

NICHOLAS T. HADDOCK, M.D.

Breast Reduction / Breast Lift (Mastopexy)

Patient Care Instructions

General Information

A breast reduction or breast lift (Mastopexy) involves repositioning the nipple to a higher position, making the areola or colored part of the nipple smaller, and re-shaping the breast with a removal of a varying amount of skin and breast tissue. When a reduction is performed a significant amount of breast tissue is removed with the primary goal to relieve back and neck pain.

Things to handle prior to your surgery

Arrange for someone to drive you home from the hospital and stay with you for two to three days.

Protein supplementation can be started one to two weeks before surgery and should include over 20 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 are unsure if you can stop a medication, then please call the prescribing provider to confirm if this is medically safe.

If you have any additional questions that were not addressed during your consultation, then please call Dr. Haddock's nurse at (214) 645-2353. MyChart is also an easy way to contact our office with non-urgent questions and is typically preferred to phone calls.

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

Pre-Operative Guidelines

Smoking should be stopped a minimum of eight weeks prior to surgery. Smoking should be avoided for at least six weeks after surgery as well. Smoking can greatly interfere with healing and lead to postoperative complications. Secondhand smoke is just as bad as a patient smoking themselves.

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

Medication will be prescribed on the day of the operation. This can either be collected at the hospital or sent to your home pharmacy. Take pain medication and muscle relaxers 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.

Ibuprofen (Motrin) can be started the day after surgery.

Take a suggested stool softener/laxative until bowels begin to function normally after surgery. A combination of anesthesia and pain medication usually makes this 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 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 three 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.

You may wear a camisole or sport bra, but no underwire bra for 4 to 6 weeks. This will be tailored to your individual situation. You may be placed into a surgical bra, which should be worn as much as tolerated.

Activity Restrictions

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

For the first 24 hours, keep your arm movements to a minimum. Your arms should not be used to support your body or to lift heavy things. Raising your arms to 90 degrees is acceptable.

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

Do not drive for approximately 7 days or until you are no longer taking oral pain medications.

Do not run, lift weights, play tennis or golf for 6 weeks after surgery. It is important to keep your heart rate under 100 beats per minute for 4 weeks.

Heavy lifting/stretching (Yoga) can be resumed after 6 weeks.

Incision Care

Tape will be placed over all incisions. All dressings can remain in place until seen in the clinic.

Sometimes small suture tails will be present. If you have these persistent sutures, they will be removed at your follow-up visit.

You may shower one day after the operation. Please avoid letting direct shower water hit your surgical site. Soapy water can run down over the incisions. Gently pat dry when the shower is completed.

Make sure someone is with you at your first shower.

Do not submerge the incisions for at least one month.

Do not use a heating pad; heat may burn the area.

If given a surgical bra, it can be removed before showering. Any gauze can be discarded and does not need to be replaced after the first shower.

Options for scar care can be found at the patient supplies page on Dr. Haddock's website. This can be started roughly four weeks after surgery.

Drain Care

Dr. Haddock may place a small silicone tube under the skin in the area of surgery (both breast). These will be connected to a suction bulb. These drains help collect fluid, which can normally occur in the area of healing.

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 amounts of drainage over a 24 hour period.

If you remain in the hospital overnight then the drains may be removed prior to discharge.

If your surgery is scheduled as an outpatient then your drains will likely remain in place until you are seen in the clinic. Please call Dr. Haddock's nurse at (214) 645-2353 to make an appointment for drain removal when the individual drain output is 30 cc or less in a 24-hour period.

A sheet will be provided to you to record drainage amounts.

What to Expect after Breast Reduction or Breast Lift Surgery

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

You can expect some slight bloody oozing from the suture lines and swelling of the incisions. It is not uncommon for some saturation of the dressings to occur. Gauze may be applied if it is bothersome. However, you should call the clinic if you have continuous bleeding, significantly more swelling on one breast, or any severe pain associated with swelling.

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

There may be a feeling of numbness of the breasts that will subside with time.

Red discoloration of the incision. This will resolve with time.

Constipation is common after any operation, and is secondary to the anesthetic, pain medication and dehydration. Please stay well hydrated and use the recommended stool softener and/or laxative until bowels return to normal.

The most common complications can include bleeding, infection, and wound healing issues. The most common concern is a small wound at the T point incisions. Rarely does this require any specific care but if this occurs the team will guide you on how to manage this. One of the most concerning potential complications is damage to the nipple and areola. This is a rare complication but given the nipple is repositioned during this operation is a potential risk.

When to Call the Office

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

If you have increasing swelling or redness 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.

Dr. Haddock will be contacted for any urgent or emergent medical issues.

Follow-up Care and Appointments

It is important to be seen in Dr. Haddock's office approximately one to two weeks after your surgery. The first visit is often with another member of Dr. Haddock's team.

You should also schedule to be seen at 1 month. Additional follow-up will be discussed at this visit.

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

There are two nurse practitioners on Dr. Haddock's team. Jennifer Bell, MSN, APRN, AGACNP-BC, works in the hospital setting and Kristi Elliott, APRN, FNP-C, is in the clinic setting. They may both be involved in your perioperative care.

For any surgical scheduling concerns, please call: Lindsay Bolger at (214) 645-3118

For medical questions, please call Dr. Haddock's nursing team at (214) 645-2353 or MyChart out office. MyChart is the preferred way to communicate with the team for non-urgent concerns. These messages are not typically answered after hours.

Outpatient Surgery Center | Department of Plastic Surgery | UT Southwestern Medical Center

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www.drnicholashaddock.com

Suggested Shopping List

Items to have on hand prior to surgery

Breast Reduction / Breast Lift (Mastopexy)

Visit <https://www.drnicholashaddock.com/supplies/> for links to purchase some of below.

- 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)
 - Valium (muscle relaxant and anti-anxiety medication)
 - Keflex (Antibiotic)

- Ibuprofen (Motrin)

- Gatorade or another low calorie alternative, such as water with electrolytes

- Protein Supplements

- Stool softener / laxative (choose one):
 - Docusate (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

- Camisole or Sports Bra (may be better to purchase postoperatively once swelling has subsided for better fit)

- Arnica montana and Bellis perennis can be taken to help with drain outputs, bruising, and swelling