



Post-operative Patient Instructions - BREAST

Patient:.....

Operation:

Follow-up Appointment:.....

Hospital Location:.....

Things to look out for:

- Signs of infection (fever, swelling, increase in redness or pus from incision)
- Signs of dehydration (weakness, fatigue, dizziness when standing or walking, fast heart rate, low urine output or very dark urine).
- Signs of bleeding (rapid or sudden swelling of wound) → **call immediately**
- Signs of UTI (difficulty urinating, pain on urination or feeling like you aren't emptying your bladder fully)

Pain Medication

- At the end of the operation I liberally apply local anaesthetic into the wound.
- I recommend simple analgesia which should alternate for the first few days.
 - Ibuprofen 400mg (2x200mg tablets) every 6hours with food.
 - Paracetamol 1000mg (2x500mg tablets) 6hours.
- In addition, for the first few days you may need a stronger pain relief medication which we can provide.

Other Medication

- If you were previously taking Aspirin, Plavix, Coumadin, Marevan or any other blood thinners then please discuss with the surgery team exactly when you may restart these meds.
- You may resume all other medications as previously prescribed.

Return to Work and Exercise

- You may return to work as soon as you would like. However, if your job requires heavy lifting or strenuous physical activity, you should wait to return to work until after your post-operative appointment.
- Do not do strenuous exercise (running, climbing, lifting more than 5kgs) for 4 weeks after surgery. Following this, advance activity as tolerated. Walking is fine.
- Please use common sense with respect to driving. You need to have a complete range of motion in your neck and be able to wear a seat belt over your chest.

Disclaimer

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Wound care

- Your incision is covered with glue, steri-strips (medical tape) and absorbent padding. There are no stitches to be removed. Ideally, the tape should remain in place for at 10 days. The padding can be removed after a few days.
- If you have drain tubes, these are typically left in situ until the volume draining in 24 hours is minimal (not longer than 7 days). If the drains are left in place for too long there is an increased risk of infection. If they are removed too soon, fluid may collect under your wound and may need to be aspirated (drained with a needle). Clear fluid collections under the wound are common and are called seromas. They are more frustrating than harmful.
- You may shower and gently wash your incision, but do not vigorously scrub it. Let it air dry.
- Do not rub any creams, ointments or make up into your wound. The best way to ensure a nice scar is to minimize tension to the area (limited activity, no straining), keep it clean and avoid smoking.
- Your wound will continue to remodel over 6-12months.
- If you find you are straining or need to cough, please try to momentarily support your wound by holding a clean towel over the dressing as you do so.

Diet and Hydration

- Eat a regular balanced diet after surgery and drink plenty of fluids to stay hydrated
- If your urine is a bright yellow colour, it is likely that you are dehydrated, so please drink some more water
- There are no miracle foods or drinks.

Additional treatment

- I will present your case (anonymously) at a multidisciplinary team meeting for a consensus opinion with regards to the need for adjuvant treatment. I will advise you of the outcome as soon as possible.
- I will refer you to any other specialists required for your treatment.

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