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PLASTIC AND COSMETIC SURGEON

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MALE BREAST REDUCTION POSTOPERATIVE INSTRUCTIONS & ADVICE

The following after-care information will help make your surgery safe and uneventful. It is important that you understand it all. If you have any questions, please ask me or my staff. In some cases there will be variations to the instructions, and these will be discussed with you.

Compression Garment

Tensors, or a compression garment, are applied to the chest at the time of surgery and should be left in place for 14 days. They reduce the bruising and swelling and promote wound healing.

Dressing

Beneath the tensor you will have a clear "Op-Site" dressing on your incision lines. It is transparent, adheres to the skin, and acts much like a layer of skin. It breathes, but is water repellent. It is gentle on the skin and you will feel very comfortable with it on. Occasionally there is some "puddling" of blood underneath the Op-Site. This will not irritate the skin. Small puddles, that are less than the size of a dime should be left alone. If there are larger puddles of blood, and they bother you, it is quite simple to drain them. Simply wipe the area of Op-Site with an alcohol pad, and similarly wipe some small scissor tips with alcohol, and then make a small quarter inch cut into the Op-Site. This will allow the blood to drain out. A gauze pad will then need to be applied on the Op-Site to absorb any further leakage.

Pain Pills

Most patients are pleasantly surprised how limited their postoperative discomfort is. To reduce the need for pain pills, Advil (Ibuprofen) 200 mg should be taken regularly every 6 hours. Midway between the 6 hourly dose of Advil (that is, 3 hours after the last dose of Advil) please take either an extra strength Tylenol (Acetaminophen) or, if there is more discomfort, one of the stronger pain pills prescribed to you. This combination of anti-inflammatory (Advil) and analgesic (Tylenol extra strength or stronger pain pill) is now recognized as the most effective way of treating postoperative discomfort. Both pills can be stopped when the discomfort subsides. Please note that all pain pills cause constipation, and if you are inclined to becoming constipated, you should consider the use of a stool softener such as Colace 200 mg twice a day, and a laxative such as Milk of Magnesia, 15 to 30 cc at nighttime. Drinking copious amounts of fluids and eating fruit also reduces constipation.

Eating After Surgery

Patients may experience nausea after a general anesthetic. It is therefore wise to drink clear fluids (apple juice, black tea, flat pop) until the stomach feels settled. Then try eating clear soup and crackers. A normal diet is usually possible the next day. On rare occasion, a patient may feel nausea for a few days after surgery. Gravol tablets may then be helpful.

Bleeding, Bruising, Swelling

Minor bleeding from the incision lines is normal after surgery, and should subside within 24 hours. Bruising is the typical "black and blue" appearance to tissue after any surgery. There is a great variation in how much patients bruise, some bruising very little, some more. As noted in your preoperative instructions, Aspirin, blood thinners, anti-inflammatories, and vitamins can contribute to bruising and should be stopped for two weeks before surgery. These medications can be resumed the day after surgery. The bruising typically subsides within two weeks, but in some patients can last longer. As it dissolves, and becomes more yellowish in colour it may appear to be "spreading". This is normal and is no cause for alarm. 80% of the swelling is typically gone within three weeks, but the last 20% of swelling can persist for several months. It is common to have more bruising and swelling on one side than the other. This will even out with time.

Early Fever

A low grade fever (up to 37.8°C) is not uncommon the day after surgery. It usually occurs after a general anesthetic and results from small collections of mucous in the lungs. It is therefore important after a general anesthetic to take frequent deep breaths, and to cough deeply. The coughing clears the lungs and corrects the low grade fever. Failure to clear the lungs adequately can on rare occasion lead to a lung infection.

Wound Infection

Wound infections fortunately are uncommon. Minor leakage of clear yellowish fluid from stitches may occur and persist until the stitches are out. This fluid is not an infection, and is managed with soap and water washes two to three times a day, followed by the application of Polysporin ointment and a light dressing. If the drainage from the wound becomes "soupy" and smells, or is associated with increasing redness, pain and swelling, then a deeper infection may be occurring. Do not hesitate to phone the office or see your family doctor if this happens. You will need to be seen as you may need to have antibiotics.

Sleeping Position

The incision lines are very secure, and you can sleep on your back or on either side immediately after surgery. It is suggested that you do not sleep on your stomach for two weeks after surgery.

Bathing

You can sponge bathe after surgery. I request that you do not have showers for 10 days. You may bathe postoperatively but do not submerge your chest for 10 days. Water may seep behind the Op-Site, and increase the chance of infection. Minor splashing onto the Op-Site is permissible.

