

**JACQUELINE BRAMBILA, PA-C**  
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Certified, The American Board of Plastic Surgery

**BREAST AUGMENTATION/ REMOVAL AND REPLACEMENT OF IMPLANTS / CAPSULECTOMY AFTER**  
**CARE INSTRUCTIONS**  
**PLEASE READ ME BEFORE AND AFTER SURGERY ☺**

**ABOUT JACKIE:**

My name is Jackie, and I am a board-certified and licensed physician assistant (PA-C) working alongside Dr. Terry Dubrow. My job is to ensure that you heal optimally in the postoperative period. As Dr. Dubrow's "right-hand gal," I will work very closely with you during your postoperative and follow-up appointments developing diagnostic and therapeutic plans to ensure optimal recovery. You will be seeing me for **all** of your postoperative visits. Thank you for trusting me with your surgical and postsurgical care. These postoperative instructions will help guide your recovery process; *it is imperative that you and any of your caretakers carefully read these instructions before and after surgery.*



**ITEMS TO PURCHASE BEFORE SURGERY:**

- Nonstick pads**→These will help to absorb any fluid that may be seeping from the incisions or the drain sites (which is normal). *Please keep in mind that drainage from drain insertion sites and from incisions is typical for the first 72 hours following surgery.*
- Compression bras:** See photos below in the "compression bra section" for examples of bras. You will require a bra 3 days after surgery so please plan to purchase your bra accordingly.
- Stool softener/laxative (Peri-Colace)**—Pain medication can constipate you. Peri-Colace is my favorite as it helps soften the feces ("the mush") and also helps stimulate the bowels ("the push"). These should be started the day after surgery if you are taking pain medication.
- Extra-Strength Tylenol (500mg):** To be used when pain is mild to moderate in place of the narcotic pain medication.
- Dial® antibacterial bar soap:** You will use this bar soap the morning of surgery to wash the surgical areas. You do not need to use this soap in the postoperative period as it will dry out your skin. You may resume your normal soap postoperatively on day 3 after surgery.
- Single packet alcohol wipes:** These will become useful when "milking" or stripping your drain tubes.
- Arnika and Bromelin:** These are herbal supplements that aid in bruising and swelling. You can purchase these products at our office (\$30 for a 1-week supply), Whole Foods or Sprouts. You can begin these supplements up to one week before surgery and use them for 2 weeks after surgery.
- Compression stockings:** We will provide you with 1 pair of compression stockings immediately after surgery. Please plan to purchase an additional pair at Target® in the event that your socks become soiled or are uncomfortable. They will need to be worn for 5 days postoperatively.
- Neosporin pain:** This will come in handy when the drain insertion site become uncomfortable. You can apply this ointment liberally on your drain insertion sites as needed should your drain insertion sites become uncomfortable.
- Oral Thermometer:** It is important to monitor your temperature after surgery in the event that you feel "feverish" or hot. You have a fever if you have a temperature above 101.5.



**ITEMS TO ARRANGE BEFORE SURGERY**

- Rapid Recovery and Healing Protocol, IV Therapy:** Consider this therapy in our office before and/or after surgery to improve wound healing, decrease recovery time, decrease scarring, improve sense of well-being and reduce pain and discomfort during your post-surgical course. You can find additional information about this in the "Rapid Recovery and Healing Protocol, IV Therapy" section of the post-operative instructions.
- Hyperbaric Oxygen Therapy (HBOT): This is optional.** Consider this therapy to decrease healing time up to 50% by reducing reperfusion injury, swelling and inflammation. HBOT also improves blood circulation, reduces pain, and upregulates collagen production. Refer to the end of this packet for more information on HBOT.
- Wound Care Center and Primary Care Provider: (for out-of-town patients only):** If you are an out-of-town patient, please arrange care with a local wound care center and with your primary care provider. Breast augmentation can result in areas of delayed wound healing that may require additional wound care postoperatively. Should you suffer a complication (i.e., infection or fluid accumulation), you will need to be evaluated and treated by your primary care provider. Should you suffer a complication like delayed wound healing or wound separation, you will need to be evaluated and treated by your local wound care center. We will not be able to provide care to you from a distance. Please make these arrangements prior to your surgery as many providers are hesitant to provide care to patients who have had

surgery with other providers.

