**BREAST IMPLANT REMOVAL**

Pre-Operative and Post-Operative Instructions

Preparing for Surgery

Educate yourself:

* Ask Dr. Ridgway any questions that you have. Do not save your questions until the day of surgery - we don’t want you worrying unnecessarily and your questions might change your surgical plan.
* We recommend reviewing the following websites:
  + [www.implantinfo.com](http://www.implantinfo.com) ⬩ [www.breastimplantsafety.org](https://www.plasticsurgery.org/reconstructive-procedures/breast-reduction)
  + [www.mentorcorp.com](http://www.mentorcorp.com) ⬩ [www.natrelle.com](http://www.natrelle.com)
  + [www.realself.com](http://www.realself.com) ⬩ [www.lookingyourbest.com](http://www.lookingyourbest.com)
* If you are comfortable with the idea, talk to friends who have had breast surgery in order to obtain a patient’s perspective. This surgery is very common.

Six months before surgery:

Women over 40: Since you should not have a mammogram for 6 months after surgery, you should schedule one within 6 months before surgery. If you are under age 40 but have a 1st degree family history of breast cancer, you will also be asked to have a mammogram.

Contact your primary care provider (PCP) to schedule an appointment for a pre-operative check within the month prior to your scheduled surgery date. This note is to ensure that your medical provider thinks you are safe to undergo surgery and anesthesia.

One month before surgery:

* If requested, see your primary care provider within 30 days of your surgery for your pre-operative exam and ensure that they send Dr. Ridgway’s office a copy of your medical clearance note.
* Stop tobacco use and avoid being around anyone who smokes for at least 1 month before and 2 weeks after surgery. This includes nicotine patches and gum, chewing tobacco and vaping. Smoking impairs wound healing and increases your risk of infection. It also increases your risk of anesthesia complications including pneumonia, cardiac events and blood clots. Due to a strong risk for delayed healing, we will likely perform a urine test on the day of your surgery to test for by-products of smoking. If the test is positive, your surgery will be cancelled. If you have not been able to stop, please let us know as soon as possible and we can reschedule your surgery.
* Start eating a healthy diet to prepare your body to heal smoothly. Increase your protein intake to ideally 70 grams per day and add foods high in Vitamin C to your diet -- dark leafy greens with kale and spinach, strawberries, broccoli, bell peppers, kiwi, cantaloupe, Brussels sprouts, papaya and oranges. You may also want to supplement with a daily zinc supplement or multivitamin. Zinc is found in shrimp, cashews, lentils, sesame and pumpkin seeds, lamb, turkey and quinoa. Protein, Vitamin C and zinc have all been shown to help healing.
* If you have diabetes, you are at increased risk for wound infection and problems healing. We want to have your glucose levels optimized and well controlled prior to surgery. Work with your PCP to ensure this goal is reached.
* If you have rheumatoid arthritis, ulcerative colitis, lupus or are taking any chemotherapy, steroids or immunosuppression for another reason, you are at increased risk for wound healing problems and infection. Please alert us of these medications as we will attempt to work with your prescribing doctor to stop these medications. If it is not possible to stop these medications, the risks of complications may outweigh the benefits of surgery.
* If you have a history of a blood clot - deep vein thrombosis (DVT) or pulmonary embolism (PE) - you are at increased risk for a DVT or PE happening again. A PE can be fatal. We will need to speak with you and your doctor and a hematologist about perioperative blood thinners such as Lovenox®.
* Remove any surgical piercings.

Two weeks before surgery:

* If you take blood thinners, such as Coumadin®, Plavix® or Lovenox®, please speak with Dr. Ridgway and your primary care provider about stopping these medications. Sometimes the risks of stopping these medications outweigh the benefits of surgery.
* Stop taking all aspirin and ibuprofen products 14 days before surgery and at least 2 days after your surgery, unless otherwise directed. These products thin your blood and may increase bleeding. To be safe, please take acetaminophen (Tylenol®) only for pain relief in the 2 weeks prior to surgery.

