### Before Surgery

- Follow instructions about stopping medicines that you were given at your pre-op visit (see Anesthesia sheet).
- **7 days before**: Stop taking medicines that thin your blood (aspirin, ibuprofen, and others).
- **5 days before**: Stop taking warfarin (Coumadin). If Lovenox was prescribed for you, start taking it while warfarin is on hold.

### Day of Surgery

**Before Surgery**

- Before you leave home, take a 2nd shower with the antibacterial soap, as prescribed.
- Check in at Surgery Registration (Surgery Pavilion, 2nd floor) at or before your scheduled arrival time.
- A nurse will call you to come into the pre-op area.
- An intravenous (IV) line will be started for medicines and fluid.
- Your blood sugar will be checked.
- You will meet with:
  - An anesthesiologist to talk about anesthesia
  - A member of the surgery team to ask questions and/or sign consent form
  - Nurses to review your health history
- A heating blanket will be placed on you to keep you warm.

**After Surgery**

- You will wake up in the recovery room.
- You will be moved to a room on a care unit when ready.
- You will have:
  - IV for pain medicine and fluids
  - Local anesthetic block (placed during surgery)
  - Acetaminophen (Tylenol) by mouth, muscle relaxants, antibiotics, anti-nausea medicine as needed, stool softeners to help with constipation

### Day 1: Discharge

#### Treatment and Medicines

- You will be discharged from the hospital in the morning.
- Your pain will be controlled by:
  - Prescription pain pills (always take with food)
  - Acetaminophen (Tylenol) and ibuprofen (Advil, Motrin)
  - Muscle relaxants
- You will take antibiotics to reduce infection risk.
- Keep taking stool softer (unless you have loose stools).

#### Diet

- Eat your usual foods.
- Drink plenty of water to stay hydrated.

#### Self-care and Activity

- If you have dressings, leave them in place.
- Keep the drain site clean. Apply Bacitracin ointment once a day to your skin around the site. If you wish, lightly cover the site with gauze.
- Walk at least 4 times a day. Start with short walks about 10 to 15 minutes long.
- Do not drive while you are taking prescription pain medicine.

### After Surgery

- You will empty each drain 2 to 3 times a day. Log each amount separately.
- Follow arm-use precautions for 4 weeks (see “Self-care and Activity” under Day of Surgery column).

### Day 2: At Home

- Continue all medicines, diet, and self-care/activity from Day 1.
- 48 hours after surgery: If you have dressings, remove the outer bandages from both breast and armpit, but leave the white Steri-strips in place. You may then shower. Pat the Steri-strips dry.
- Your follow-up visit with your surgical team will be set up before you leave the hospital. If you have questions or concerns before that visit, call your doctor weekdays from 8 a.m. to 5:30 p.m.:
  - If you are a patient of Dr. Byrd, call 206.288.1160
  - If you are a patient of Dr. Anderson, Dr. Calhoun, or Dr. Javid, call 206.288.7563
  - To talk with a Plastic Surgery clinic nurse, call 206.598.1217
### Treatment and Medicines

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
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</table>
| - Pain controlled by:  
  - Prescription pain pills  
  - Acetaminophen and ibuprofen  
  - Muscle relaxants  
- Antibiotics to reduce infection risk  
- May take probiotics if on antibiotics  
- Take stool softener (unless having loose stools) | Begin to taper dose of prescription pain pills | Goal is to be off prescription pain medicine by now  
  - Pain controlled by acetaminophen, ibuprofen, and muscle relaxants | May need muscle relaxants for only 1 to 2 days after tissue expansion |

### Self-care and Activity

<table>
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<tr>
<th>Week 1</th>
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<th>Week 4</th>
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</table>
| - Walk every day, going farther each day.  
  - For 4 weeks, move your arms gently.  
  
  **Do NOT:**  
  - Raise your arm above shoulder height on the side of your surgery  
  - Lift anything that weighs more than 8 pounds (about 1 gallon of milk)  
  - do not lift children, vacuum, do laundry, or any other chores  
- Empty drains 2 to 3 times a day, record amounts in your log, always bring the log with you to your clinic visit.  
- Do not drive while taking prescription pain pills. | - If you still have drains, empty them 2 to 3 times a day, record amounts in your log.  
  - Call clinic to have them removed when output is less than 30 ml in 24 hours for 2 days in a row.  
  - If you have stopped taking prescription pain pills, you can drive if you feel OK doing so. | - If any drains are still in place at the end of 3 weeks, make an appointment to have them removed, either in the breast surgeon’s office or the plastic surgeon’s office. | |

### Follow-up Visits

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
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</table>
| - Visit with breast surgeon, physician assistant, and/or nurse practitioner (1 to 2 weeks after surgery):  
  - Talk about your pathology report (you may receive results by phone before this visit)  
  - Drains removed, if output less than 30 ml a day  
  - If needed, talk about seeing a medical or radiation oncologist for more treatment  
  - Receive prescription for physical therapy, but do not use it until 4 weeks after surgery | | Visit with plastic surgeon, physician assistant, and/or nurse practitioner (3 weeks after surgery):  
  - If your incisions are healed well enough, your tissue expansion will start  
  - Any remaining drains removed, if output less than 30 ml a day  
  - Follow-up visit with your plastic surgeon should have been set up by your Patient Care Coordinator.  
  - To confirm or schedule your appointment, call the UWM Plastic Surgery Clinic at 206.598.1217. | Visit plastic surgeon’s office for tissue expansion:  
  - Every 2 weeks, or  
  - More often if radiation is planned for shortly after surgery |