Postoperative Instructions for BREAST SURGERY

ACTIVITY

* Minimize the use of your arms – no heavy lifting, pushing, or pulling. Avoid lifting your arms above your head.
* Avoid sports and other strenuous activities for 4 weeks.
* No driving until cleared by the physician.

HOME CARE

* Cough and deep breathe every hour while awake for 2 days. For mild fever (less than 100°F), increase frequency of coughing or deep breathing.
* Wear bra or chest garment at all times (unless showering) until you’re seen by your physician.
* You may take shallow tub baths (keep bra dry) until you’re permitted to shower. You may remove your bra or chest garment and take a gentle shower with your back to the water in \_\_\_ days.
* Reinforce dressing as needed with gauze or pads.
* No smoking after surgery to prevent possible bleeding and delayed healing.
* Avoid sleeping on incisions. Use pillows to help create a comfortable position on your back or sleep in a reclining chair.
* Please plan to have a responsible adult with you **for at least 24 hours** following surgery.

WHAT TO EXPECT

* Moderate discomfort and swelling.
* Spots of drainage on dressings.
* Drainage may temporarily increase with activity.
* If you have a drain, refer to separate drain instruction sheet.

MEDICATION & COMFORT

* You may take \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for pain relief.
* Pain medications may cause drowsiness, upset stomach, and constipation.
* Take pain medications with food.
* Do not drink alcohol or drive while taking prescribed pain medication.
* Refills are only available during office hours – 9am to 5pm, Monday through Friday. If you feel you need more pain medication, please call during those times.

CALL THE OFFICE (775-3446) IF YOU NOTICE

* Increasing firmness of one or both breasts.
* More swelling on one side than the other.
* Large spots of drainage that soak through the bandages.
* Severe pain not responding to medication.
* Fever greater than 100°F.

I have received the above instructions. Signature X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_