Elite Plastic Surgery

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Second Stage Breast Recon

1. We practice the Enhanced Recovery After Surgery method. Scientific studies have shown ERAS to be highly beneficial in lowering pain, hunger, and infection. Most of our patients do not require narcotics for more than a few days, if at all, due to this method.

2. As part of ERAS, you are allowed to drink carbohydrate-rich fluids up to 2 hours before your surgery. These fluids are limited to Powerade, Gatorade, apple juice, grape juice, or coconut water (please do not drink anything red or purple). Please do not eat any solid food past midnight the night before your surgery. If you are a patient with a history of diabetes, gastroesophageal reflux disease (GERD), hiatal hernia, previous bariatric surgery (gastric sleeve, etc.), or BMI greater than 30, please adhere to the standard instruction of nothing to eat OR drink by mouth past midnight the night before your surgery.

3. Please bring post-operative garments (post-operative bra and compression garment) with you to the facility on the day of your surgery. See post-op instructions below for more details about this.

4. Also as part of ERAS, you will receive Tylenol, Lyrica (nerve pain suppressor), and Celebrex (same drug class as Ibuprofen) 1 hour before your surgery.

Post-Operative Instructions:

Drains may be placed during surgery. Instructions for drain care and how to record the volume of drainage will be reviewed with you by the recovery nurse at the surgery center. If you have any concerns about your drains or how to manage them please call our office. On average, drains are removed 2-3 weeks after surgery but may stay in as long as 4 weeks. Drains are removed when output falls below 30 mL in 24 hours.

1. **Diet:** You may resume your pre-operative diet after surgery. It is always a good idea to start with clear liquids, and then advance to full liquids and regular food as tolerated. Please plan protein-rich meals after surgery as this helps with healing and reducing swelling. You may not be very hungry after surgery so plan to eat protein with each

meal, supplement with protein smoothies or the Thorne College Peptide and Thorne Daily Greens.

Attempt to increase fluid (six cups of water) and fiber intake to prevent constipation as this is a known effect of anesthesia and narcotic pain medication. Stool softeners should be taken with narcotic pain medication.

2. **Activity:** To lower the risk of bleeding, swelling, and separation of your incisions, restrict your activity for the first week. 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.

   You should not lift greater than five pounds unless otherwise indicated; these restrictions should continue until they are removed at follow-up visitations. Resumption of exercises should only begin after clearance from your surgeon. The surgeon does increase your activity throughout your 6-week post-op period. You are usually able to return to normal activity after 6 weeks.

   Two risks of surgery include blood clots and pneumonia.

   To prevent blood clots you are encouraged to ambulate 5 minutes every 2 hours while awake on the day of surgery and throughout the week. You may also want to invest in compression stockings while you are recovering.

   To prevent pneumonia you are encouraged to make a conscious effort to take deep breaths every few hours. You should also cough to open up your lung bases. This may be uncomfortable for the first few days after surgery. To help with comfort you may grab a pillow and hold it close to your chest to provide a small amount of pressure when coughing.

3. Plan to sleep elevated with 3 or 4 pillows behind your back for 1 week.

4. **Bathing:** You may shower on post-operative day two. No bathing or submerging in water
   (ie: pool, whirlpool, hot tub, etc.) for 4 weeks. It is advisable to pat dry the incision area gently prior to applying new soft padding to the area.

5. **Pain:** During the surgery, you will be injected with a long-acting local anesthetic to provide pain relief. In addition, pain medication will be prescribed and available as needed. We provide different types of medications that address different types of pain. We provide medication that helps relieve nerve pain, muscle pain, and anti-

inflammatories. We do provide narcotic pain medication but encourage you to start the medications that address the **specific type** of pain medication, which will help you come off the narcotic pain medication sooner. It is suggested to fill your prescriptions before surgery to provide a more relaxed post-operative course. Aspirin should not be taken unless specifically prescribed by your surgeon.

6. **Follow-Up Schedule:** The first post-op follow-up appointment will occur the week following surgery. Contact information for the follow-up appointment will be given to you. You are encouraged to make the follow-up appointment before the surgery. Normal follow-up routine includes office visits weekly for the first couple weeks and then at one month post-operatively.

