



## **PRE-SURGICAL PACKET: BREAST REDUCTION AND MASTOPEXY (“BREAST LIFT”)**

**JONATHAN W. TOY, MD, FRCS(C)**  
**#303 EAST TOWER, 14310-111 AVENUE, EDMONTON, AB, T5M 3Z7**  
**PHONE: (780) 758-3377 FAX: (780) 758-3232**



**Dear Patient:**

**Thank you for booking your surgical procedure with us. This pre-operative packet provides important instructions to help minimize the risk of complications throughout your surgical experience. Please take time to read and familiarize yourself with the information contained within the packet and feel free to call with any questions or concerns.**

Dr. Jonathan Toy, M.D., F.R.C.S.C.  
Jennifer M., Administrative Assistant  
Trang D., Administrative Assistant

### ***PACKET CONTENTS:***

- 1). Pre-Operative Instructions
- 2). Medicines/Vitamins/Food to Avoid Prior to Surgery
- 3). Post-Operative Instructions
- 4). Diet, Hygiene, and Activity After Your Procedure
- 5). Return to Work

**IMPORTANT CONTACT INFORMATION**

**Office Phone** (780) 758-3377  
**Office Fax** (780) 758-3232  
**E-mail Address** office@drtoy.ca

***After Hours Emergency Contact:***

**Please proceed immediately to your local emergency department. Dr. Toy or the Plastic Surgery Resident on call may be contact through paging at the Royal Alexandra Hospital at (780) 735-4111.**

**ACKNOWLEDGEMENT OF RECEIPT OF PRE-OPERATIVE PACKET**

I have received a copy of the pre-operative instructions for my scheduled surgery. I understand that it is my obligation to be aware of the information contained therein. I understand that if I have any questions regarding pre-operative care, the Dr. Toy and his staff members are available to answer them.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **I). PRE-OPERATIVE INSTRUCTIONS**

The following information will help to make your surgery and recovery as smooth as possible and reduce the risk of complications. Please do not hesitate to ask any questions.

### **THINGS TO REMEMBER PRIOR TO SURGERY:**

1. **NO ASPIRIN, MEDICATIONS CONTAINING ASPIRIN, OR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS FOR TWO WEEKS PRIOR TO YOUR SURGERY.** These products interfere with normal blood clotting. If needed, you may take Tylenol products instead. Please review the “Medications and Herbs to Avoid” list at the end of this packet. You will also need to avoid these medications for 2 (two) weeks after surgery.
2. **NO SMOKING!** This is one of the most important things you can do to minimize the risk of complications. ***Before elective surgery, we require that you abstain from smoking for at least FOUR weeks prior and FOUR weeks after the date of surgery.*** Even “second-hand” smoke can be harmful to your wound healing. Nicotine causes peripheral blood vessels to constrict, which compromises the blood flow to the skin and interferes with wound healing. This also includes the use of nicotine patches. Surgery may be cancelled if you are actively smoking!
3. Report any signs of a cold, illness, or unusual rashes to the office should they occur in the week prior to your surgery. The two weeks immediately before or after your surgery are not the time to lose weight by following a crash diet or a fad weight loss program. Eat a well-balanced diet, including all basic food groups and plenty of water. Adequate protein intake is extremely important, as protein is required for wound healing.
4. You must make arrangements for a reliable adult to drive you home after you are discharged from the hospital. You will NOT be permitted to drive yourself.
5. You must arrange for a reliable adult to stay with you for the first 2 days after your discharge from the hospital.
6. If you have been asked to have a pre-operative mammogram, ensure that this is done well in advance of surgery.

### **THE DAY BEFORE YOUR SURGERY:**

1. Shower as usual with anti-bacterial soap, paying special attention to the areas where the surgery will be performed. Hibiclens, or any product containing chlorhexidine is acceptable. This should be performed for THREE consecutive days prior to surgery.
2. Remove all makeup, nail polish, and jewelry the night before your surgery.
3. **NOTHING TO EAT OR DRINK AFTER MIDNIGHT!**
4. DO NOT APPLY MOISTURIZER THE MORNING OF SURGERY.
5. Please discontinue all recreational drugs at least 2 weeks prior to surgery.