Other blooding thinning products to avoid are:

* Vitamin E
* Fish oil
* Ginkgo biloba
* Garlic supplements
* St. John’s wort
* Herbal teas
* Ginger supplements
* Excessive intake of avocado, cayenne pepper, cranberries, raisins or dried cherries
* Continue to take your prescribed medications unless otherwise advised by your doctor. If you have questions about your medications, ask your doctor or pharmacist.
* Stop drinking alcohol at least 7 days prior to surgery. Alcohol consumption (even weekend binge drinking) can impair your ability to stop bleeding and to fight an infection. Alcohol consumption also increases your risk of complications from anesthesia.
* Stay well hydrated.
* Arrange for a support person to help you after surgery with the following:
  + Fill your prescriptions
  + Receive instructions for your care
  + Drive you home and stay with you for at least the first 24 hours after surgery
  + Bring you back to the clinic for your first post-op visit

The day before your surgery:

* A representative from the surgery center will call you before your surgery to let you know the time of your surgery.
* Do not eat or drink anything after midnight or instructed time. Hydrate well the day and week before surgery.
* Pick up your prescriptions if you have not already.
* Shower the night before and the morning of surgery with an antibacterial soap (Hibiclens®, Dial®, or Lever 2000®). Take special care to wash your chest and underarms.
* DO NOT apply deodorant, powder, or lotion after showering the morning of surgery.
* DO NOT wear any jewelry or nail polish. Sculptured nails may have to be clipped for monitoring purposes.

Helpful preparation hints:

* Make sure items like milk, juice, and water are in small containers. Gallon and half gallon containers will be too heavy for you to lift.
* Have pre-made dinners on hand so you can cook them in the microwave.
* Prepare foods high in protein such as meat, poultry, fish, and eggs. Eating more protein will help you heal at a faster rate, as will adding dark green vegetables.
* Have crackers or pretzels on hand to eat with your medication or if you have an upset stomach.
* Use paper plates and plastic cups so you do not need to wash dishes.
* Bring items down from high shelves so you do not have to reach. Bring up items on low shelves so you do not need to bend down.
* Plan to wear button-down shirts, loose pants, and slip-on shoes, as it will be difficult to raise your arms or bend at the waist.
* Have your night clothes, slippers, dressing supplies, and medications set up and ready for when you come home. Have a phone in easy reach, as well as remote controls, and reading material.
* Try to have someone available to run to the store for you. Driving can be hazardous the first two weeks and while you are taking narcotics. Your range of motion may be limited and you may not be able to react quickly enough in response to a dog running into the road or a car cutting you off.

Items to have on hand:

Some supplies which may be helpful during your recovery are:

* Arnica ointment to apply to areas of bruising
* A gentle laxative for constipation while taking narcotics
* Yogurt or probiotics to prevent yeast infections while on antibiotics
* Thermometer
* Slip on shoes
* Several house robes
* A pillow to use under your seat belt
* High protein foods
* Antibacterial soap
* Aquaphor® ointment
* Extra gauze or nursing pads
* Paper tape
* A flexible straw for drinking
* A list of phone numbers/emergency contacts for your helpers

Day of Surgery

* Arrive at the location for your surgery at the time requested.
* Do not drink or eat anything the morning of your surgery.
* Take your normal medications unless instructed otherwise.
* Your support person can wait in the surgery waiting room. He or she should plan on waiting about 3 to 5 hours.
* Your surgery normally takes around 1-3 hours.
* In some cases, patients need to spend the night. However, the majority of patients go home in 2-4 hours following surgery.

The first night of surgery, you are at risk for bleeding under the skin. This would present with increased swelling, increased pain and possibly increased bruising or drain output. This may be a surgical emergency so please call and we will ask you to meet us in the clinic or hospital to evaluate you.

The Healing Process:

Once your surgery is completed, you must follow all the instructions given to you in order to heal properly and have a good outcome.

The following instructions are your obligation. Use this as a checklist of progress as you heal. Included are normal post-surgical experiences and key health considerations that may be a cause of concern.

