

NICHOLAS T. HADDOCK, M.D.

Breast Augmentation

Patient Care Instructions

General Information

Breast augmentation is cosmetic breast surgery that can increase the size of the female breast. It is one of the most frequently performed cosmetic surgery procedures in the world. A breast augmentation can give a woman with small or unevenly-sized breasts a fuller, firmer, better-proportioned look. In some situations, the placement of a breast implant can also provide a small breast lift. A breast augmentation can be performed using a variety of different techniques. The most common incisions are: Underneath the breast (inframammary), around the areola (periaerolar), or in the armpit (transaxillary). Both saline and silicone implants are approved by the FDA for breast augmentation. Modern silicone implants are filled with cohesive gel that has a consistency that more closely resembles jello than water. This gel is believed to better prevent silicone migration once the outer silicone cover (shell) has worn out many years after implantation.

Things to handle prior to your surgery

Arrange for someone to drive you home from the hospital and stay with you for 1 to 2 days.

Protein supplementation can be started one to two weeks before surgery and should include over 20 grams of additional protein daily.

Have electrolyte containing fluids such as Gatorade or electrolyte water on hand.

Have stool softeners/laxatives on hand, such as Colace, Biscodyl, Milk of Magnesia. These can be purchased at your local pharmacy.

Review the attached list of medications not to take during the perioperative period. If you have any further questions that were not addressed during your consultation then please call Dr. Haddock's nurse (Molly Cohen) at (214) 645-2353. If you are unsure if you can stop medications then please call the prescribing provider to confirm if this is medically safe.

For your convenience, we have included a [*Suggested Shopping List*](#) in the addendum to these instructions (page 5).

Pre-Operative Guidelines

Smoking should be stopped a minimum of 4 weeks prior to surgery. Smoking should be avoided for at least 4 weeks after surgery as well. Smoking can greatly interfere with healing

and lead to postoperative complications. Secondhand smoke is just as bad as a patient smoking themselves.

Do not eat or drink anything after midnight the night before surgery. This includes no water, gum, or hard candy. Blood pressure and/or heart medications can be taken with a sip of water as directed by your prescribing physician.

If you take medication for diabetes then confirm with your prescribing physician how to manage these medications prior to surgery.

If you are prone to nausea or motion sickness let your anesthesiologist know on the day of surgery. Medications can be started prior to surgery or during surgery to help improve your postoperative experience.

Post-Operative Care

Medication will be prescribed on the day of the operation. This can either be collected at the hospital or sent to your home pharmacy. Take pain medication and muscle relaxers as prescribed. Often these medications are necessary for the first two days and then on an as needed basis. Do not drink alcohol with these medications.

Ibuprofen (Motrin) can be started the day after surgery.

Take a suggested stool softener/laxative until bowels begin to function normally after surgery. A combination of anesthesia, muscle relaxants and pain medications usually make this necessary for a few days.

Do not smoke or be around smoking as even second hand smoke delays healing and increases the risk of complications.

Get plenty of rest. The general anesthesia, muscle relaxers and pain medication can promote insomnia; therefore a sleep aid may be taken if needed. Please call Dr. Haddock's nurse (Molly Cohen) at (214) 645-2353 if you feel this would benefit you.

Follow a well-balanced diet, which includes protein and is limited in salt intake. A high salt diet or meal, can lead to increased swelling and prolonged recovery. It is best to continue the protein supplementation for approximately 3 weeks after surgery.

Oral hydration should include the use of electrolyte containing fluids such as Gatorade or a low calorie substitute. Limit the amount of caffeinated beverages as they can promote dehydration; however, Dr. Haddock recommends you maintain your daily average of caffeine to avoid headaches.

A surgical bra is acceptable and may be placed in some situations. You may wear a camisole or sport bra, but no underwire bra for 4 weeks.

Activity Restrictions

Walking is encouraged shortly after the operation. Light cardiovascular exercise can be gradually resumed after 4 weeks with all activities resumed at 6 weeks.

You can begin arm exercises the day of your surgery. Your arms should not be used to support your body or to lift heavy things. Raising your arms above 90 degrees is acceptable. Range of motion exercises are encouraged but should be limited initially until your pain has improved significantly and then gradually increased.

