

POST OPERATIVE CARE BREAST RECONSTRUCTION WITH TISSUE EXPANDER

Post op care:

- Surgical bra to be worn 24/7 until follow up appointment
- Drain care (**See drain instruction sheet**)
- Sleep on back with head, neck, and shoulders elevated
- May shower 48 hours after surgery. Leave white tapes (steri-strips) on skin. These may get wet
- No straining, lifting, or bending for 2 weeks
- Ok to take Tylenol immediately and Ibuprofen immediately after surgery (do not take with other acetaminophen medications such as Percocet)
- Can operate a motor vehicle 24 hours after last dose of narcotic pain medication and when able to comfortably manipulate the steering wheel
- Rest – can resume most activities in 2 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 – increase fluid intake and use mild laxative or stool softener if needed
- Take antibiotic as directed

Follow-up:

- Follow up appointment will be determined based on drainage amount
- Call office and report drainage amount.

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

Pain medication: _____

Antibiotic: _____

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Phone: 610-519-0600
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Follow-up: _____ **please call office to
arrange appointment 610-519-0600**

JACKSON-PRATT DRAIN CARE

After your surgery you will have a drain called a Jackson-Pratt (JP) coming from your incision. The information below will explain the purpose for and care of your drain.

Purpose of the drain: To remove body fluid and blood from the surgical area and to prevent swelling at the area, which could cause discomfort and interfere with the healing.

Care of the drain: Keep pinned to the inside of clothing lower than the drain site. Unpin and re-pin drain when showering or changing clothes. Cleanse area with mild soap, rinse well, and pat dry. Unplug cap on bulb, gently turn bulb upside down over measuring cup. Slowly and gently squeeze bulb. Drainage will flow out. (A few clots and a small amount of drainage may remain in the bulb). Drainage may be discarded in the toilet. After emptying, squeeze the bulb to flatten and re-cap. Bulb should remain flat. This indicates the suction is working. As drainage collects again, the bulb will expand. Measure and record the drainage in ml's or cc's. Keep a 24-hour total drainage record daily. If you have more than one drain, record each drain total separately.

It is not unusual for the drain site to be tender and have a small amount of seepage. If there is a sudden decrease in drainage and an increase in seepage around the drain site, you may need to milk the tubing. This is accomplished by gently holding the end of the tubing nearest the body with one hand while taking the other hand and using the thumb and forefinger, gently pinch the tubing while sliding thumb and forefinger toward the bulb. You may need to do this until fluid begins to flow from the tubing to the bulb. Squeeze the bulb and re-cap following this.

Removal: Call the office and report your drainage totals. This information will determine when to come to the office for removal and follow-up. It is not necessary to take pain medicine in anticipation of drain removal.

Record all drainage:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Morning							

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Afternoon							
Evening							
TOTAL	cc	cc	cc	cc	cc	cc	cc

IMPORTANT INFORMATION FOR POST OPERATIVE BREAST EXPANDER PATIENTS

Breast expanders are temporary devices used in 1st stage breast reconstruction. It is important you understand that these devices contain stainless steel in the injection site.

You may not have an MRI while you have breast expanders implanted.

You may set off metal detectors in airports.

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.

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RECONSTRUCTIVE SURGERY

IMPORTANT INFORMATION FOR POST OPERATIVE BREAST EXPANDER PATIENTS

Breast expanders are temporary device used in 1st stage breast reconstruction. It is important that you understand that these devices contain a magnet in the injection site.

You may not have an MRI while you have the breast expanders implanted.

You MIGHT set off the metal detector in airports. When traveling, keep the documentation given to you by our office with you (see below*).

Your expansions will be performed in our office by Jill Murphy, our nurse practitioner. The final expansion will be performed by Dr. Lohner.

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 your system, potentially contaminating the breast implant. You should inform your dentist or physical 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 an artificial joint or heart valve.

The Mentor Contour Profile® Expander Family.



Brought to you by **MENTOR**

Patient:
has been implanted with a Mentor Contour Profile® Breast Tissue Expander. This device contains a stainless steel magnetic port, which may be identified during metal detection procedures.

Surgeon: _____

Phone: _____

Date of implantation: _____

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ONLY A TEMPORARY DEVICE • NOT MRI COMPATIBLE

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