### **THE DAY OF YOUR SURGERY:**

1. **NOTHING TO EAT OR DRINK.** This includes water. You may only take medications on the morning of your surgery if instructed by the physician or nurse.
2. Wear comfortable, loose-fitting clothes in preparation for your discharge.
3. Do not bring anything of value with you to the hospital (eg: jewelry). Please do not wear wigs, hairpieces, hairpins, watches, etc.
4. If you are wearing contact lenses, please bring a case to put them in because you will need to remove them before your procedure. We ask that you also bring a pair of eyeglasses, as you will be asked to read and sign forms.

## II). MEDICINES/VITAMINS/FOODS TO AVOID PRIOR TO SURGERY

Patients scheduled for surgery should **STOP** taking all products containing aspirin and/or non-steroidal anti-inflammatory drugs (NSAIDs) **2 WEEKS PRIOR TO SURGERY**. These drugs can cause bleeding problems. You may take Tylenol (acetaminophen) as needed for headaches, cramps, aches, and pain.

This is a list of common products to avoid, but the list is NOT complete. If you are not sure about a medication, ask your pharmacist. Please review this list to ensure you have stopped taking these medications.

### **MEDICATIONS TO AVOID:**

Advil	Daypro	Panadynes
Aleve	Disalcid	Panalgesic
Alka-Seltzer	Dristan	Pepto-Bismal
Anacin	Duradyne	Percodan
Anaprox	Duragesic	Persantine
Ansaid	Easprin	Quagesic
APC	Ecotrin	Relafen
Arthritis Pain Formula	Emprazil	Sinutab
ASA	Equagesic	Soma Compound
Ascodeen-30	Excedrin	Talwin
Ascriptin	Fiorinal	Tolectin
Aspergum	Ibuprofen	Toradol
Aspirin	Indomethacin	Trandate
Bayer Aspirin	Lodine	Trental
Bufferin	Measurin	Trialgesic
Cama Arthritis	Meclomen	Triaminicin
Celebrex	Midol	Vioxx
Cephalgesic	Midol PMS	Voltaren
Children's Aspirin	Mobegesic	Wesprin
Clinoril	Momentum Muscle	Zactin
Congespirin	Motrin	Zorpin
Coumadin	Naprosyn	<b>***Accutane needs to be stopped for at least 3 months prior to your procedure date</b>
Darvon Compound	Nuprin	
Darvon with ASA	Pabirin Tablets	

**HERBAL MEDICINES, VITAMINS, AND FOODS TO AVOID:**

<b>HERBAL MEDICATIONS</b>	<b>FOOD AND VITAMINS</b>
Astragalus (Huang-Q)	Garlic
Carnitine Chromium	Ginger
Citrimax (Garcinia)	Grapefruit Juice
Creatine	Lemongrass
Echinacea	Red Wine
Ephedra	Vitamin E
Ginkgo Biloba	
Ginseng	<p><i>***Drinks that contain any of the above products such as Sobe Beverages and should be avoided.</i></p>
Gotu Kola	
Licorice Root	
Kava (piper methysticum)	
L-Proline	
St. John’s Wort	
Taurine	
Valeria	
Yohimbe (corynanthe yohimbe)	

**III. POST-OPERATIVE INSTRUCTIONS**

1. Certain procedures require the use of drains placed during surgery. Following breast reduction surgery, you may or may not have these drains in place. Dr. Toy will inform you if you will have these prior to surgery. Drains remain in place to remove fluids your body produces at the surgical site and prevent them from collecting. They are generally not sewn in (eg: easily removed) and are like the flat finger of a glove. They go through the existing incision (eg: no need for separate drain site away from the incision) and slide right out on the day after surgery.
2. You, or your caregiver should call the office (780 758-3377) for an appointment for your initial dressing change with the nurses at the Royal Alexandra Hospital Outpatient Department on the day after your surgery. This area is located in the basement of the Royal Alexandra Hospital and is close to the food court area. The nurses will perform your initial dressing change and remove your drains (if applicable). They will also place you in the supportive sportsbra that you have brought with you to the appointment. Absorbent dressings for surgical incisions can be changed by you, or your caregiver once daily following your initial dressing change. Maxi-Pads are cheaper alternatives to medical dressings and are sometimes more absorbent.
3. You should follow-up with Dr. Toy for an initial visit in the first two weeks after surgery. Please contact the office for an appointment.
4. You will be placed in a surgical bra immediately following surgery. Please leave the bra intact until your first follow-up visit.

\*\*\*\**Please purchase and bring a supportive sports bra that clasps in the front* with you to your first follow-up visit. We will change your dressings and possibly remove drains (if applicable) at that time as well. Please do not wear underwire bras for at least 4-6 weeks following surgery (unless you have had a “short scar” breast reduction technique).

