chest or side.

Do not lift anything heavier than 10 pounds for 4 weeks.



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Do not drive for approximately 7 days or until you are no longer taking oral pain medications.

Do not run, lift weights, play tennis or golf for 6 weeks after surgery. It is important to keep your heart rate under 100 beats per minute for 4 weeks. Heavy lifting/stretching (Yoga) can be resumed after 6 weeks.

### *Incision Care*

Tape or a clear “glue” will be placed directly over all incisions. Another dressing of gauze may be placed over this and this outer dressing can be removed 2 days or at the time of your first shower.

If the incision sites appear saturated under the dressing then it can be gently removed. If there is tape directly over the incisions, it should remain in place.

If you have persistent sutures, they will be removed in 2 to 3 weeks or during the second postoperative visit.

You may shower the day after the surgery. Remove outer dressings and gauze but leave the inner tape (steri strips) in place if it was placed directly over the incisions. You can shower over these steri-strips. They will fall off on their own. Make sure someone is with you at your first shower.

Do not submerge the incisions for at least one month. Avoid baths, pools, lakes and oceans.

Do not use a heating pad; heat may burn the area.

If given a surgical bra, it can be removed before showering. Any gauze can be discarded and does not need to be replaced after the first shower. Gently pat dry when the shower is completed.

### *Drain Care*

Dr. Ramanadham **may** place a small silicone tube under the skin in the area of surgery (both breast). These will be connected to a suction bulb. These drains help collect fluid, which can normally occur in the area of healing. Care for the drains will be reviewed by the nurse on discharge.

Keep your drainage bulbs collapsed to create a mild suction. Record the time and amounts of drainage over a 24 hour period. Record each drain separately. Drains will be removed when the individual drain output is 30 cc or less in a 24 hour period for 2 consecutive days.

A sheet will be provided to you to record drainage amounts.

### *What to Expect after Breast Reduction or Breast Lift Surgery*

It is common to have discomfort of the breast and mild burning around the areola. It will improve shortly after surgery.

You can expect some slight bloody oozing from the suture lines and swelling of the incisions. It is not uncommon for some saturation of the dressings to occur. Gauze may be applied if it is bothersome. However, you should call



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the clinic if you have continuous bleeding, significantly more swelling on one breast, or any severe pain associated with swelling.

Tightness of the breasts is a normal feeling after this surgery. This may worsen over the first 2 days, but will relax with time.

There may be a feeling of numbness of the breasts that will subside with time.

Red discoloration of the incision, especially in the area of the permanent black sutures. This will resolve with time.

Constipation is common after any operation, and is secondary to the anesthetic, pain medication and dehydration.

Please stay well hydrated and use the recommended stool softener and/or laxative until bowels return to normal.

#### *When to Call the Office*

If you have increased swelling and bruising of one breast significantly more than the other. Remove the bra to make this determination. This may represent a hematoma (collection of blood) or a seroma (collection of clear fluid).

If you have increasing swelling or redness around the incision.

If you have severe pain not relieved by pain medication.

If you have any side effects from the medication: rash, nausea, headache, vomiting.

If you have fever over 101.

If you have yellow or greenish drainage from an incision or notice a foul odor.

If you notice some vaginal burning and itching as a result of the antibiotics used during and after surgery.

For medical questions, please call.

#### *Follow-up Care and Appointments*

It is important to be seen by Dr. Ramanadham approximately 2 weeks after your surgery.

You should also schedule to be seen at 6 weeks, 3 months, 6 months, and 1 year after your operation. This may vary on an individual basis.

#### *Suggested Shopping List: Items to have on hand prior to surgery*

- Prescriptions will be called into your local pharmacy as ordered by Dr. Ramanadham or given to you on the day of surgery. Typical medications are as follows but these will be tailored to your needs.
  - Norco (pain medication)



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- Valium (muscle relaxant and anti-anxiety medication) or Xanax
- Keflex (Antibiotic)
  
- Ibuprofen (Motrin)
  
- Gatorade or another low calorie alternative, such as water with electrolytes
  
- Protein Supplements
  
- Stool softener / laxative (choose one):
  - Docusate (Colace) 100 mg orally two to three times daily when taking pain medication
  - Milk of Magnesia 30cc/1 Tablespoon twice daily when taking pain medication
  - Prune juice or Sorbitol orally
  - Biscodyl or Magnesium Citrate as needed for constipation
  
- Camisole or Sports Bra