

# NICHOLAS T. HADDOCK, M.D.

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## Tissue Expanders Exchange

### Patient Care Instructions

#### *General Information*

The tissue expander exchange procedure involves the removal of the tissue expander and replacement with a permanent implant. There are multiple options when considering permanent implants. This will be discussed at length during your consultation with Dr. Haddock. Typically, this is done through the same incision as the initial surgery. Some reshaping may be performed at the same time as the implant exchange. In some circumstances as part of the reshaping fat grafting can be performed at this same time. If this is planned it will be discussed with you. In most situations, this is an outpatient surgery and is tolerated very well.

#### *Things to handle prior to your surgery*

Arrange for someone to drive you home from the hospital and stay with you for 1 to 2 days.

Necessary medications will be called into your pharmacy. These should be picked up prior to surgery.

Follow a well-balanced diet to include protein and limit the amount of salt intake. A high salt diet or meal can lead to increased swelling and prolonged recovery. Protein supplementation can be started one to two weeks before surgery and should include over 30 grams of additional protein daily.

Have electrolyte containing fluids such as Gatorade or electrolyte water on hand.

Have stool softeners/laxatives on hand, such as Colace, Biscodyl, Milk of Magnesia. These can be purchased at your local pharmacy.

Review the attached list of medications not to take during the perioperative period. If you have any further questions that were not addressed during your consultation then please call Dr. Haddock's nurse (Molly Mazie, RN) at (214) 645-2353. If you are unsure if you can stop a medication then please call the prescribing provider to confirm if this is medically safe.

For your convenience, we have included a [\*Suggested Shopping List\*](#) as an addendum to these instructions (page 6).

### *Pre-Operative Guidelines*

Smoking should be stopped a minimum of 4 weeks prior to surgery. Smoking should be avoided for at least 4 weeks after surgery as well. Smoking can greatly interfere with healing and lead to postoperative complications.

Do not eat or drink anything after midnight the night before surgery. This includes no water, gum, or hard candy. Blood pressure and/or heart medications can be taken with a sip of water as directed by your prescribing physician.

If you take medication for diabetes then confirm with your prescribing physician how to manage these medications prior to surgery.

If you are prone to nausea or motion sickness let your anesthesiologist know on the day of surgery. Medications can be started prior to surgery or during surgery to help improve your postoperative experience.

### *Post-Operative Care*

Take pain medication as prescribed. Often these medications are necessary for the first two days and then on an as needed basis. Do not drink alcohol with these medications.

Take a suggested stool softener/laxative until bowels begin to function normally after surgery. A combination of anesthesia, muscle relaxants and pain medications usually make these necessary for a few days.

Do not smoke or be around smoking as even second hand smoke delays healing and increases the risk of complications.

Get plenty of rest. The general anesthesia and pain medication can promote insomnia; therefore a sleep aid may be taken if needed. Please call Dr. Haddock's nurse (Molly Mazie, RN) at (214) 645-2353 if you feel this would benefit you.

Follow a well-balanced diet, which includes protein and is limited in salt intake. A high salt diet or meal, can lead to increased swelling and prolonged recovery. It is best to continue the protein supplementation for approximately 3 weeks after surgery.

Oral hydration should include the use of electrolyte containing fluids such as Gatorade or a low calorie substitute. Limit the amount of caffeinated beverages as they can promote dehydration; however Dr. Haddock recommends you maintain your daily average of caffeine to avoid headaches.

### *Activity Restrictions*

Walking is encouraged the day of the operation and can be increased over the first 2 weeks. Light cardiovascular exercise can be resumed after 4 weeks with all activities to be resumed after 6 weeks.

You should begin arm exercises the day following your surgery. Your arms should not be used to support your body or to lift heavy things. Raising your arms to 90 degrees is encouraged but avoid vigorous movements.

Do not lift anything heavier than 10 pounds for 4 weeks.

Do not drive for approximately one week or when you are no longer taking pain medication.

You may wear a camisole or sports bra, but no underwire bra for 4 weeks. Dr. Haddock may tailor this instruction to your individual situation.

In some situations, you will be placed into a surgical bra. If you are placed in a surgical bra then this should be worn as much as possible until you see Dr. Haddock in follow-up.

### *Incision Care*

You may have a plastic dressing over your incision. This can remain in place unless it gets wet underneath. If it is wet then it can be removed.

You may have a clear skin glue dressing on incisions.

The glue will protect the incision for approximately 3 weeks. If it begins to peel off then it is ok to cut the portion peeling away.

If you have sutures, they will be removed in 7 to 14 days.

If drains are in place, you cannot shower until 24 hours after they are removed. You may, however, sponge bathe while drains are in place.

If given a bra, it can be removed before showering. Otherwise the bra should be worn as much as tolerated. This will help maintain the positioning of the implants and reduce swelling.

