



BARBOUR

PLASTIC SURGERY

Breast Reduction Post-Operative Instructions

General Instructions:

- Minimize activities for the first 4 days after surgery. You may return to non-strenuous work within 5-7 days.
- DO NOT engage in any heavy lifting, pushing or pulling for a minimum of one week. DO NOT raise your arms above your shoulders.
- After your first post-operative appointment, Dr. Barbour will discuss with you a timeline for using increased range of motion and activity. Lifting is restricted to 5 pounds or less for a minimum of 1-2 weeks.
- Remember to position yourself as instructed during recovery.
- Use a compression garment or surgical compression bra to help reduce swelling.
- 1-2 drains may be required. Daily drainage amounts should be logged and taken to each post-operative appointment for Dr. Barbour to review. There is a sample drainage log on the back side of these instructions.

Wound Care:

- Sutures are generally removed between 9-11 days after surgery (unless dissolvable).
- Moderate discomfort, which should be relieved by pain medications, can be expected. Placing ice packs high on the chest on top of dressings often helps to relieve discomfort. Never place ice packs directly on skin.
- You will likely experience swelling of the breasts and abdomen, some bruising around the breasts and bloody drainage on the dressings. This will decrease over time.

Medications:

- Pain medications are frequently prescribed. Pain medications can often cause nausea, constipation and itching. In addition to prescribed pain medication, over-the-counter ibuprofen (Advil, Motrin) can be taken every 4-6 hours as needed.
- If you have any more severe interactions to pain medications than described above, discontinue taking them and contact Dr. Barbour's office for further instructions.

Contacting Dr. Barbour's Office:

- If you experience any of the following, please contact Dr. Barbour's office:
 - Severe pain that is not relieved by pain medication.
 - Signs of infection including: increasing redness near the incision site that spreads to surrounding areas, opening of the incision site, spiking fevers (over 101.5 degrees) or increasing firmness of one or both breasts.

Should you have any questions or concerns, please do not hesitate to call or email our office.

Phone: (703) 972-6655 | **Fax:** (703) 738-6454 | **Email:** patients@drjohnbarbour.com

Drain Record Information/Instructions:

- Drains are placed to prevent excess fluid from accumulating at the surgery site.
- The drain must be emptied 2-3 times a day or when 2/3 full.
- Pour out the drainage into a clean measuring cup, record the amount of drainage (in mL or CCs) and the time of day and dispose of drainage in the toilet and flush.
- After the fluid is emptied, squeeze the bulb tight and recap to maintain the suction. The bulb suction is working when the bulb is flat or deflated. If blockages arise in the drain hold tubing securely and pinch and slide fingers down tubing to release.
- If you have more than one drain in place, please indicate which drain is being recorded on your record sheet.
- It is ok to shower while drains are in place, being very careful to not let drains hang down or pull at drain sites. Do not soak in the tub or submerge the drain sites under water. Wash gently around drain sites with gentle soap and water.
- Check skin around drain, slight redness is normal. If there is increasing redness, pain or leakage around drain, contact Dr. Barbour's office.



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JP Drain Record

Drain #1			Drain #2		
Date		Output (cc/ml)	Date		Output (cc/ml)
	am			am	
	pm			pm	
	total			total	
	am			am	
	pm			pm	
	total			total	
	am			am	
	pm			pm	
	total			total	
	am			am	
	pm			pm	
	total			total	
	am			am	
	pm			pm	
	total			total	
	am			am	
	pm			pm	
	total			total	