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After Breast Reduction Surgery

You should be up walking with assistance on the evening of surgery and as much as possible daily thereafter. Try to ambulate each hour while awake. Do not spend hours at a time lying or sitting and avoid crossing your legs at all times. These practices will minimize the chance of developing blood clots in the legs (deep venous thrombosis or DVT), a potentially very serious condition.

The breasts will be swollen for at least a month. Keep your upper body elevated to reduce swelling of the breasts. The amount of bruising is usually minor but variable. It generally subsides by two weeks. It is also normal for the nipples and lower portion of the breasts to feel either numb or sometimes hypersensitive. This usually resolves but may take many months. Incisions usually have “dissolvable” sutures. Plastic drains are usually placed at the conclusion of surgery. The recovery room nurse will instruct you on how to care for the drains. We will give you an appointment for drain removal before you go home. This is typically one week after surgery. Drain output should be recorded on the drain output instruction sheet that will be given to you before discharge.

Continue to take the Arnica and Bromelain for two weeks. Do not take drugs on your “Medications to Avoid” list for two weeks. Remember not to smoke at all for at least three weeks although abstaining for six weeks is optimal for proper wound healing. Begin taking your antibiotic when you get home from surgery and continue as directed for one week. Take your prescription pain medication every four to six hours as needed but switch to Tylenol as soon as possible. Constipation can occur after surgery due in part to narcotic pain medications. Increase your intake of water, fruits, and fiber to help prevent this. Milk of Magnesia or Colace (both available at pharmacies over the counter) are often helpful if constipation persists. Substituting Tylenol (acetaminophen) for your prescription pain medication will also help prevent constipation.

Gauze dressings and a surgical bra will be placed at the conclusion of surgery and should remain in place for forty-eight hours. At that time you may shower if you wish. Remove the bra and all gauze dressings from the breasts first. You may take a bath after two weeks provided all incisions are completely healed. Flesh-colored tapes or “steri-strips” placed around the areola should be left on for two weeks. They can get wet in the shower. If they fall off early they do not need to be replaced. After showering gently dry the breasts without rubbing. Do not use any creams, moisturizers, or powder on the breasts for the first two weeks. After showering place sterile gauze over any breast incisions that come into contact with the bra. If the nipples are sensitive you may wish to cover them as well. You do not need to tape the gauze in place. The bra will hold it securely.

The surgical bra should be worn 24 hours a day for one week except when showering, as described above. If you had a “lollipop” incision breast reduction you should begin wearing an underwire bra after the first week. Wait until after surgery to buy a bra. It should have a snug fit and be worn continuously for six weeks. Bras with underwires should **not** be worn if you have an incision in the crease underneath the breast (“anchor” pattern) until instructed.

The surgical incisions are usually thin at first, become somewhat thicker and pink or red for up to six months, and then begin to fade. It takes at least one year before final scar quality is established, and sometimes longer. Using vitamin E or any other substance on incisions has not proven to be beneficial.

Driving, flying, and return to work are permitted after one week. You may sleep on your side after one week as long as you have a bra on. Do not lie on your stomach for at least three months. When bending down, bend at the knees to minimize pressure on the incisions. Movement of the upper body should be minimized for the first two weeks after surgery. Avoid strenuous efforts such as opening heavy doors or lifting heavy objects during the first two weeks. Raising your arms above your head must be done carefully for the first two weeks after surgery. Do not lift anything heavier than five to ten pounds for two weeks. Sexual relations should be deferred for two weeks, avoiding the breasts.

Slow walking should be done as soon as the first day after surgery. After two weeks you may gradually resume light exercise that does not involve the upper body. An exercise bike is ideal. Light weight lifting for the lower body or arms (biceps and triceps only) is also permitted after two weeks. Heavier weight lifting and more intense cardiovascular exercise such as swimming or jogging are permitted six weeks after surgery. Upper body weight lifting focusing on the shoulders or pectoralis muscles should be avoided for at least two months.

Suggested Stores for Bras

Underneath It All
444 East 75th Street
New York, NY
212-717-1976

Intimacy
1252 Madison Avenue (at 90th St.)
New York, NY 10128
212-860-8366

Mary’s Corsetiere
930 Woodbury Road
Woodbury, NY
516-921-4033

Breast Pathology

Breast tissue that is removed during surgery is sent to the pathologist for examination. This is routine for breast reductions and occasionally necessary in breast augmentation and augmentation-mastopexy procedures. It is not always possible to foresee the need to remove only

small amounts of breast tissue but it remains mandatory to send *all* tissue for pathologic examination. There is a separate charge for this service. You will be billed by the Pathology Department of Lenox Hill Hospital. You may submit these charges to your insurance carrier for possible reimbursement. Examination of breast tissue is performed for your safety to rule out unsuspected microscopic disease that could require further evaluation and treatment.

Private Duty Nurses

Private duty nurses are available to provide personalized postoperative care. This is optional for most patients following breast reduction or mastopexy. The nurses that we use are registered nurses who have been hand selected by Dr. Hidalgo. They are independent contractors and charge a separate fee for their services (\$75 an hour). The nurses will work a minimum of an eight hour shift. Your nurse will monitor your surgical site, ensure proper positioning and assist you with medications and other needs.

Your private duty nurse will meet you at the office when you are ready to leave to escort you to your home or hotel. Plans for transportation should be made prior to surgery (e.g., car service, family car or taxi). If you plan to recuperate outside of Manhattan, you must provide transportation to and from the city for your private duty nurse. Traveling time is an additional one hour fee. Please be aware that arrangements for the nurse need to be made well in advance of your surgical date. We ask that you give 48 hours notice if any changes need to be made in scheduling. You may schedule for a private duty nurse during your preoperative appointment.

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