- a. Establish care with a local wound care center and primary care provider
- b. Sign a medical release form with the above providers granting us permission to send your records over should you need it.

4. Read the “Preparing for Surgery” document enclosed in your preoperative folder.

**HAVE SOMEONE WITH YOU:**

- After surgery, have an **adult** available to stay with you for the first 72 hours, as you will be weak and drowsy. If you are unable to have an adult stay with you for the first 72 hours, you can arrange for a nurse to care for you at an additional fee. Please contact your surgical coordinator should you require an overnight nurse for longer than 24 hours.
- It is highly recommended that you have an adult with you for the duration of your stay if you are an out-of-town patient.

**WALKING:**

- It is important to get out of bed early and often after your surgery (with assistance) to prevent postoperative problems. Walking encourages blood flow throughout your legs to reduce the chance of blood clot development.
- **IF YOU HAVE SHORTNESS OF BREATH, LEG SWELLING, AND/OR LEG PAIN AT ANY POINT IN YOUR POSTOPERATIVE HEALING, GO TO AN EMERGENCY DEPARTMENT IMMEDIATELY (OR CALL 911) AS THIS COULD SIGNIFY A BLOOD CLOT.**

**COMPRESSION STOCKINGS/TRAVELING/PRECISION DVT PREVENTION DEVICE:**

- **Compression Stockings:**
  - If compression stockings were provided, please leave the stockings on for 5 days after surgery. They may be removed when showering but must be replaced after your shower. You can also purchase additional compression socks at Target® if needed if the ones provided in surgery are too large or too small or become soiled.
- **Precision DVT Prevention Device:**
  - If it is determined that you are a high-risk patient for developing a blood clot, (a DVT), you will be provided with a DVT prevention device to be used on your legs in the postoperative period.
  - You will need to wear your device anytime you are not ambulating for the first 30 days after surgery.
  - The device will stay charged for up to 8 - 10 hours. The device will charge in 2 hours.
  - The device is yours to keep and can be worn in the future for DVT prophylaxis when traveling long distances.
- **Traveling:**
  - If you are an out-of-town patient and will be traveling back home after your surgery, please wear your compression stockings and DVT prevention device on the plane or in the car and remove them after landing.
  - If you do not have the DVT prevention device, please only wear the compression stockings and when on the airplane or car, please be sure to get up every hour to walk around and encourage blood-flow in your legs. Also, be sure to wiggle your ankles when sitting as if pressing a gas pedal to promote blood flow.
  - It is safe to fly 1 week after surgery if you have been cleared by Jackie to do so.
  - If you experience shortness of breath after a flight or leg pain with extreme leg swelling, please visit an Emergency Department immediately to rule out a blood clot.



**PAIN AND PAIN MEDICATION:**

- Take pain medication with food. You may be given an anti-anxiety/muscle relaxant medication (Valium) that you may take as well to prevent aggravation of the pain cycle. When taking Valium, take it 1 – 2 hours after the pain medication.
- Percocet (Oxycodone + Acetaminophen) or Vicodin (Hydrocodone + Acetaminophen) should be taken as directed:
  - **Mild to moderate pain:** 1 tablet every 4 – 6 hours as needed
  - **Severe pain:** 2 tablets every 4 – 6 hours as needed
- If your pain is mild, or if you do not like the effects of the narcotics, you can take Tylenol® (Acetaminophen) 1000mg every 8 hours (which would be 2 tablets of the Extra Strength Tylenol®, purchased over the counter). Please do not exceed 3000mg in a 24-hour period. Please do not mix the Tylenol® with the narcotic pain medication since the narcotic pain medication consists of 325mg of Tylenol®
- We will provide every patient with **1 refill** of the pain medication and the Valium if needed **one week after the last prescription was filled**. No additional refills will be provided.