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TYPICAL POST-OPERATIVE SYMPTOMS

Typical symptoms of breast surgery and signs to watch for following breast implant removal include the following:

* **Stiffness, swelling and bruising in the chest region:** These are normal experiences as the skin, muscles and tissue heal. Pain medication and muscle relaxants will help you cope with any discomfort. If you have drains, you may experience additional localized discomfort.If one side is swelling more than the other or the swelling is painful, it could be a fluid collection. Please call and you may need to have the fluid removed with a needle or have a drain replaced. **Consistent sharp pain should be reported to our office immediately.**
* **Hypersensitivity of nipples or lack of sensitivity:** This is normal and will gradually resolve over time.
* **A mild to severe itchy feeling of the breasts is possible as healing progresses.** An antihistamine like Benadryl can help to alleviate severe, constant itchiness. Expect redness at your incision line for several weeks as your stitches absorb. If the redness spreads away from the incision, please call the clinic. **If the skin becomes red and hot to the touch, contact our office immediately.**
* **A disfigured, sagging breast:** This is normal, and can only be corrected following implant removal with revision surgery. Your breast tissues have stretched to accommodate your prior implant. Breast tissues do not have the elasticity to conform to your prior breast size and shape. Wearing compression and your post surgical bra can help, but cannot completely resolve any sagging or disfigurement.
* **Asymmetry, the breasts look different, or heal differently:** Breasts may look or feel quite different from one another in the days following surgery. This is normal. No two breasts in nature or following surgery are perfectly symmetrical, nor will they be following removal of a breast implant in one or both breasts.
* **Spitting sutures**: Occasionally an area of redness and tenderness develops where a dissolving stitch becomes irritated and pushes to the surface. This stitch is clear or white and looks like fishing line. If this occurs, please call the clinic for an appointment to have it trimmed.
* **Your incisions** will get red and bumpy in the first 3 months as your body builds scar tissue. This is the best time to massage your scars (see Scar Massage handout). By your 6-month appointment the scars will have lightened and flattened. However, it takes at least a year for your scars to heal and scar appearance will continue to improve for years.
* **A sloshing sound or sensation:** Following surgery air can become trapped in the prior implant pocket and fluid may naturally accumulate. This is perfectly normal and will resolve within 2-4 weeks.

**CALL THE OFFICE IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:**

· **A high fever, (over 101º) severe nausea and vomiting, continued dizziness or incoherent behavior, such as hallucinations.**

· **Any pain that cannot be controlled by your pain medication.**

· **Bright red skin that is hot to the touch.**

· **Excessive bleeding or fluid seeping through the incisions.**

· **Bruising that is localized to one breast or region of the chest. To alleviate any discomfort, and to reduce swelling, you may apply cool, not cold compresses to the treated region.** Crushed ice or ice packs must be wrapped in a towel before being applied to the skin. Do not apply ice or anything frozen directly to the skin. Apply cool compresses, for no longer than 20-minute intervals.

DAY OF SURGERY POST INSTRUCTIONS

You will only be released to the care of a responsible adult. All of these instructions must be clear to the adult who will monitor your health and support you, around the clock in the first 24 hours following surgery.

**Rest, but not bed rest:**  While rest is important in the early stages of healing, equally important is that you are ambulatory: meaning that you are walking under your own strength. Spend 5-10 minutes every hour engaged in light walking indoors as your recover.

**Recline with your head and chest slightly elevated above your lower body.**

**Good nutrition:** Fluids are critical following surgery. Stick to non-carbonated, non-alcoholic, caffeine-free, and green tea-free beverages including fruit juices and water, milk, and yogurt drinks. You must consume at least 8 ounces of fluid every 2 hours. Stick with soft, bland, nutritious food for the first 24 hours.

**Take all medication, exactly as prescribed:** If you have a pain pump, follow the instructions specifically for your pain pump. Oral pain medication, antibiotics and other medications you must take include:

Supplements: Vitamin C 500mg and Multivitamins - daily.

