

Post Op Instructions for Inverted Nipple Repair

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 have dressings already in place. You will have thick gauze with whole in center to keep pressure off nipples. Usually spend about 30 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 for the first night home (i.e. soup, apple juice, crackers, and jello). If you are able to tolerate this well, you can resume a normal diet.

Hygiene: Keep incisions clean and dry for 48 hours. On 3rd day after surgery you may shower with your back facing the water. Compression garment and gauze may be removed. After shower let area air dry and then replace gauze and supportive bra. Do not submerge incisions under water until completely healed without scabs (approx. 4-6 weeks)

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 is mostly resting, getting good nutrition and staying hydrated.

Second week you can start to do minimal activities with periods of rest. You will be able to return to **non**-strenuous work approximately 1-2 weeks after surgery depending on the area revised.

First 3 weeks after surgery, NO aerobic exercise/activities that raise your heart rate or blood pressure including intercourse. 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.

What to expect: You will be seen for your **First post op** visit 1 week after your surgery.

-Sutures are normally removed within 7 - 10 days after surgery.

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

-Moderate swelling and bruising around the area revised.

-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 the first 3 weeks after surgery.

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

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**.