- If you require additional pain medication, please reach out to your primary care provider for pain management or visit an urgent care as we will not provide additional refills after the 1 allotted refill.
- We **cannot call-in/fax/email/mail a refill for pain medication** to a pharmacy. If you are an out-of-town patient, visit your local provider, urgent care, or ER for pain management.
  - If you are to finish your pain medication or Valium during a weekend or after hours, you will need to wait until regular business hours to visit our office to collect your prescription since we are not open on weekends or after hours.
- If you are under the care of a pain management provider or already take narcotic pain medication or an anti-anxiety medication, our office **WILL NOT** be providing you with an initial RX or refill for the aforementioned. It is your responsibility to obtain the necessary medications/refills from your prescribing provider. Please make sure to bring the necessary medications if you are visiting us from out-of-town as we will not be providing it.
- Our office will not be providing any additional medications that are unrelated to the surgical site (i.e., blood pressure meds, muscle relaxers, etc.). Should you require these in the postoperative period, you will be responsible for acquiring them from your primary care provider.
- Take a stool softener with pain medication to prevent constipation.
- **DO NOT DRIVE WHILE TAKING PAIN MEDICATION** or Valium. These medications can result in drowsiness. If you are pulled-over while driving under the influence of narcotics or scheduled substances, you will get a DUI!
- **DO NOT DRINK ALCOHOL WHILE TAKING PAIN MEDICATIONS** or Valium. This can be a deadly combination.
- Only take the narcotic pain medication if needed. The quicker you can wean off of the pain medication, the better you will feel and heal.

#### **DO NOT SMOKE. This is very important!!!**

- Smoking (tobacco, marijuana, or vapes) can result in a lack of blood supply to tissues and fat causing tissue death or delayed wound healing. Even 0% nicotine vapes contain a trace amount of nicotine that the FDA accepts as 0%.
- Do not allow those caring for you to smoke around you as second-hand smoke can be detrimental to your recovery.
- Smoking can resume 6 weeks after surgery as long as no challenges in healing are present.

#### **SUPPLEMENTS:**

- Do not take aspirin (or products containing aspirin), anti-inflammatories, or Ibuprofen (Advil®, Motrin®, Midol®) for 3 weeks after surgery. Also do not begin herbal supplements until 3 weeks after surgery.
  - Arnika, Bromelin and Vitamin C are okay to take.
- Phentermine or appetite suppressants should not be taken until 6 weeks after surgery as these supplements increase heart rate and blood pressure and can interfere with your recovery.

#### **REMEMBER THE FIVE W'S:**

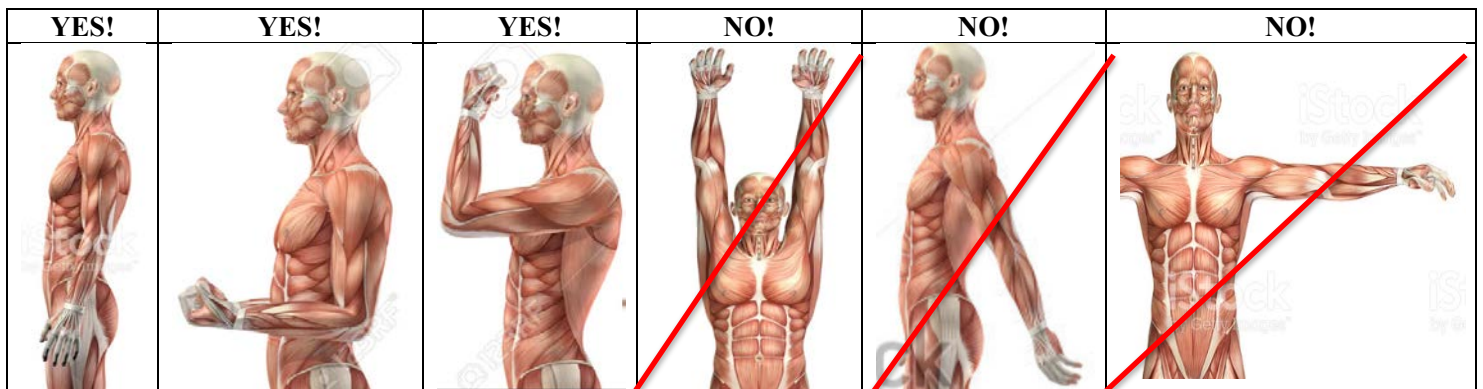
- *The most common cause of an **elevated temperature/fever** after surgery is due to collapse of the lungs (atelectasis). This is a normal occurrence as a result of anesthesia and the physical stress your body is undergoing. In order to decrease your body temperature and expand the lungs, it is important to do the following:*
  - **Wind:** Take 10 deep breaths per hour for the first 72 hours.
  - **Water:** Dehydration can also cause an increase in body temperature. It is important that you remain hydrated since surgery can deplete your body of water. 64 ounces of water a day is encouraged.
  - **Walk:** Get up and walk once every hour to keep your blood moving. This is key for preventing a blood clot.
  - **Wonder drugs:** Take your pain medication or Tylenol® as needed. An increase in pain can cause an increase in body temperature.
  - **Wound:** Observe the wound for redness, heat, discharge (pus), and openings.