**Change your incision dressings.** Your incisions will seep fluid and some blood for a short time after surgery. Keep dressings clean and dry. A cotton swab with peroxide is appropriate for cleansing incisions. Do not remove any steri-strips over your stitches. Apply anti-bacterial ointment over the steri-strips, and then apply a gauze pad. If you have a drain placed in your incisions, carefully follow the instructions for drain care and record drained fluid on the **Drain Care Instructions and Log.**

**Wear a support bra or your surgical garment around the clock:** Follow the instructions specifically and wear this garment at all times.

**Do not smoke.** Smoking can greatly impair your safety prior to surgery and your ability to heal following surgery. You must not smoke.

**Relax**. Do not engage in any stressful activities. Do not lift your hands over your head. Do not lift anything heavier than a paperback book. Take care of no one, and let others tend to you.

TWO TO SEVEN DAYS FOLLOWING SURGERY

During this time you will progress with each day that passes. Ease into your daily activities. You will receive clearance to begin driving or return to work at your post-operative visit, or within: 45 days

Your post-operative visit will be scheduled.

· **Continue to cleanse wounds as directed; you may shower.** Take a warm, not hot shower once drains are removed. Do not take a bath. Limit your shower to 10 minutes. Do not remove any steri-strips. Do not rub your incisions. Apply a fragrance free moisturizer or Aquaphor to breast and surrounding skin, however not on your incisions.

· **Take antibiotic medications and supplements as directed.** Take pain medication and muscle relaxants only as needed. You may wish to switch from prescriptive pain medication to acetaminophen or ibuprofen.

· **Wear your bra around the clock.**

· **Do not resume any exercise other than regular walking.** Walking is essential every day to prevent the formation of blood clots.

· **Maintain a healthy diet. Do not smoke. Do not consume alcohol.**

ONE to FOUR WEEKS FOLLOWING SURGERY

As you resume your normal daily activities, you must continue proper care and healing.

· **Continue wound care as directed.**

· **Ease into your fitness routine. Avoid aerobic exercise that may cause a lot of bounce**. You may begin range of motion exercises but not with any weight, pressure or resistance of any kind.

· **Do not smoke.** While incisions may have sealed, smoking deprives your body of necessary oxygen that can result in poorly healed, wide, raised scars.

· **Continue to wear a proper support bra.** The bra you first wore following surgery may feel somewhat loose and you may need to replace it. You may sleep without a bra; however a camisole with built-in shelf support can be comfortable and provides added support as you continue to heal.

· **You may sleep flat.** However do not sleep on your stomach. If you are a side sleeper, a soft pillow under your mid-back and shoulders may offer more comfort and support than a single pillow under your head.

· **Practice good sun protection.** Do not expose your breasts to direct sunlight. If you are outdoors, apply at least an SPF 30 to the chest area at least 30 minutes prior to sun exposure. Your chest region and breast skin are highly susceptible to sunburn or the formation of irregular, darkened pigmentation.

SIX WEEKS FOLLOWING SURGERY

Healing will progress and your breasts will settle into a more final shape and position.

· **You may ease into your regular fitness routine.** However realize that your upper body may require some time to return to previous strength.

· **Discomfort or tightness and tingling will resolve.** Any lingering nipple sensitivity or lack of sensation should begin to greatly improve.

· **No need to resume smoking.** You have now gone 8 weeks (2 weeks prior to surgery and 6 weeks following) without a cigarette. For your long-term health, there is no need to resume smoking.

**Do’s and Don’t’s for the next 6 weeks:**

* DO NOT drive a motor vehicle for 2 weeks until you can handle the steering wheel without discomfort. Do not drive while taking your narcotic. You will be able to wear a seat belt if you place a small pillow over your chest area.
* DO NOT engage in sexual activity for at least 1 week.
* DO NOT smoke or be around anyone who smokes for 2 weeks. Smoking delays healing and can lead to infection.
* DO NOT lift more than 5 pounds or bend at the waist to lift for 2 weeks.
* DO NOT participate in strenuous activities such as running or aerobics for 6 weeks. When you do resume these activities, do so slowly. If it hurts, it is too early.
* DO NOT tan at the incision lines for at least 12 months.
* Do resume walking at a gentle pace.
* You may return to work in 1 to 6 weeks (average time is 2 weeks) depending upon your work activity.
* Do report signs of infection. We want to see you as soon as possible if you have any of these signs.