5. **SHOWERING** – Showering is generally allowed beginning **the 2<sup>nd</sup> day after surgery**. Please do NOT take baths or soak in the tub until all wounds are fully healed.
6. You will have steri-strips (surgical tapes) on your breast incisions following a breast reduction. These will fall off over the first week or so after surgery. You can shower, but just pat the steri-strips dry with a towel and leave them intact. If steri-strips have not fallen off by the 10<sup>th</sup> day following surgery, you may remove them gently. There is no need to replace these.

### Care of Steri-Strips and Paper Taping

- Steri-Strips (Surgical Tapes) support the incision while it is healing
- They are generally used in most body contouring procedures
- Steri-Strips will fall off by themselves in the first couple of weeks after surgery – if they do not fall off by about the 10<sup>th</sup>-14<sup>th</sup> day post-operatively, we may remove them for you
- When Steri-Strips are removed, they usually have old, dried blood on them, which may appear either as red or greenish discharge. Generally, this is not an infection, but represents old blood against the incision that is being broken down. Signs or symptoms of infection may include redness, increasing swelling, purulent drainage, feeling unwell, fevers/chills, etc.
- Once the steristrip tapes come off, patients are asked to apply **PAPER TAPE** in a similar way as the steristrips. Paper taping is continued **for 3 months (or longer)**. Paper tape should only be changed **ONCE EVERY 5-7 DAYS**. Changing it more frequently may cause skin irritation and sometimes can cause the top layer of the skin to peel off. You can shower normally with paper tape and pat it dry afterwards.
- Paper Tape keeps the tension off of the incision directly and allows it to heal with a better scar. Excessive tension on the incision, especially with movement can cause scars to widen.

7. For the first few days following your surgery, there may be small to moderate amounts of fluid leakage from your incisions. This is usually normal. Increasing or uncontrolled pain, increasing redness, fever/chills, feeling unwell may be a sign of an early infection. If this occurs, please contact the office or proceed to your closest emergency department.

### 8. **SUTURES**

The majority of sutures used are absorbable, and beneath the skin surface. These do NOT need to be removed. Some sutures are above the skin and do need to be removed (usually a knot at the skin level that will either fall out, or be trimmed in the office at around the 3 week mark). Sometimes you will see a piece of suture coming from the skin that looks like clear fishing line. This is the suture that is underneath the skin. It will either be absorbed and fall out by 4 weeks after surgery,

or can be removed by trimming with a pair of scissors at the level of the skin at around 4 weeks after surgery. The suture itself is absorbable and therefore does NOT need to be removed.

9. \*\*\*The ***ultimate shape and size of your breasts*** following breast reduction surgery will change in the weeks following surgery. It sometimes takes 6-8 weeks before all of the swelling resolves. The shape of the breasts will change as well, especially if you have had the “short scar” breast reduction technique performed. The bottom portion of the breast will fill out in the first few month after surgery, and the “top” portion of the breast will become “less full”, resulting in a more natural appearance to the breast.
10. ***Small pleats and folds*** in and around the incision lines are normal for breast reduction surgery. These will flatten out over the first few months following surgery. Small skin excesses, which can commonly occur to the sides of the breast crease incision are called “dog ears”. These flatten out in general in the first few months after surgery. These are more common with larger breast reductions. Touch up procedures to remove these skin excesses may be performed under local anesthesia if these do not resolve by themselves.
11. Following breast reduction, it is recommended to avoid ***topical scar therapies*** until all wounds have healed. Topical scar treatments include any “scar gels” that contain silicone. These can be found over the counter. Alternatives to this include products such as “Bio-Oil”, and Vitamin E creams and these are popular among patients. These may start once wounds are fully healed (at least 4 weeks post-operative).

## 12. UNUSUAL SENSATIONS

Sensations in the lower abdominal region such as numbness, electrical shock type sensations, tingling and burning are common during the healing process and will gradually disappear over time. This is generally the result of nerve re-growing and are a good thing.

## 13. PREVENTION OF BLOOD CLOTS

After any major surgery, you are at a slightly higher risk for blood clots. These generally originate in the legs, but can then go towards the lungs, leading to shortness of breath. If this occurs, you will require some form of medication to thin the blood for a number of months after the blood clot. Some patients require hospital admission and in the most severe cases, death may occur.

It is important for all patients having a general anesthetic to do whatever they can to prevent blood clots after surgery.

