

Post-Operative Instructions for Gynecomastia

There may be information here that contradicts information on the general Post-Operative Instructions sheet. Any time this occurs, follow these procedure specific instructions. If you have any questions, please call the office at (775) 284-2020.

In recovery: you will be in a compression wrap to be worn 24/7 for 2-3 weeks. Usually spend 30-60 minutes in recovery.

First night home: Restrict your general activity to bed rest for the first night, getting up only to use the restroom with help. . Drink plenty of fluids to help rid your body of the anesthetics

Medications: Be sure to take your medications as prescribed. Please note first 3-5 days are the toughest. Swelling and discomfort gradually increase over the first 3 days and then will gradually subside. Don't be alarmed if things feel worse before they get better (for example, day 2 you might feel better than day 4 – that's normal).

Pain Medication (Percocet or Norco): Only to be used as needed for 3-5 days. Always eat something before taking Narcotic regardless of time to help prevent nausea. **Narcotics may cause constipation;** you should take over the counter stool softeners. Colace is a good option but if you are prone to constipation, Miralax or Milk of Magnesia might be a better choice for you. Please prophylactically start taking a stool softener as directed the night of your surgery and continue to use while on the Narcotics. After 5 days, you may switch to Tylenol and after 2 weeks you may use ibuprofen.

Anti-nausea medication (Zofran or Phenergan): If you get nauseated with pain medication; take your anti-nausea medication 20 minutes before pain pill.

Antibiotics (Keflex or Clindamycin): You will be instructed on when to start your antibiotics on the day of surgery.

Diet: Clear liquids or a soft bland diet is recommended the first night home (i.e. boullion, apple juice, crackers, and jell-o). If you are able to tolerate a bland diet you may resume a normal diet.

Hygiene: No shower until 24 hours after drains are removed. Keep incisions clean and dry until drains are removed or 1 week post op visit. Leave the compression bandage in place as it helps with the swelling. Sponge bath ok. Do not submerge incisions under water until completely healed without scabs (approx. 4-6 weeks). If the compression bandage feels too tight or causes pain re-adjust it, we don't want it to interfere with circulation to the skin.

Drains: If you need drains, you will have one drain placed on each side, this is to remove any accumulated fluid so you don't develop a seroma, "strip or milk" these drains as instructed, and record drainage when you empty the drains. You will not be allowed to shower until these drains are removed usually when you are producing **less than 30cc's in a 24 hour period/ per drain.**

Position: When **sleeping and resting** stay on your back and keep your head elevated about 45 degrees and place a pillow under your knees for the first week. You must change your position or get up and move around every 2 hours while awake to reduce the dangers of blood

clots.

Activity: Day after your surgery walk around inside every 2 hours while awake (2-5 mins).

First week - Minimal activities for the first 5 days after surgery. Drink plenty of fluids, practice balanced nutrition and take your vitamins. Do not raise your arms above your shoulders for the first 10 days.

After 2 weeks, full range of motion with your arms is permissible, but lifting is restricted to 10 pounds or less for 6 weeks.

First 3 weeks after surgery, NO aerobic exercise/activities that raise your heart rate or blood pressure. NO heavy lifting, pushing or pulling of 10 lbs. or more for 6 weeks. Approximately 6-8 weeks post op strenuous activity will be allowed.

You can expect: You will be seen for your **first post op visit** the day after your surgery.

-Sutures to be removed at 1 week post op visit.

-To return to non strenuous work within 7-10 days.

-Moderate discomfort, which should be relieved by the pain medications.

-Moderate swelling of the breasts and abdomen.

-Bruising around the breasts.

-Some bloody drainage on the dressings.

-No alcohol for 1 week after surgery or while on pain medications.

-No driving for at least a week and must not have taken Narcotic for 24 hours.

-No intercourse for a minimum of 3 weeks. If this procedure is done in conjunction with another procedure there may be additional recommendations.

-No smoking for a minimum of 3 weeks following surgery.

-It can take up to 2 years for the scars to fade.

Healing: Regeneration of sensory nerves is accompanied by burning, tingling or shooting pain.

This will disappear with time. If; however, this is accompanied by swelling, redness, infection or bleeding, then you will need to be seen in the office. As the nerves regenerate, the nipples commonly become hypersensitive. This will subside with time. Gentle massaging helps.

It is very common for the two areas of the chest to heal differently. One side may swell more, one may feel more uncomfortable or the shapes may differ initially. After the initial healing both sides should look remarkably similar. Patience is required but if you are concerned then please ask Dr. McCormack.

Call the office if you experience:

-Severe pain not responding to pain medications.

-Excess swelling or swelling that is greater on one side than the other.

-A bright red spot on the bandage which continues to enlarge or bright red blood in drains that seems to be clotting.

-Incisions that appear to be opening or becoming very red, hot to the touch or containing pus

-Any type of allergic reaction symptom such as rash, itching, etc.

-A fever over 100.4

-Call if you have any questions at **(775) 284-2020**.

