

AESTHETIC SURGERY
Rosemont Business Campus
919 Conestoga Rd.
Bldg 1, Suite 200
Rosemont, PA 19010

RONALD A. LOHNER, M.D., F.A.C.S. RECONSTRUCTIVE SURGERY

Phone: 610-519-0600

Fax: 610-519-1238

POST OPERATIVE CARE BREAST AUGMENTATION

Post op care:

- Wear breast garment as directed
- Sleep on back, or side if comfortable, with head, neck, and shoulders elevated
- May shower 24 hours after surgery. Leave white tapes (steri-strips) on skin. These may get wet. They may fall off in a couple of days.
- No straining, lifting, or bending for 2 weeks
- No aspirin or ibuprofen for 3 days
- Can operate a motor vehicle 24 hours after last dose of narcotic pain medication
- Rest – can resume most activities in 1-2 weeks and exercise in 3-4 weeks

What to expect:

- Swelling and bruising can occur up to 1 week post-op. May take several weeks (bruising) to several months (swelling) to resolve
- Moderate discomfort – take pain medication as directed
- Constipation may occur with narcotic pain medicine – increase fluid intake and use mild laxative or stool softener if needed
- Asymmetry – right and left sides will heal at different rates
- Numbness, tingling, and sensitivity to physical contact may persist for several weeks or longer

Follow-up:

- May return to work 1 week post operatively (usual)
- Follow up with Dr. Lohner in 5-7 days in the office
- No underwire in bra for 3 months
- No underwire bra in a bathing suit for 3 months

**DO NOT HESITATE TO CALL THE OFFICE WITH ANY QUESTIONS
OR CONCERNS**

Pain medication: _____

Antibiotic: _____

Follow-up: _____ **please call office to
arrange appointment (610) 519-0600.**

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Breast Implant Patients

Prophylactic therapy with antibiotics should be given to all patients with breast implants before dental procedures, especially cleanings. There is the potential that these procedures will release bacteria into the system, potentially contaminating the breast implant. You should inform your dentist performing any procedure that you have a breast implant(s) and request the standard prophylactic antibiotics. If required, the prophylaxis should be the same therapy as is given to patients who have had an artificial joint or heart valve.