7. **Implant Settling Phase:** If you have a breast implant placed during this phase your breast implants will take several months to settle. They will change in shape and size as the settling phase progresses.

8. **Liposuction Donor Sites (where fat is taken from**): It is normal to have pinkish drainage from the area of liposuction. This can last several days. We recommend that you sleep on old towels as this can potentially ruin your bedding and have your ride bring all towels for the car ride home. Please expect your liposuction areas to be significantly bruised, tender, and swollen. We do recommend a few modalities to help with the bruising, tenderness, and, swelling of liposuction which include compression and lymphatic drainage.

   You may experience tissue that becomes firm after liposuction. This is very common and the skin will soften over a 3 month process. You may also experience areas of skin discoloration at the liposuction area. This will return to its normal color at 3 months postoperatively.

9. **Compression Garmen & Lymphatic Massage**: Compression to the areas of liposuction will decrease the amount of bruising, tenderness, and, swelling. It will also improve shape. Compression should be worn for a total of 6 weeks. Weeks 1-4 compression is worn 24/7 and Weeks 5-6 are 12 hours a day. We do have Marena compression garments in the office for purchase or recommend purchasing spanx or compressive yoga pants/shorts. Please remember to bring your compression garments to the surgery center the day of your surgery.

   Lymphatic massage will help facilitate healing by helping decrease swelling. Lymphatic massage is a very light touch massage that helps stimulate your lymphatic system, this massage should not be painful. Our office can provide you with a lymphatic massage therapist if you would like a referral.

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10. **Fat Grafting Sites (where fat has been injected)**: It is normal to have a significant amount of bruising at the fat grafting sites on the breast(s). Areas of lumpiness will eventually decrease over time. It is normal to experience tenderness of the fat-grafted areas. The breast(s) will initially appear more filled in and larger, but as the swelling recedes over the next 6 weeks, some of the volume will decrease.

11. **Post-Operative Bra:** The fat-grafted breast(s) should be supported with minimal movement for 2 weeks. You should bring the postsurgical bra you were given for the first stage of your reconstruction with you to the facility the day of surgery. There should be no direct or prolonged pressure to the breast for 2 weeks (this includes sleeping on your side). It takes 2 weeks for the fat grafting to build a vascular supply to the grafted fat. We prefer a supportive bra during this time, not a compressive bra as the compression can prevent a vascular supply from forming.

Recap:

- Keep your abdominal garment and/or compression pants on. You may remove it to shower 48 hours after surgery. Besides showering, do not remove the abdominal garment and/or compression garment.
- Compression garments for 24/7, 4 weeks, and 12 hours a day weeks 5-6.
- Please do not wear a compressive bra
- Do not engage in any strenuous activity after surgery such as pushing, pulling, or sexual activity for 2 weeks. This may raise your blood pressure and increase the chance of bleeding and bruising.
- Expect bruising, swelling and tenderness in the liposuctions areas

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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)	D Tylenol 1,000 mg D Toradol 10 mg D Gabapentin 100 mg D Antibiotic - Keflex 500 mg or prescribed alternative D Colace 100 mg + Senna 8.6 mg
4:00 PM (2 hrs later)	D Flexeril 5 mg
5:30 PM (12 hrs after AM JOURNAVX)	D JOURNAVX 50 mg*
8:00 PM (6 hrs after 2 PM)	D Toradol 10 mg D Tylenol 1,000 mg - if under age 50
10:00 PM (8 hrs after 2 PM)	D Gabapentin 100 mg D Antibiotic - Keflex 500 mg or prescribed alternative D Tylenol 1,000 mg - if age 50+
12:00 AM (8 hrs after Flexeril)	D Flexeril 5 mg
2:00 AM (12 hrs after 2 PM)	D Toradol 10 mg D Tylenol 1,000 mg - if under age 50 D Colace 100 mg + Senna 8.6 mg
5:30 AM (12 hrs after JOURNAVX)	D JOURNAVX 50 mg*
6:00 AM (8 hrs after 10 PM)	D Gabapentin 100 mg D Antibiotic - Keflex 500 mg or prescribed alternative D Tylenol 1,000 mg - if age 50+
8:00 AM (8 hrs after Flexeril)	D Flexeril 5 mg D Toradol 10 mg D 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.

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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.