Elite Plastic Surgery
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Gynecomastia

Post Operative Instructions

1. ***Activity*** - Immediately following gynecomastia surgery you will want to rest. Once you feel up to it, get something light to eat and take medications as instructed. At some point during the day or evening, you will want to get up and walk around for 15 minutes every hour to promote proper blood circulation. Avoid lifting anything heavier than 5 pounds, lifting children or having sex for 2 weeks. To lower the risk of bleeding, swelling, and separation of your incisions it is very important to wear your compression 24/7 for 4 weeks (except while showering) and to restrict your activity. Please do not plan to increase your heart rate or blood pressure by exercising for the first two weeks after surgery. We will discuss increasing your activity at your 1-week follow-up.

2. ***Sleep*** - After gynecomastia surgery, it is important to rest and sleep at a 45-degree angle on your back for at least the first 3 days. Continue to do so until you feel comfortable sleeping the way you normally do. This will vary from patient to patient.

3. ***Garment/bandage*** - For the first 48 hours after gynecomastia surgery you will have bandages and a binder wrapped around your chest. You should have gentle compression. If you cannot put your finger in between the garment and your body, it means it is too tight. If the garment is too tight it will prevent proper blood flow. Drainage from liposuction incision is normal, this will decrease over a 24 hour period. Make sure you are staying hydrated. If the output increases or does not slow down please contact the office.

4. ***Shower*** – You may shower 48 hours after your surgery. Allow the water to drizzle down over your chest. It is OK for the surgical tape on the incisions to get wet. Afterwards, pat dry and put your garment/bandage back on.

5. ***Incision care*** - The sutures used will dissolve on their own. You will have surgical tape over the incisions to promote optimal healing.

PLEASE DO NOT PLACE ICE PACKS OR HEATING PADS ON OR NEAR ANY SURGICAL SITES DUE TO ALTERED SENSATION AND INABILITY TO FEEL WHEN TOO HOT/TOO COLD!!!

6. ***Driving*** - Do not drive for the first three days, while on pain medications, or if you feel impaired in any way.

7. ***Blood thinners*** - Do not use aspirin-containing products for at least one week. You may take Tylenol or pain medication as prescribed.

8. ***Exercise***- You can exercise areas other than your chest for two weeks following gynecomastia surgery. Begin with non-impact cardio and light weights. It's important to progress very slowly. If you feel any discomfort in your chest. your body is telling you you're doing too much. Swelling will delay your recovery and may cause other problems. Listen to your body. Typically, it takes eight weeks to begin working out your chest and to return to impact/cardio activities (running, etc). You should also avoid carrying a backpack or messenger bag over your shoulders for the first 2 weeks after surgery. You want to avoid tension or strain on your chest, so your incisions heal properly.

9. ***Work*** - Typically, you can go back to sedentary jobs within 3 days following gynecomastia surgery. Physical jobs could take anywhere from 1-2 weeks. Often, patients with physical jobs will modify their job or get someone to help them the first week so they can get back to work quicker. The time you need off work will also depend on how quickly your body recovers. Everyone heals at a different rate.

10. ***Sun exposure*** - Avoid direct sun exposure on the incisions for at least 6 weeks. After 6 weeks, apply sunscreen (at least SPF 15) to the incision area. If possible, it's best to avoid the sun completely for up to 3 months.

11. ***Medications*** - Be sure to take all medications as directed. If you develop a reaction to any of the medications, please stop taking it and call our office so we can prescribe an alternative.

12. ***Bruising*** - If bruising occurs, you can apply Arnica Montana cream to help them fade more quickly. Avoid applying the cream directly on the incisions. Bruising usually clears up within 2-3 weeks.

13. The office will contact you the day after surgery to check-up on you, answer questions and book follow-up. (Friday/Weekend surgeries - patients will be called on Monday.)

Elite Plastic Surgery

ERAS POSTOPERATIVE MEDICATION SCHEDULE

EXAMPLE ONLY: surgery starts at 7:30 AM and ends at 12:00 PM

FOLLOW THE CLOCK - DO NOT WAIT UNTIL YOU ARE IN PAIN. ERAS works best when you take ALL scheduled medications that were prescribed to you at the correct times. Oxycodone and Zofran are the only medications on this handout that are taken AS NEEDED.

*** MAY NOT APPLY TO YOU: JOURNAVX, Lovenox are only used when prescribed.**

BEFORE SURGERY - JOURNAVX* (only if prescribed)

JOURNAVX loading schedule: For a 7:30 AM surgery, follow the example below. Your third dose is taken before you leave home; all later doses are every 12 hours from that dose.

WHEN	EXAMPLE CLOCK TIME	TAKE
24 hours before surgery	**7:30 AM - day before**	2 tablets (100 mg total)
12 hours before surgery	**7:30 PM - night before**	1 tablet (50 mg)
Before leaving home for surgery	**Example: 5:30 AM - surgery day**	1 tablet (50 mg)
12 hours after the leave-home dose	**Example: 5:30 PM**	1 tablet (50 mg)
Continue every 12 hours	**5:30 AM / 5:30 PM**	1 tablet (50 mg) each dose

JOURNAVX food note: Take the first dose at least 1 hour before or 2 hours after food. From the second dose on, JOURNAVX may be taken with or without food. Avoid grapefruit while taking JOURNAVX.

AFTER SURGERY - CLOCK-BASED HOME MEDICATION SCHEDULE

EXAMPLE ONLY: This schedule shows a surgery ending at 12:00 PM. Your actual clock times will depend on when YOUR surgery ends. Use the relative timing in parentheses to shift the schedule to your own surgery time.

