

BREAST SURGERY POST-OPERATIVE INSTRUCTIONS

PAIN

You will be given a prescription for Percocet, a mild medication for pain. Percocet should be taken as follows: 1 to 2 tablets every 4 hours for pain. For the first 24 hours after surgery, you may take Percocet every 3 hours if needed. You should avoid driving while taking Percocet because it can make you drowsy. Once pain improves or if the pain is not so severe, you may substitute Percocet with Tylenol at any time. In general, a breast biopsy, lumpectomy, or sentinel node biopsy tend to be well-tolerated with minimal post-operative discomfort.

Applying ice to the breast intermittently for the first 24 hours after surgery may help reduce swelling and discomfort. Wearing a bra for support may also alleviate discomfort, but this is not mandatory. Excessive pain, swelling or firmness in the breast after surgery may indicate a bleeding complication. If you experience any of these symptoms, you should call our office.

INCISION

Any clear plastic bandage covering an incision (wound or surgical scar) can be removed 48 hours after surgery. Remove the gauze under the bandage as well. There are small paper tapes (steri-strips) covering the incision under the gauze. Leave these in place, as they will fall off on their own in 5-7 days. **DO NOT PLACE ANY ANTIBIOTIC OINTMENTS OR CREAMS ON THE NEW SCAR.**

The surgical area, particularly under the incision, will feel as though a new lump has appeared. This is called a healing ridge and is a normal part of the healing process. If any redness or swelling occurs around the incisions call the office. Some fluid (yellow to light red to orange) may ooze or leak from the incisions. This is generally normal. However, if the fluid is foul smelling, thick, or does not decrease in amount, call our office. Bruising and soreness is not uncommon, especially if you had undergone preoperative placement of a wire before your surgery.

SHOWERING/BATHING

You may shower at any time but no bathing until 2 weeks after surgery. When you shower, you can get the clear plastic bandage wet (it is water-proof) or wash over the paper tapes with soap and water (they can get wet). Do not remove the small pieces of tape by yourself – they will fall off on their own in 5 to 7 days.

FOLLOW UP

In most cases, the pathology report will be available in 2-3 working days. I will call you once the results are available. You should follow-up in the office for a post-operative visit approximately two weeks after your surgery. If you have a drain in place, you may be asked to follow-up sooner for drain removal. Typically, the drain is ready for removal when the output is less than 30cc a day for two days.

DIET

No restrictions.

PHYSICAL ACTIVITY/RECOVERY

In general, when you return home, your body will tell you how much and what kind of activity you are able to do. When you start experiencing soreness or pain, it's time to slow down or stop what you are doing.

Matthew Lublin, MD, FACS
5525 Etiwanda Ave #222
Tarzana, CA 91356

Phone: (310) 828-2212 Fax: (310) 828-6829
www.drmatthewlublin.com

Biopsy / Lumpectomy / Sentinel Lymph Node Biopsy

You can resume your regular activities the day after your surgery, exercising in moderation. More vigorous activities, jogging, and/or aerobic exercises are not recommended for approximately one week. In most cases, you will only need to miss one day of work, the day of surgery. If you had a sentinel node biopsy, you have no restrictions after surgery.

Mastectomy / Modified Radical Mastectomy

You will likely stay in the hospital overnight and be sent home the following day. You will also likely have a drain in place (see DRAIN CARE below). Patients may return to work after a few days, but some prefer to stay out from work until the drains are removed (usually one to two weeks).

Axillary Node Dissection (not a sentinel node biopsy)

If you had an axillary node dissection, you should avoid raising your arm above shoulder level for two weeks. After two weeks, you should resume exercises to stretch the shoulder to return full shoulder motion and mobility. Walking your fingers up a wall is a good and simple exercise. You should avoid wearing any constricting items on your arm on the side of the surgery, such as watches, bracelets or tight sleeves. You are at risk for developing arm swelling, and you want to minimize the chances of developing this.

DRAIN CARE

Depending on the breast procedure, you may be sent home with a drain. The drain is stitched to your skin to prevent premature removal. The drain is attached at the end to a plastic bulb. It is best to clip or safety pin the bulb to your clothing to prevent excessive tension on the drain and, again, inadvertent removal. You will be taught prior to discharge how to empty the bulb and to reapply suction. You should empty the drain 2 to 3 times per day and keep a record of the output. In general, the drain is ready to be removed when the output is less than 30cc a day for two days in a row. Drain removal is performed in the office.

You should keep the drain site dry to prevent an infection. Generally, a clear plastic bandage is placed over the drain site (where it leaves the skin). You may shower with the clear bandage (it is water-proof). If the bandage comes off at any time, you may place gauze and tape over the drain site. When you shower, a) remove the tape and gauze covering the drain, b) shower (the drain and tubing can get wet), and c) then re-apply tape and gauze once dry. Be careful not to remove the drain when showering.

WHEN TO CONTACT THE OFFICE

Please call the office if you experience any of the following:

- Pain that is not relieved by medication
- Fever more than 100.5° F or chills
- Excessive bleeding (a bloody dressing)
- Excessive swelling
- Redness outside the dressing

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