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Nipple-Areola Complex Reconstruction Post-operative Instructions

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- > Do not remove your breast dressings. Your breast dressings will be removed during your first office visit. You may notice an oily liquid under your adhesive breast dressing. This oil was used to enhance the adherence of the areolar graft.
- After 48 hours, you may remove any gauze covering your donor site incisions (abdomen or inner thigh) only. If a breast reduction or lift was also performed, please defer to the Breast Reduction Post-operative Instructions for care of the opposite breast.
- > Sponge-bathe only until further instructed. After your donor site gauze dressings are removed, you may allow those sites only to get wet, although scrubbing should be avoided.
- > If Steri-Strips (butterfly adhesive strips) were used as part of your dressings for your donor site incisions, do not peel them off. Once they begin to curl at their edges, you may trim the curled edges with a pair of scissors. If Dermabond (liquid skin adhesive) was used instead of Steri-Strips for your donor site incisions, it may take 2 weeks to dissolve.
- After your breast dressings are removed at your first post-operative visit, your care for the nipple-areola complex should consist of once daily dressings changes using Bacitracin, Xeroform gauze, Telfa nonadherent gauze, and paper tape. Continue this care until further instructed, which is usually for 2 weeks. Thereafter, Bacitracin alone on a daily basis is usually recommended.
- > You may normally shower once the nipple-areola complex dressing care consists of only daily Bacitracin ointment application, although this may vary. Please await definitive instructions before showering.
- > Do not wear a compressive bra during the post-operative period, as this may compress the reconstructed nipple-areola complex. Please await further instructions on when a bra may be worn, although we generally recommend that 4 weeks post-operatively is safe.
- You have received prescriptions for ______ as an antibiotic and _____ for pain relief. You may alternatively take Tylenol for pain relief.
- Avoid aspirin, ibuprofen products (Advil, Motrin), Aleve, Naprosyn, Celebrex, Toradol and products containing Vitamin E for 1 week following your surgery, as they result in a higher risk of bleeding. If you are taking blood thinners such as Coumadin or Lovenox, your regimen will be coordinated with your Coumadin Clinic and medical physicians.
- You may resume your pre-operative diet as tolerated.
- Restrictions are as follows:
 - You may walk as tolerated beginning the day of your surgery.
 - > Do not lay flat in bed. Sleep with your head elevated on at least 2 pillows for 2 weeks. Do not lay on your sides for 6 weeks.
 - > No driving for 2 weeks. You will be restricted from driving until all narcotic medications have been stopped.
 - No heavy lifting (> 5 lb) for 4 weeks.
 - No strenuous pulling or pushing for 4 weeks.
 - No upper body workout for 6 weeks.
- > Please refrain from nicotine-containing products for at least 4 weeks following your surgery. Nicotine reduces circulation and can therefore result in wound healing impairment.
- There are a number of different modalities that can limit scar formation post-operatively. Starting approximately 6 weeks post-operatively, we normally recommend that you utilize Epi-Derm™ Silicone Gel Strips from Biodermis™. This therapy may be purchased through www.biodermis.com. Silicone sheets should be applied overlying the healing scar for at least 12 hours daily, and ideally closer to 24 hours daily, with gentle cleansing of the scar performed once daily. An individual sheet may be re-used multiple times, with the average lifespan being 7-10 days. Alternatively, you may choose to utilize any number of silicone scar reduction gels (Kelocote®, Mederma®), and massage in a thin coat twice daily to the scar, for 2-3 months.

Please contact us with any additional questions or concerns.