

Post-Op Surgery Instructions

1) Medications

- Restart all of your regular medications unless specifically told otherwise.
- Rate your own level of discomfort/pain. It is easier to control pain by taking medications before the pain becomes severe.
- We recommend taking the following medications on a regular schedule.

2) Pain management—Your surgeon will prescribe you pain medicine for you.

Tylenol 325mg 1-3 tabs every 6 hours for the first day and/or Ibuprofen 200mg 1-3 tabs every 6 hours (with food)

- If your pain is still uncontrolled Oxycodone 5mg 1-2 tabs every 3 to 4 hours as needed for breakthrough pain
- Do NOT drink or drive while taking oxycodone.
- You may experience constipation while taking oxycodone. Increasing your fluid intake or taking an over-the-counter stool softener may help.
- Ice packs may also help to reduce pain and swelling. They can be used every 3-4 hours for ten minutes at a time. Warm compresses are not to be used near the incision.
- Some women experience a sore throat from the ventilation tube used in the operating room. Lozenges or throat spray may help.

3) Incision and dressing care

- A supportive bra may have been placed over your dressings. Wear your bra for the next 3-4 days, it will help minimize postoperative bleeding and swelling. You can even wear the bra to bed at night.

- If you have a dressing, it may consist of white gauze and tegaderm (plastic occlusive dressing). This dressing may be removed in 3 days. It can get wet in the shower or bath.
- Under the dressing, your incision has both sutures and steri-strips (small, white, strips of tape) or sutures and special skin glue. The sutures will be absorbed by your skin tissue over time. Steri-strips should remain over your wound for 7-10 days. It is ok if the steri-strips fall off earlier. The skin glue will gradually wear away.
- If your wound has skin glue, you may shower the day after your operation. If your incision has steri strips and a bandage, the bandage may be removed three days after surgery so that you can shower.

4) Diet

- Resume your regular diet as tolerated.

5) Activity

- Avoid strenuous activity, heavy lifting (greater than 30 pounds) and vigorous exercise until seen in follow-up.
- Walking and most daily activity may be resumed the day after surgery.

6) Follow-up Care

- Pathology results from your biopsy are usually available within 1 week. You will receive your results by phone or at your follow-up visit.

Contact the your surgical team at 310-373-6864 if:

- Pain is not relieved by medication
- Fever greater than 100°F or chills
- Persistent bleeding or drainage from your incision

- Persistent swelling
- Increasing redness of around the incision Allergic or adverse drug reactions
Constipation, despite stool softener
- Any other questions or concerns

If you are having/had an AXILLARY LYMPH NODE DISSECTION, here are some additional instructions:

1) Pain Management

- Ice packs are particularly helpful in decreasing armpit swelling and tenderness.

2) Dressing Care

- Your surgeon may insert a drainage tube, possibly more than one, to remove fluid that would otherwise accumulate. This helps you to heal faster and decrease the risk of complications. Your drain(s) will be removed when the amount that they drain in a 24 hour period decreases to approximately 20-30cc.

How to empty your drain and record the volume

[Download and print the drainage recording sheet here](#)

Your drain should be emptied every 4-6 hours and recorded on the flow sheet on the other side of this page. Remember, if you have more than one drain, record the amounts individually. The drains should be secured to your dressing or bra so there is no tension at the place where it enters your skin. This illustration shows a drain that is ready to be emptied.

Hold the bulb gently in one hand and release the stopper. This will allow you to empty the fluid. The photo to the right shows the stopper released.

Once the plug is opened, this is the only way fluid will come out. There is a one way valve inside the bulb and you will not be able to squeeze fluid back up the drain. Have the cup for measuring close by. Be careful not to spill or spray the contents to keep from staining your clothing or bedding. Set the measuring cup aside. Make sure to measure by using milliliters (ml) or cubic centimeters (cc).

Gently squeeze the bulb and replace the plug to re-establish the vacuum. If you check your drains and it is not collapsed, it is not able to drain the fluid. If you see solid material in the drain tube, you can carefully strip the material down into the bulb to prevent it from being blocked. Your nurse will teach you how to do this if it is necessary.

You should notify your doctor: if the drainage turns bright red and drains faster; if the amount is more than 50cc per hour for 2 hours in a row; if the drainage tube is accidentally pulled out; if the bulb will not stay compressed or hold a vacuum; if you have swelling or drainage at the drain insertion site; or for any other concerns you have.