

BREAST IMPLANT REMOVAL AT-HOME INSTRUCTIONS

The following instructions will help you know what to expect in the days following your surgery. Do not hesitate to call if you have any questions or concerns.

ACTIVITIES

- Sleep in a flexed position with your head and shoulders elevated for comfort and to decrease swelling. Sleep on your back to keep pressure off your breasts. Keep pillows under your knees for the first few days.
- Driving is prohibited for 1 week. Do not drive while taking pain medication.
- Every 2-3 hours take deep breaths to expand your lungs.
- You may walk around the house as tolerated. Avoid heavy lifting (no more than 5 lbs) and vigorous use of your arms for the first 4 to 6 weeks after surgery.
- Do not exercise until the doctor says you may do so.
- No housework until you are told otherwise.
- Smoking is prohibited. It interferes with healing.

DIET

- Resume a normal diet as tolerated.

SPECIAL INSTRUCTIONS

Follow these instructions for 3 weeks **BEFORE** your surgery and for another 2 weeks **AFTER** your surgery.

- There is absolutely **NO** driving while on pain medication.

DO NOT TAKE ANY OF THE FOLLOWING PRODUCTS:

- Aspirin/Low Dose Aspirin
- Ibuprofen (Advil, Motrin)
- Naprosyn or Naproxen (Aleve)
- Vitamin E
- Herbals, Homeopathic Medicines or Green Tea
- Protein Supplements
- Growth Hormones

WOUND CARE

- You may have some swelling or bruising of the breasts and upper abdomen. This is normal and will lessen over the next 1 to 3 weeks.
- You may notice a change in sensation or numbness of the breast skin. This is common after surgery and should improve over time.
- If you have drains in, sponge bathe only until they are removed. Record the amounts that you empty every 8 to 12 hours or when $\frac{1}{3}$ full. For each drain record separately. Total the output in cc's or mL's for each 24 hour period.
BRING DRAIN OUTPUTS TO POST OP APPOINTMENT.

- After the dressings and drains are removed, you can resume showering when you have a scab on the drain hole.
- Drainage can vary from yellow to red in color and have pieces of tissue, this is perfectly normal.
- Drains are usually removed within 7 to 10 days after your surgery. Once your drains are removed, fluid can leak from the drain holes.
- Use gauze pads to protect clothing or linens from drainage to the drain holes.
- Each day apply a small amount of antibiotic ointment (bacitracin, neosporin) to the drain holes until you see a scab. Discontinue the antibiotic ointment once you see a scab.
- You will go home with a surgical bra that is easy to get on and off and that can carry the drains. You can wear this up until the post op appointment. You may change out to a sports bra as long as it has cup support, moderate compression, not too loose and not too tight. The bra should not have under wires or strong elastic that can irritate incisional areas. A bra should be worn 24 hours a day.

FOLLOW UP

- Call and make an office appointment to be seen in 1 week after your procedure. Please call us at (352)556-5248 to schedule appointment.
- Call the office at the first sign of: excessive pain, swelling of one breast by several cup sizes, drainage with an odor from incisions, fever, chills or shortness of breath.

How to Care for the Jackson-Pratt Drain

The Jackson-Pratt (JP) drain is a special tube that prevents body fluid from collecting near the site of your surgery. The drain pulls this fluid (by suction) into a bulb. The bulb can then be emptied and the fluid inside measured.

At first, this fluid is bloody. Then, as your wound heals, the fluid changes to light pink, light yellow, or clear. The drain will stay in place until less than 25 cc (about 2 tablespoons) of fluid can be collected in a 24-hour period for 3 consecutive days. You will see pieces of tissue from time to time, this is normal and do not be alarmed. You may help the pieces of tissue down by holding the tubing by the suture and squeezing the tubing all the way down to the bulb to help tissue come out.

Caring for the JP drain is easy. Depending on how much fluid drains from your surgical site, you will need to empty the bulb every 8 to 12 hours. The bulb should be emptied when it is half full. Before you are discharged from the hospital, your nurse will show you how to:

- ❖ empty the collection bulb
- ❖ record the amount of fluid collected
- ❖ squeeze the bulb flat and plug so that the suction works again
- ❖ keep the drain site clean and free of infection

Any questions or concerns regarding your drains do not hesitate to call us at 352-556-5248.

How to Empty the Drain

1. Wash your hands well with soap and water.
2. Pull the plug out of the bulb.
3. Pour the fluid inside the bulb into a measuring cup.
4. Clean the plug with alcohol. Then squeeze the bulb flat. While the bulb is flat, put the plug back into the bulb. The bulb should stay flat after it is plugged so that the vacuum suction can restart. If you can't squeeze the bulb flat and plug it at the same time, use a hard, flat surface (such as a table) to help you press the bulb flat while you replug it.
5. Measure how much fluid you collected. Write the amount of drainage, and the date and time you collected it, on the JP drainage chart at the end of this document.
6. Flush the fluid down the toilet.
7. Wash your hands.

Note: Keep the clear tegaderm dressing that is over the drain site area intact. DO NOT REMOVE.

When to Call the Doctor

- Stitches that hold the drain to your skin are coming loose or are missing.
- The tube falls out.
- Your temperature is higher than 100°F, or 38.0°C.
- Your skin is very red where the tube comes out (a small amount of redness is normal)
- There is drainage from the skin around the tube site.
- There is more tenderness and swelling at the drain site.
- Drainage from the bulb increase for more than 2 days in a row.
- The squeeze bulb will not stay collapsed.
- The drainage stops suddenly when the drain has been steadily putting out fluid.

HOW TO EMPTY YOUR JP DRAIN



