

PERK

PLASTIC SURGERY
BEVERLY HILLS

POST-OP | *Chest Contouring*

(310)400-6180

concierge@perkplasticsurgery.com

“What will I see when I look into a mirror?”

You will have a clear skin glue dressing (Dermabond) over your incision. This will peel off by itself over the next two to three weeks.

A small amount of dry blood on the dressing is normal. You may change the removable dressing if it gets dirty. You will have a foam compression dressing held in place by a compression garment.

You may have drains. If you have drains, please follow the drain instruction sheet.

“How will my chest feel?”

Your chests will feel swollen and tight and may appear mildly bruised. Some areas of the incisions may have a “ruffled” appearance.

Sensations like numbness, sharpness, and burning are common during the healing process. Some numbness may be permanent.

“When can I shower or take a bath?”

You may shower after I see you in the office (within one week) and remove your compression dressing. You may sponge bath other areas of your body. Soaking in a tub is not permitted until 2 weeks after the surgery. Do not rub the incisions; rather allow the water to flow over the incisions.

“Should I wear a compression garment?”

Yes, a compression garment is mandatory during the first week. It is recommended for you to wear your compression garment as much as possible for the next 2 months to control swelling.

“What can I do after surgery?”

While resting, keep your head and shoulders elevated on at least 2 pillows for the first 24 hours. You may get up to the bathroom with help only.

For the first 48 hours keep your arm movements to a minimum. Your arms should not be used to support your body or to lift anything heavy.

You should “take it easy” for several days following the surgery and gradually increase your activity as you feel more comfortable.

Avoid heavy and strenuous exercise for four weeks. You can resume all of your normal activities about four weeks after surgery.

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“When can I drive?”

You should never drive if you are still taking any pain medication other than Tylenol.

“When will I be able to return to work?”

If your job does not require heavy activity, you should be able to go back in two to four weeks.

“How much pain will I have?”

The most discomfort that you will have lasts 7-10 days, sometimes a little longer. As you feel more comfortable, your need for medication will be less.

“What should I eat after surgery?”

A light diet is best for the day of surgery. Begin by taking liquids slowly and progress to soups or jello. You may start a regular diet, high in protein, the next day.

If you have pain or discomfort, take the pain medication every 3-4 hours.

“What medications should I use?”

Pain medication: I will prescribe a pain medication for you. Follow the directions on the bottle for their use. The pain medication will make you feel drowsy. Have someone assist you in your home and do not attempt to drive while you are taking the pain medication. A few days after surgery most women will find that Tylenol will take care of the discomfort. Do not use aspirin for five days after the surgery. It is best to take pain medication with crackers, jello, etc. If you have no pain, do not take the medication. Alcohol and pain medication should not be taken together.

Antibiotic: You will be given an antibiotic.

Stool softener: Narcotic pain medications can sometimes cause constipation. An over-the-counter stool softener (Colace) is recommended if you are prone to this.

Prune juice mixed with 7-Up (half and half) for mild constipation

If severely constipated use Miralax first as it is a mild but effective laxative, Phillips Milk of Magnesia, and fleet enemas (regular or oil retention) as a last resort.

Anti-nausea medication: Some nausea is normal in the first 24-48 hours following surgery. If you are nauseous, please take the anti-nausea medication.

“Can I drink alcohol?”

Do not drink alcohol while taking narcotic pain medication after your surgery.

“When will I be seen in the office after surgery?”

You will normally be seen in the office within one week of your surgery.



“Should I apply anything to the incisions to help make it scar better?”

Do not apply anything to the incisions while the dermabond is still on or if there are any open wounds. After all incisions have healed. We will give you instructions on how to improve the scar appearance.

“How will I know if I am having a problem?”

I NEED TO KNOW ABOUT THESE PROBLEMS IMMEDIATELY:

These are the complications that will require a change in your post-operative care:

Hematoma (blood collecting under your incisions) can occur within a few days of your surgery. The warning signs are:

- Severe pain that does not respond to medication
- Significant swelling
- Excessive or growing bruising

Infection is rare. It is normal to have a very small amount of drainage from your incisions for one to 2 days. Signs of infection are:

- Increased temperature
- Increasing drainage from the incisions
- Increasing redness around the incisions

Leg swelling with or without associated pain may indicate a problem with the vein circulation in your leg(s). Although some swelling is to be expected due to your surgery, intravenous fluids given to you during the surgery and your decreased level of activity, this swelling is normally mild, painless and affects both legs evenly. If you have a large amount of leg swelling (either one or both legs) or if you experience pain in your legs contact the office immediately.

Breathing problems after surgery are rare but can be a serious complication. If you develop any chest and/or back pain or the feeling of being short of breath you must contact my office or be seen in the nearest emergency medical facility without delay.

Medication reactions may occur with the drugs prescribed for you. If you develop a skin rash, itching, vomiting, or diarrhea, stop taking your medication and contact my office.