Do not lift anything heavier than 10 pounds for 4 weeks.

Do not drive for approximately 7 to 10 days or until you are no longer taking oral pain medications or muscle relaxers.

Do not run, lift weights, play tennis or golf for 6 weeks after surgery. It is important to keep your heart rate under 100 beats per minute for 4 weeks.

Cardiovascular exercises can be resumed gradually after 4 weeks.

Heavy lifting/stretching (Yoga) can be resumed after 6 weeks.

Incision Care

You may have a clear skin glue dressing on your incisions. The glue will protect the incisions for 3 weeks.

If you have persistent sutures, they will be removed in 7 to 14 days.

You may shower 1 day after the operation. You may sponge bathe prior to this but keep all surgical sites dry.

Make sure someone is with you at your first shower.

Do not submerge the incisions for at least one month.

Do not use a heating pad; heat may burn the area.

If given a surgical bra, it can be removed before showering. Any gauze can be discarded and does not need to be replaced after the first shower.

If a clear plastic dressing is in place, it can remain attached to the skin. Gently pat it dry when the shower is completed. This dressing can gently be removed if it becomes saturated.

What to Expect after Breast Augmentation Surgery

It is common to have discomfort of the breast and mild burning around the incision. This is normal and will improve shortly after surgery.

Tightness of the breasts is a normal feeling after this surgery. This may worsen over the first 2 days, but will relax with time.

There may be a feeling of numbness of the breasts that will subside with time.

Constipation is common after any operation, and is secondary to the anesthetic, pain medication and dehydration. Please stay well hydrated and use the recommended stool softener and/or laxative until bowels return to normal.

When to Call the Office

If you have increased swelling and bruising of one breast significantly more than the other. Remove the bra to make this determination. This may represent a hematoma (collection of blood) or a seroma (collection of clear fluid).

If you have increasing swelling or redness around the incision.

If you have severe pain not relieved by pain medication.

If you have any side effects from the medication: rash, nausea, headache, vomiting.

If you have fever over 101.

If you have yellow or greenish drainage from an incision or notice a foul odor.

If you notice some vaginal burning and itching as a result of the antibiotics used during and after surgery.

Dr. Haddock will be paged/called on his cell phone for any urgent or emergent medical issues.

Follow-up Care and Appointments

It is important to be seen by Dr. Haddock approximately 1 to 2 weeks after your surgery.

You should also schedule to be seen at 6 weeks, 4 months, and 1 year after your operation.

Call to schedule your appointments at the UT Southwestern Medical Center Plastic Surgery Clinic at (214) 645-2353.

There are two nurse practitioners on Dr. Haddock's team. Jennifer Bell, MSN, APRN, AGACNP-BC, works in the hospital setting and Kristi Elliott, APRN, FNP-C, is in the clinic setting. They may both be involved in your perioperative care.

For any surgical scheduling concerns, please call: Lindsay Bolger at (214) 645-3118

For medical questions, please call: Molly Cohen, RN at (214) 645-2353

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www.drnicholashaddock.com

Suggested Shopping List

Items to have on hand prior to surgery

Breast Augmentation

Visit <https://www.drnicholashaddock.com/supplies/> for links to purchase some of below.

- Prescriptions will be called into your local pharmacy as ordered by Dr. Haddock. Typical medications are as follows but these will be tailored to your needs.
 - Tylenol #3 or Tramadol (pain medication)
 - Valium (muscle relaxant and anti-anxiety medication)
 - Keflex (Antibiotic)

- Ibuprofen (Motrin)

- Gatorade or another low calorie alternative, such as water with electrolytes

- Protein Supplements

- Stool softener / laxative (choose one):
 - Docusate (Colace) 100 mg orally two to three times daily when taking pain medication
 - Milk of Magnesia 30cc/1 Tablespoon twice daily when taking pain medication
 - Prune juice or Sorbitol orally
 - Biscodyl or Magnesium Citrate as needed for constipation

- Camisole or Sports Bra (may be better to purchase postoperatively once swelling has subsided for better fit). You will receive a surgical bra immediately after the operation.

- Arnica montana and Bellis perennis can be taken to help with drain outputs, bruising, and swelling