Signs of Infection:

* A temperature over 100.4˚ F or 38˚ C.
* Redness at the incision line that is beginning to spread away from the incision after the first 48 hours.
* Yellow pus-like or foul smelling drainage larger than dime size from the incision or drain sites.
* Increased pain/discomfort that is not relieved by your pain medicine.
* Increased swelling.

Incision care:

Your incisions will be closed with sutures deep to the skin. Surgical glue and steri-strips will be placed over the incisions. These steri-strips usually stay in place for a week or two and then will peel off. If they have not peeled off by 3 weeks, please remove yourself. When they peel off, if you wish to optimize your scars, please apply silicone tape (Mepitac® ¾” is recommended and can be found on Amazon.com). We will continue this for 6 weeks at least and then begin scar massage with Aquaphor®. Do not begin scar massage prior to 6 weeks as your wounds are not strong enough.

The healing process after breast augmentation surgery varies with each person. You should expect to feel tired for the first 2 to 3 weeks due to the anesthesia and healing process. Rest often during the day and get a good night’s sleep.

* Shooting pain and burning sensations are normal and will subside as you heal.

Pain Medications:

With any surgery there is some discomfort or pain. We will prescribe pain medication, usually a narcotic and an anti-inflammatory. Take both as prescribed and only as needed. Most people take their narcotic for the first couple of days and their anti-inflammatory for 1 to 2 weeks. Please read your “Narcotic Use and Post-Op Pain” handout for proper use of your pain medications.

Showering and bathing

* If you have breast drains, Dr. Ridgway or her nurse usually removes them within the first 3 days following surgery. You may shower 2 days following surgery if you do not have drains. Wash by allowing the water to run over your incisions. Pat the incisions dry prior to putting on your bra. You do not want your incisions to be covered with moist dressings.
* Be sure to have someone nearby when taking your first shower in case you feel dizzy. Remember your center of gravity will be different and you will be on a narcotic.
* Do not soak, swim or hot tub until all incisions are completely healed.

YOUR FIRST YEAR

* **Practice monthly breast self exam.**
* **Continue healthy nutrition, fitness and sun protection.**
* **Your scars will continue to refine.** If they become raised, red or thickened, or appear to widen, contact our office. Early intervention is important to achieving well-healed scars. Scars are generally refined to fine incision lines one year after surgery.
* **A one-year post surgery follow-up is recommended.** However you may call our office at any time with your concerns or for needed follow-up.
* **Your body will change with age**. The appearance of your breasts will change too. You may wish to undergo revision surgery in the future to improve the appearance and symmetry of your breasts. Contact our office with any of your questions or concerns, at any time.

All surgery, including breast explant surgery, has some risk:

Breast surgery is not a simple surgery, but is normally safe when performed by an experienced and board-certified plastic surgeon.

There are, however, always risks of complications, including unfavorable scars, seroma (fluid collection), wound healing problems including skin or nipple loss, bleeding, infection, temporary or permanent loss of sensation, asymmetry, chronic pain or complications from anesthesia. These problems are more common in overweight, diabetic and smoking patients.

Breast surgery does leave permanent scars and may also leave you with slightly different sized or shaped breasts. You may also have unevenly positioned nipples. Future breast-feeding may be affected.

Your breast should be at their final shape by about 6 months after your surgery. It is at this time that revision surgery could be considered. The scars will continue to improve for years.

CONTACT INFORMATION

Office hours: 8:00 am – 4:00 pm, Monday – Thursday; 8:00 am – 1:00 pm Friday

Please call 406-586-2620 with any questions or concerns.