#### **POSITIONING AND ARM MOVEMENTS:**

- For the first 48 hours keep your arm movements to a minimum. Your arms should not be used to support your body or lift anything heavy. Do not push with your arms to lift yourself in bed.
- The first **3 weeks** after your surgery are the most crucial as far as limiting the use of your arms. The elbows should essentially stay against your body. **This means no lifting your arms above your shoulders, no lifting objects, no housework, no physical exercise, etc. WE CANNOT STRESS HOW IMPORTANT THIS IS.**
- Think of yourself as a “zombie” or a “T-Rex” in terms of arm position. You should not raise your arms higher than shoulder level or abduct your arms (raise your arms sideways away from your body) for 3 weeks after surgery.



- Lifting your arms up/out or lifting heavy objects can result in injury to your breast pocket, pain, additional swelling, or hematoma. If you experience sudden increase in swelling to one breast (doubling in size) with extreme pain, warmth, redness, and elevation in pulse → visit an ER immediately to rule out a breast hematoma.



### **SLEEPING:**

- While resting in bed, keep at least 2 – 3 pillows behind your back. This position minimizes the tension upon your new breast closure.
- Sleep on your back with your head elevated about 30 degrees. These instructions aid in the quality of your scars. Sleep in this position for 1 week. After 1 week, you may sleep flat on your back.
- You may resume side sleeping after **6 weeks**. Stomach sleeping is not recommended and is discouraged.
- You may lie on your stomach if getting a massage 6 months after surgery.

### **SHOWERING:**

- You may shower (but not bathe) in 3 days even with drains. You can wear a belt in the shower to hang your drains.
- You may wash the surgical area with soap (any kind) and water (lukewarm, never hot). Do not use surgical soaps to wash the area as these are drying to the skin.
- Remove all your garments and dressings (even the yellow sticky gauze) when showering.
- When in the shower, use your hands to gently wash the surgical sites to remove dry blood, sweat and oil.
- When out of the shower, blow dry incisions on a cool setting and your surgical bra. If you have the Marla Hope Bra®, there is no need to wear surgical pads as the bra is intended to come into contact with your incisions. This is the case with all postoperative bras.
- Make sure someone is with you at your first shower. Make the shower a quick one.

### **DRIVING:**

- Driving may be resumed when a sharp turn of the steering wheel will not cause pain; this is usually within **5 – 7 days**.
- Driving may resume when you are no longer taking the narcotic pain medication or Valium.

### **DIET:**

- A light diet is best after surgery. Begin by taking liquids slowly and progress to soups or Jell-O. You may start a regular diet the next day.
- Though it is impossible to get rid of gas entirely, there are strategies to reduce it. Eat and drink slowly, chew thoroughly and cut down on carbonated drinks. Avoid sugar-free gums and sugar-free candies that contain sorbitol or zylitol – both sweeteners are poorly digested and can result in bloating.
- Stay on a soft diet, high in protein, for 2 – 3 days and avoid spicy food which can cause nausea and gas. Then you may resume a normal, high protein diet.

### **DRAINS:**

- Keep your drainage bulbs collapsed and record time and amounts of drainage over a 24-hour period. All patients heal differently according to many factors. Generally, the drains will be removed when the drainage is 25 cc or less in a 24-hour period, which usually occurs in 7 days. Please see drain instruction sheet for details.
- Empty drains on a schedule. You can choose to empty the drains and record the value three times a day (every 8 hours), twice a day (every 12 hours), or if not producing too much fluid, once a day at the same time. **Please bring your drain information to every visit.**
- 24 hours before your 1-week appointment, be sure to not empty your drains so that Jackie can see how much fluid you

have collected in a 24-hour period.

