

POST OPERATIVE CARE IMPLANT EXCHANGE

Post op care:

- Remove dressing as directed, then wear sports bra or surgical bra (if given) 24/7 until post-operative appointment - you may change to a sports bra if more comfortable
- Sleep on back 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 48 hours 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:

- Follow up appointment 7-10 days post operatively unless otherwise directed
- Bring sports bra or other non-underwire bra to follow up appointment
- May return to work 1 week post op
- 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 follow up 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 or medical procedures. There is the potential that these procedures will release bacteria into the system, potentially contaminating the breast implant. You should inform your dentist or physician performing any invasive 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.