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AT-HOME INSTRUCTIONS **BREAST REDUCTION**

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 shoulder elevated. Keep pillows under your knees for the first few days. You can resume your normal sleeping position when comfortable.
- Driving is prohibited for 1 to 2 weeks. Do not drive while taking pain medication.
- Avoid heavy lifting (no more than 5 lbs) and vigorous use of your arms for the first 3 weeks.
- Start arm raising exercises slowly and gently on the first postoperative day.
- 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 or valium.

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

Tylenol is safe to take (if not sure about what products to take or avoid, call the office)

AT-HOME INSTRUCTIONS

BREAST REDUCTION

PAIN CONTROL

- You will receive a prescription for pain medication. This medication may cause constipation and does impair your ability to drive or make important decisions.

WOUND CARE

- You will have some swelling or bruising of the breasts. This is normal. Softening will take place over a period of weeks.
- You may notice a change in sensation or numbness of the nipple or breast skin. This is common after surgery and should improve gradually over time.
- You will have JP drains, 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.
- Typically your incisions will be covered with gauze tape and glue, this is not to be removed. If the outer dressings and padding become soiled you may change them and replace.
- Use a gauze pad to protect your clothing from any oozing at the incision sites. Once your drains are removed, fluid can leak from the drain holes. This can occur when walking or rolling over in bed and can stain your clothes or linens. This is normal.
- The incisions on your breasts may be red for at least 3 to 6 months. The color will then begin to fade.
- A surgical bra or loose fitting sports bra should be worn 24 hours a day except in the shower. Do not wear bras with underwires or tight elastic.

FOLLOW UP

- Call and make an office appointment to be seen in 1 week after your procedure. You will have your stitches out at this time. Please call us at (352)556-5248 to schedule.
- Call the office at the first sign of: excessive pain, significant swelling of one side compared to the other, bleeding at the incision, 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