- It is normal for your drain sites to leak fluid for the first few days. **Do not be alarmed if this happens.** You can place ABD pads or maxi pads on drain site to collect draining fluid.
- Be sure to “milk your drains” in order to encourage the fluid to flow through into the drain bulbs. Please watch the following video for an example: (<https://youtu.be/C5m0CYCt59E>). You can do this 3 – 4 times per day to encourage drainage.
- It is normal for drain site to sting or ache a bit or for one drain to drain more or less than the other.
- It is normal for over-activity to result in more drainage.
- It is normal for stringy clots to appear in your drain bulb.

### **SUTURES:**

- We use Monocryl sutures which are made of an absorbable material. Suture ends will be trimmed at day 7.
  - If you are an out-of-town patient, please plan to either stay for 7 days or have a provider in your hometown remove the suture ends.
  - Keep in mind that providers in your hometown may refuse to remove your sutures. It is imperative that you call your local provider in advance to ensure that they are comfortable with removing your sutures prior to you leaving us. We do not and will not provide referrals for postoperative care for out-of-town patients. Patients are responsible for coordinating their own postoperative care should they choose to have their sutures removed elsewhere.
- Do not apply anything on your incisions for 3 weeks unless Jackie asks you to do so. Keep the incisions clean and dry.
- 3 – 4 weeks after all sutures have been removed (or when all of your scabs have fallen off), you can begin scar treatment.
- Every patient will also have additional layers of dissolvable sutures under their skin. These dissolvable sutures (Monocryl sutures) can take up to 119 days to absorb under the skin. On occasion, you may see or feel what seems to be a fishing line material protruding from the incision. If this should happen to you, please trim the clear stitch at the skin using sterile scissors or plan to visit our office (or your local provider) so that it can be removed.

### **SCAR THERAPY:**

- We use and sell **Silagen® Scar Refinement System** and **Skinuva® Scar** at our office. I will discuss use of these products at your suture removal appointment. Please note that we do carry and sell both of these products at our office.
  - **Silagen®** sheeting are made with the highest quality medical grade silicones that create a protective barrier over scars which increase hydration and help stop excessive collagen buildup. This will help flatten and soften scars and reduce redness, itching, and pain.
  - **Skinuva® Scar Cream** is a physician designed and clinically tested scar cream that uses highly selective growth factors within a silicone cream matrix to help improve the appearance of scars. Unlike other scar products on the market, **Skinuva® Scar Cream** is the only one that uses selective growth factors and other ingredients (Silicone, Centella Asiatica, Hyaluronic Acid, Vitamin C, and Aloe Vera) that have been shown to help improve the appearance of scars using peer reviewed medical literature. Rigorous clinical studies have shown that **Skinuva® Scar Cream** improves the appearance of scars nearly 2x more when compared to silicone cream.
- You may begin using **Silagen®** as soon as the skin is fully closed, after all sutures are removed and after all scabs have fallen off. This usually occurs anywhere between 3 – 6 weeks from surgery.
  - We recommend you use at least 2 months of **Silagen®** silicone sheeting which is customized to your incision site. Each sheet can be worn for up to 4 weeks and must be replaced every 4 weeks.
    - The sheet must be worn for 24 hours/day. It is removed every 24 hours so you can shower, clean and dry the area. You must wash the strip with soap and water and allow to dry before placing it back on. For more information read product instructions on packet.
    - You must remove the sheets to shower, exercise, and swim.
- Two months of **Silagen®** silicone sheeting is then followed by **Skinuva® Scar cream** which is massaged on to the incision twice daily for 3 months.
- All incisions will be extremely sensitive to sunlight during the healing phase. Direct sun contact or tanning booths are to be avoided for 9 months. Use a water-resistant sunscreen with SPF of 50+ with UVA and UVB protection for at least



9 months. Sun damage to the scars may result in permanent hyperpigmentation or hypopigmentation to your scars.

- Please note that use of medical grade silicone sheeting or silicone cream on surgical scars will temporarily result in red/purple pigment on the scars. This takes place as blood rushes to the surgical incision to create collagen for wound healing and scar maturation. It can take 9 months on average for the discoloration to begin to fade.