### ***What We Do to Prevent Blood Clots During Surgery:***

- Calf compression stockings or stockings that inflate and deflate during surgery to prevent blood pooling in the legs
- Adequate hydration

### ***What We Do to Prevent Blood Clots After Surgery:***

- **Early ambulation** is key! Walking around even right after your surgery will help move the blood in the legs and prevent it from pooling. ***PATIENTS SHOULD GET UP AND***



*WALK AROUND EVERY HOUR IN THE FIRST FEW DAYS AFTER SURGERY WHILE THEY ARE AWAKE!*

- If you are driving home and you live > 1 hour from Edmonton, please stop and walk around while driving. This will also prevent pooling of blood in the legs
- You may be asked to wear **white compressive stockings** after surgery that you will put on prior to surgery. We recommend leaving these on (except to shower) for about a week.

14. If you are from greater than a 1-hour drive from out of Edmonton, we require you to stay within the city overnight until your initial visit with the nurses at the Royal Alexandra Hospital Outpatient department.

15. **PLEASE ADVISE US +/- GO TO YOUR CLOSEST EMERGENCY ROOM TO SEEK MEDICAL ATTENTION IF YOU FEEL UNWELL, HAVE FEVERS OR CHILLS, HAVE UNCONTROLLABLE PAIN, DISPROPORTIONATE AND INCREASING SWELLING, REDNESS OR SWELLING FROM THE SURGICAL INCISIONS OR DRAIN SITES, OR ARE EXPERIENCING ANYTHING CONCERNING TO YOU.**

#### **IV). DIET, HYGEINE, AND ACTIVITY AFTER YOUR PROCEDURE**

- 1). DIET:** There are generally no dietary restrictions following the procedure. Drink lots of fluid and maintain adequate protein intake for wound healing.
- 2). SUN EXPOSURE:** The skin is sensitive to sunlight after surgery. Protect your incisions from excess exposure from the sun. Wear sun-screen (SPF-15 or greater) if you anticipate the incisions being exposed to sunlight. We usually recommend that sun precautions be carried out for at least *6-12 months post-operatively*.
- 3). PHYSICAL ACTIVITY:** Care should be taken when getting up at first, as you may be dizzy from the anesthesia or pain medications. Strenuous physical activity should be avoided for at least 2 (two) weeks. Following breast reduction, we suggest that you always wear a supportive bra/sportsbra while exercising. Lifting over 10 pounds may commence at 3-4 weeks after surgery.
- 4). WORKING:** For some patients, desk work/sedentary work may be resumed sometimes after only 2 weeks after surgery. If heavy lifting (>10 pounds), or heavy physical activity is required as a part of your job, you may want to take up to 4 weeks off of work.
- 5). DRIVING** – you may resume driving when you are no longer taking narcotic pain medications and feel unrestricted by pain.

## V). RETURN TO WORK

Most patients will feel somewhat tired after surgery, especially if you are having multiple procedures performed at the same time. Aside from the surgery itself, reasons for this include: prolonged general anesthetic (some combination surgeries take up to six hours), stress of surgery on the body, blood loss during the surgery/low iron stores, etc.

Estimated need for time off work post-operatively depends on what type of work you do, the need for heavy lifting, how well you are feeling after surgery, and the type and number of procedures you are undergoing. Dr. Toy will let you know when you are ready to return to work. This decision is made on a case-by-case and individual basis.

*If you are having multiple procedures performed at the same time, you may need more time off work than the individual procedure listed. In general, the procedure with the most required time for recovery sets the duration of time needed off work.*

Below is a list of estimated duration of time off work for specific procedures.

<u>PROCEDURE</u>	<u>RECOVERY TIME</u>
Breast Reduction	1-3 weeks off work, up to 4 weeks if heavy lifting
Breast Lift	1-2 weeks off work, up to 4 weeks if heavy lifting
Breast Lift After Weight Loss ("Dermal Suspension Mastopexy")	1-2 weeks off work, up to 4 weeks if heavy lifting
Panniculectomy, Abdominoplasty	10 days to 2 weeks off work depending on surgery and returning work duties (desk work) 3-6 weeks off work if heavy lifting is required
Arm Lift (Brachioplasty)	2-3 weeks off work
Inner Thigh Lift	3-6 weeks off work, depending on length of incision
Lower Body Lift	3-6 weeks off work

***\*\*\*\*Inner Thigh Lifts and Lower Body Lifts generally require the most amount of post-operative recovery time\*\*\*\****