Removal of Op-Site & Sutures

All the suturing is a delicate weave underneath the skin to give the best possible scar. No sutures need to be removed, and they will all dissolve by themselves underneath the skin. Since the Op-Site is both a dressing and a support mechanism, it is requested that you leave the Op-Site on for ten days postoperatively. At ten days, you can be standing in a shower or lying in a tub with your chest submersed, and the Op-Site can then simply be peel off. It peels off easily, a little like old sunburnt skin. Removal of the Op-Site will not cause the incision to open, and will not disrupt any of the stitching. Once the Op-Site is off, all the old blood should be washed away with soap and water.

Wound Care

Once the sutures are out, a scar cream should be massaged onto the incision lines twice a day for two to three months. If any area of drainage remains, Polysporin ointment, rather than the scar cream, should be applied on those areas until the drainage has stopped. The scar cream is then also applied there. The scar cream I recommend is available for purchase in our office. Our office staff will be happy to help you in your selection of the scar cream and other creams that will help with your skin care. Please inquire about these products during your pre-operative visit.

Wound Massage

As soon as the scar cream is being applied, 10 to 14 days after surgery, gentle massage of the incision lines should also be carried out. After another week, this gentle massage can become quite firm and vigorous, with deep rotary motions along the incision line and into the face itself. This firm massage helps to desensitize the scars, making them less painful, and also reduces the normal scar thickness and lumpiness which is seen in a scar after surgery.

Polysporin Ointment

Occasionally, there are small areas of drainage along the incision line. These little areas of delayed healing can open up slightly and a clear yellowish fluid may drain out. This is not infection. These areas should be washed with soap and water twice a day, followed by Polysporin ointment and gauze. Scar cream should be avoided in these areas until the wounds have completely healed, whereupon the scar cream can also be applied. While these small areas are healing, scar cream is still used on the remaining incision lines.

Scar Redness

All scars initially are reddish and thickened. This is part of the normal healing process and eventually will smoothen out. It takes 9 to 12 months for the scars to undergo a full maturation process whereby they become flat, light in colour, and somewhat more spread.

Tanning

Fresh scars and areas that have been bruised should not be tanned for at least four months after surgery. Early tanning can cause permanent hyperpigmentation of the scar and of the surrounding areas. Normal tanning can resume after four months, but please remember that tanning does cause premature skin aging and skin cancers.

Silicone Sheeting

Some studies have suggested that silicone sheeting, available in most pharmacies and on the internet, can help the quality of the scar. To be effective, this silicone sheeting needs to be on the skin day and night for at least six months. It is not recommended for routine usage as it appears to have little value when scars are healing normally. I do recommend it in wounds that are showing evidence of prolonged redness or abnormal scar maturation. This is in less than 5% of patients.

Mobility

As a routine, it is important to be up and walking the day of surgery, and prolonged periods of bed rest are discouraged. Lying in bed can increase the rare but ever present risk of developing blood clots in the calves which in turn can cause pulmonary emboli. It is good to go for little walks, and to have frequent naps if you are feeling tired. For the first two weeks there should not be any excessive stretching on the wound, but even the day after surgery, you can be gently raising your arms and combing your hair. Within three weeks, full exercise activities can be resumed.

Driving a Car

You must not be driving a car for at least 24 hours after a sedative or general anesthetic, nor if you feel drowsy for any reason. Do not drive a motor vehicle if you are having any pain, as the pain may cause you to jerk the steering wheel and lose control. You also must avoid driving a car if you are in any way restricted in your mobility as this may compromise safe driving.

Fatigue and "Feeling Down"

While the results of plastic surgery are typically gratifying and uplifting, it is not uncommon for patients to have "down" times. Early on there is the residual effect of the anesthetic, coupled with discomfort, swelling and bruising at the surgical site. This is followed by the typically slow maturation of the scar itself. These frustrations all play together on the psyche, making one question the reason for doing the surgery in the first place. You are not alone with these thoughts, and they are entirely normal. Rest assured that well over 90% of patients are pleased with the results of their surgery, and the apprehensions and "down" times are eventually replaced by feelings of satisfaction and confidence.

Questions/Problems

Every effort is made to provide you with a surgical experience that is safe and as comfortable as possible. Any suggestions you have that might improve the experience are much appreciated.

If you have any questions, concerns, or problems, please call the office at 416-447-6176. If there is an urgent situation, and I am not immediately available, please go to the emergency room department at North York General Hospital, or your closest emergency room department.

I hope you have a speedy recovery from your surgery.

Sincerely,
Bernd R. Neu, M.D.