



### POST-OPERATIVE INSTRUCTIONS FOR BREAST IMPLANT REMOVAL

- 1) On your day of surgery, you can expect to feel sleepy and you may experience discomfort; this may continue to the following day. It is imperative that a responsible adult spend the first 24 hours at home with you.
- 2) Please remember that no two sides ever heal the same after any operation and that this is normal. Major discrepancies, however, should be reported to your surgeon. Please follow the instructions below to minimize complications.
- 3) During your final pre-operative visit, you will be given prescriptions for pain medication and antibiotics. The antibiotic tablets are to be taken on a daily basis, beginning on the day following your surgery. To minimize the possibility of nausea, always take these antibiotics or the pain pills on a full stomach. There are no dietary restrictions following your surgery. You are cautioned to avoid alcoholic beverages while taking any medication for pain, sleep, or tranquilization.
- 4) You will have a dressing held in place by a supportive surgical wrap, over the surgical site. You are to leave this dressing and wrap dry intact for the first two or three days.
- 5) To bathe, you may initially take a sponge bath at the sink with lukewarm water, taking special care to keep your dressings dry for the first 48 hours. You may then remove the wrap, shower and do not have to reapply dressings or wraps. Wearing a bra is optional. You will have surgical glue across your incisions. You may let shower water hit the glue, but do not rub the incisions. The glue will fall off on its own in 2-3 weeks.
- 6) Rest as much as possible for the first 48 hours after surgery. Thereafter, avoid any activity that increases your discomfort and feel free to do anything that does not hurt. To avoid unnecessary swelling or bleeding, do not do strenuous activities that could increase pressure in your chest during the first week. It is very unusual for bleeding problems to develop after the first week. You will be encouraged to resume your normal activities after the first office visit.
- 7) It is preferable that you sleep on your back initially after surgery. You may resume sleeping on your sides or stomach whenever you are comfortable doing so.
- 8) Recovery rates vary from person to person, depending to a large degree on patient motivation. Most patients feel well enough to drive a car and perform deskwork between two and seven days after surgery. Aerobics instructors may resume teaching fourteen to twenty one days after surgery, but everyone feels some discomfort related to the surgery for weeks or months to come. The best rule is to avoid activities that cause significant discomfort and to enjoy those that do not.
- 9) Resume examining your own breasts within a month of your procedure and have your gynecologist do a routine breast examination annually. Also return to see your surgeon at least annually for a breast examination. Mammograms should be ordered by your gynecologist or personal physician. We request that copies of your mammography report be forwarded to our office as well as to your gynecologist's or personal physician's office. Generally a baseline mammogram is suggested at age 35, an annual mammogram for women after the age of 40, but earlier or more frequent mammograms may be recommended by your personal physician if there is a strong family history of breast cancer.
- 10) You may resume driving 48 hours after your last pain pill but only if you feel comfortable and physically able to do so
- 11) Start using silicone Ultimate Scar Formula after the glue has fallen off the incisions to minimize scar appearance and continue to do so as long as there is any pink or purple left in the scar.

Please feel free to contact our office regarding any problems or questions you may encounter.

***If you have any questions or concerns please call the office at (949) 888-9700, or after hours call Dr. Bunkis cell at 949-413-8888.***

**( ) BY CHECKING THIS BOX I, OR MY CARETAKER, ACKNOWLEDGES THAT I HAVE RECEIVED AFTER CARE INSTRUCTIONS AND THEY HAVE BEEN FULLY EXPLAINED TO ME.**

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JURIS BUNKIS, MD, FACS

Orange County Plastic Surgery

Patient or Caretaker Signature

Date/Time

Physician Signature

Date/Time

## PHYSICIAN COPY

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_____	_____	_____	_____
Patient or Caretaker Signature	Date/Time	Physician Signature	Date/Time

IN CASE OF AN EMERGENCY DIAL 911

**PATIENT COPY**