### *Drain Care*

Dr. Haddock may place one small silicone tube under the skin for drainage in the area of surgery. These are connected to a suction bulb and are referred to as drains. The purpose is to collect fluid, which can occur in the area of surgery.

Care for the drains will be reviewed by the nurse on discharge.

Keep your drainage bulbs collapsed to create a mild suction. Record the time and amount of drainage over a 24 hour period.

Generally, the drains will be removed when the individual drain output is 30 cc or less in a 24 hour period. Call the clinic at (214) 645-2353 to make an appointment with my nurse (Molly Mazie, RN) to have these removed.

If the drains have not been removed by 2 weeks after your operation, call for an appointment.

The drains for this surgery typically do not stay in as long as the drains from the initial tissue expander placement.

### *What to Expect after Tissue Expander Exchange*

It is common to have discomfort of the breast and mild burning around the incision after breast surgery. This is normal and will improve shortly after surgery.

You can expect some slight bloody oozing from the suture lines and swelling of the incisions. Gauze may be reapplied if it is bothersome. You should call the clinic if you have continuous bleeding, significantly more swelling on one breast in comparison to the other, or any severe pain associated with swelling.

Tightness of the breasts is a normal feeling after surgery. This may worsen over the first 2 days and will relax with time.

You may have some swelling of the breast. This is typically worse if significant reshaping is required.

The final implants will settle over time from the initial appearance.

Constipation is common after any operation, and is secondary to the anesthetic, pain medication and dehydration. Please stay well hydrated and pick up a stool softening and/or laxative as listed on the *[Suggested Shopping List \(page 6\)](#)*.

### *Fat Injections*

Fat injection can be used to improve the contour of your breast as well as add volume. This is commonly used in adjunct with implant based reconstruction. In some situations it can be performed at the time of implant exchange. If fat injection is an option for you then Dr. Haddock will discuss it with you at your preoperative consultation. Fat is harvested by performing liposuction of another part of your body. Depending on the volume required for the reconstruction this could improve the contour of the donor area as would happen in cosmetic liposuction. This is performed through multiple small incisions that will be closed with an absorbable suture. A band-aid is typically placed over these incisions. Do not be alarmed by clear or pink drainage from these incisions, as this is normal following liposuction. If the abdomen is used then in some situations a binder and a foam pad will be placed around your trunk. This should be worn as much as tolerated but can be removed temporarily. If the thighs are used then you may want to wear a compressive garment such as spandex in this area to help with the postoperative swelling.

### *When to Call the Office*

If you have increased swelling and bruising on one breast significantly more than the other. Remove the bra to make this determination. Significant variation in size may represent a breast hematoma (collection of blood) or a seroma (collection of clear fluid).

If you have increasing redness or swelling around the incision.

If you have severe pain not relieved by pain medication.

If you have any side effects from the medication: rash, nausea, headache, vomiting.

If you have fever over 101.

If you have yellow or greenish drainage from an incision or notice a foul odor.

If you notice some vaginal burning and itching as a result of the antibiotics used during and after surgery.

If a drain was placed and the output is less than 30 cc for 24 hours.

For medical questions, please call: Molly Mazie, RN at (214) 645-2353

Dr. Haddock will be paged/called on his cell phone for any urgent or emergent medical issues.

### *Follow-up Care and Appointments*

You should schedule your follow-up visit with Dr. Haddock two to three weeks after surgery. Additional follow-up appointments should be scheduled at 8 weeks and 3 months after surgery. Any further surgery (a reshaping procedure and/or nipple reconstruction) can be discussed at that time.

Call to schedule your appointments at the UT Southwestern Medical Center Plastic Surgery Clinic at (214) 645-2353.

For any surgical scheduling concerns, insurance questions, or FMLA paperwork, please call: Lindsay Bolger at (214) 645-3118

For medical questions, please call: Molly Mazie, RN at (214) 645-2353

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### *Suggested Shopping List*

#### *Items to have on hand prior to surgery*

#### *Tissue Expanders Exchange*

- Prescriptions will be called into your local pharmacy as ordered by Dr. Haddock. Typical medications are as follows but these will be tailored to your needs.
  - Tylenol #3 or Tramadol (pain medication)
  - Keflex (Antibiotic)
- Ibuprofen (Motrin)
- Gatorade or another low calorie alternative, such as water with electrolytes
- Protein Supplements
- Stool softener / laxative (choose one):
  - Ducosate (Colace) 100 mg orally two to three times daily when taking pain medication
  - Milk of Magnesia 30cc/1 Tablespoon twice daily when taking pain medication
  - Prune juice or Sorbitol orally
  - Biscodyl or Magnesium Citrate as needed for constipation
- If fat injection is discussed and the thighs are chosen as a donor site you may want to wear a compressive garment.
  - Full length Lycra or Spandex girdle with or without zippers (can be obtained at a department store such as Nordstroms, Dillards or Neimans).
- Arnica montana and Bellis perennis can be taken to help with drain outputs, bruising, and swelling