EXAMPLE CLOCK TIME / RELATIVE TIMING	TAKE ALL THAT WERE PRESCRIBED TO YOU
12:00 PM (EXAMPLE: surgery ends)	**START HERE: This is the reference point for the example below. If your surgery ends at a different time, shift each clock time using the relative timing shown in parentheses.**
2:00 PM (2 hrs after surgery)	☐ Tylenol 1,000 mg ☐ Toradol 10 mg ☐ Gabapentin 100 mg ☐ Antibiotic - Keflex 500 mg or prescribed alternative ☐ Colace 100 mg + Senna 8.6 mg
4:00 PM (2 hrs later)	☐ Flexeril 5 mg
5:30 PM (12 hrs after AM JOURNAVX)	☐ JOURNAVX 50 mg*
8:00 PM (6 hrs after 2 PM)	☐ Toradol 10 mg ☐ Tylenol 1,000 mg - if under age 50
10:00 PM (8 hrs after 2 PM)	☐ Gabapentin 100 mg ☐ Antibiotic - Keflex 500 mg or prescribed alternative ☐ Tylenol 1,000 mg - if age 50+
12:00 AM (8 hrs after Flexeril)	☐ Flexeril 5 mg
2:00 AM (12 hrs after 2 PM)	☐ Toradol 10 mg ☐ Tylenol 1,000 mg - if under age 50 ☐ Colace 100 mg + Senna 8.6 mg
5:30 AM (12 hrs after JOURNAVX)	☐ JOURNAVX 50 mg*
6:00 AM (8 hrs after 10 PM)	☐ Gabapentin 100 mg ☐ Antibiotic - Keflex 500 mg or prescribed alternative ☐ Tylenol 1,000 mg - if age 50+
8:00 AM (8 hrs after Flexeril)	☐ Flexeril 5 mg ☐ Toradol 10 mg ☐ Tylenol 1,000 mg - if under age 50

Spacing reminder: Gabapentin and Flexeril stay at least 2 hours apart. JOURNAVX may be taken at the same time as either one. Oxycodone is PRN and must stay at least 2 hours from both gabapentin and Flexeril.

Elite Plastic Surgery

ERAS POSTOPERATIVE MEDICATION SCHEDULE

Medication key and important timing notes

SCHEDULED vs. AS NEEDED: Tylenol, gabapentin, Flexeril, antibiotic, Colace, Senna, and Toradol, and any prescribed JOURNAVX or Lovenox are part of the scheduled ERAS plan. Oxycodone and Zofran are the only AS-NEEDED medications on this handout.

WHAT EACH MEDICATION DOES

MEDICATION	PURPOSE	TIMING / IMPORTANT NOTE
Tylenol (acetaminophen)	Pain relief	1,000 mg every 6 hours if under age 50; every 8 hours if age 50+. Age 50+: do not exceed 3,000 mg/day. Under age 50: do not exceed 4,000 mg/day.
Gabapentin (Neurontin)	Nerve pain	100 mg every 8 hours. Helps with itching, burning, tingling, numbness and sharp/shooting pain. May cause drowsiness.
Flexeril (cyclobenzaprine)	Muscle relaxer	5 mg every 8 hours. May cause drowsiness. Do not drive while taking it.
Toradol (ketorolac)	Anti-inflammatory / pain relief	10 mg every 6 hours for the prescribed course. Do not take additional ibuprofen/Advil/Motrin or other NSAIDs while taking Toradol unless your surgical team tells you to.
Antibiotic - Keflex (cephalexin) or prescribed alternative	Prevents/treats bacterial infection	Take the antibiotic you were prescribed every 8 hours. If using a probiotic, separate it from the antibiotic by 2 hours.
Colace + Senna	Constipation prevention	Take every 12 hours. These two medications may be taken together.
JOURNAVX (suzetrigine)*	Non-opioid pain medication	Loading schedule begins 24 hours before surgery, then continues every 12 hours after the leave-home dose. Insurance coverage may vary.
Lovenox (enoxaparin)*	Blood clot prevention	Only for patients/procedures when prescribed. Start the day AFTER surgery and inject once daily for the prescribed course (your office instructions currently note 14 days if insurance covers).

AS-NEEDED MEDICATIONS

Oxycodone 5 mg - AS NEEDED: Take every 4-6 hours as needed for breakthrough/general pain. Keep oxycodone at least 2 hours away from BOTH gabapentin and Flexeril. Do not drive while taking oxycodone.

Zofran (ondansetron) 4 mg - AS NEEDED: Take every 6-8 hours as needed for nausea or vomiting.

IMPORTANT SAFETY / TIMING RULES

- Take every SCHEDULED medication that was prescribed to you at the listed time - even if your pain is controlled.
- Gabapentin and Flexeril are scheduled, but keep them at least 2 hours apart. If you need oxycodone, keep it at least 2 hours from BOTH gabapentin and Flexeril.
- JOURNAVX does NOT need to be separated from gabapentin or Flexeril and may be taken at the same time as either medication.
- Not every medication applies to every patient. JOURNAVX and Lovenox are marked with an asterisk because they may not be prescribed to you.
- Medication type may change because of an allergy or other medical reason. For example, take the antibiotic actually prescribed to you even if it is not Keflex.
- If you miss a dose, vomit a dose, have a medication reaction, or are unsure what to take, call the surgical team before changing the schedule or doubling a dose.