

ORANGE COUNTY PLASTIC SURGERY

4501 Birch Street

Newport Beach, CA 92660

949-888-9700

**POST-OPERATIVE INSTRUCTIONS FOR REDUCTION (MAMMOPLASTY/
MASTOPEXY)**

1. On your day of surgery, you can expect to feel sleepy and you may experience discomfort, this may continue to the following day. For this reason, it is imperative that a responsible adult spend the first 48 hours at home with you.
2. You will have a brassiere-like dressing held in place by a supportive surgical wrap. You are to leave this dressing and wrap dry intact until your first post-op visit to the office which will generally be four to seven days following the procedure.
3. You will have surgical glue on your incision and may begin showering two days after your surgery. You may let shower water hit the glue, but do not rub the incisions or try to remove the glue. At about 2-3 weeks, you may peel the glue off the incisions and begin applying the Ultimate Scar Formula to your incisions twice a day.
4. If you have had breast implants inserted, do not wear a bra for the first month. Otherwise, you may wear one after your first shower.
5. Avoid any activity which causes you discomfort; conversely, you may do anything that does not cause discomfort.
6. There are no dietary restrictions following your surgery. A small amount of food eaten before taking medication will help prevent nausea. You are cautioned to avoid alcoholic beverages while taking any medication for pain, sleep, or tranquilization.
7. You may resume driving 48 hours after your last pain pill but only if you feel comfortable and physically able to do so.
8. 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, 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.

Patient or Caretaker Signature

Date/Time

Physicians Signature

Date/Time

PHYSICIAN COPY

IN CASE OF AN EMERGENCY DIAL 911

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Newport Beach, CA 92660
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Physicians Signature

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PATIENT COPY

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