### **EXERCISE:**

- No overheating for the first 3 weeks (spas, exercising in the sun, etc).
- At 3 weeks, you should consider passive or less vigorous sexual activity that will not cause extreme breast movement.
- Cardio may resume at 3 – 4 weeks following surgery. If running on a treadmill, please wear two sports bras.
- Do not lift anything heavier than 10 lbs. for the first 6 weeks.
- You may begin swimming 3 weeks post-operatively, if healing is complete.
- What kinds of exercises and when?
  - After 3 weeks: Lower body exercises are permitted (elliptical, stair master, treadmill, etc). Limit upper body exercises.
  - After 6 weeks: May gradually ease into upper body exercises. Avoid pectoralis muscle use (push ups, pull ups)
  - After 12 weeks: May begin to ease into all exercises including pectoralis muscle use.

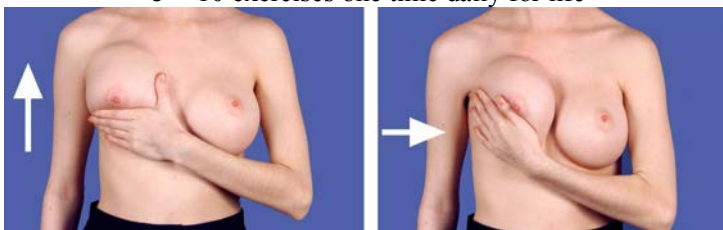
### **POSTOPERATIVE COMPRESSION BRA USE:**

- Wear the surgical bra provided at all times for the first **3 days**. You may then substitute the surgical bra for a postoperative bra (one that zips or attaches at front) for the next 8 weeks which is to be worn at all times. You can resume use of an underwire bra or go bra-less at **8 weeks**.
- We sell the “**Marla Hope Bra™**” at our office for \$85. We have the bra in nude and in black. This is my favorite postsurgical bra as it is very comfortable, supportive and durable. You can purchase this bra during your first postoperative visit.
- **Instructions for Marla Hope Bra:**
  - Machine wash with cold water on gentle cycle using detergent. Do not use clothes softener (I.e., Downey®) as this could cause the bra to lose its moisture wicking abilities.
  - Hang dry. Do not tumble dry.
  - Stretch bra before first use as indicated on the packaging.
  - Use the guidelines hanging on the bra tag for easy application of bra.
  - The bra is meant to fit tightly!



### **BREAST EXERCISES (Discussed at Week 3 visit):**

- Breast implant massage should start 3 weeks after surgery.
- An illustration is provided. The importance of the breast exercises cannot be over emphasized. They help to reduce the development of capsular contracture (scar tissue that can form around an implant) and promote healing of the chest muscles.
- The exercises should be performed 3 times daily for the first 6 months, twice daily for the next 6 months, and then 1 time daily for life. Each breast should be pushed gently, squeezed, and held in position of a few seconds before release.
- One exercise includes both directions (up and in):
  - 10 exercises 3 times daily for the first 6 months
  - 10 exercises 2 times daily for the next 6 months
  - 10 exercises one time daily for life



**If you require additional demonstrations on breast massage, please watch this video on YouTube: [https://youtu.be/6\\_kCepUtS\\_I](https://youtu.be/6_kCepUtS_I)**

### **WHAT TO EXPECT:**

- Abdominal bloating is to be expected in the early postoperative period. Bloating results from sodium present in your medications and in the anesthesia.
- Most patients report difficulty sleeping and difficulty with pain management the first night after surgery. This is usually secondary to the effects of anesthesia and should subside within 24-28 hours.

- Sensations like numbness, sharpness, burning, and shooting pains at the breast or underarm areas are common during the healing process and can take up to 9 months to resolve. These sensations may last several weeks and will gradually disappear. The sensations can radiate to your back and even down your arm. This is expected and normal.
- Moderate swelling of your breasts is to be expected. Be patient. The swelling will gradually subside and you will be back to normal in 3 – 6 months. Swelling will be at its worst between 3 – 5 days. Swelling starts to subside at 6 weeks but may take 6 months to resolve.
- Bruising is a normal expectation following surgery. Bruising could be apparent for as long as 3 – 4 weeks afterwards. The bruises will move down your body as they are absorbed.
- If this is your first augmentation, you will initially feel like your implants are too high, too flat, and too large. This will resolve over the first 4 – 6 weeks post operatively. They may initially resemble pancakes.
- Gurgling and sloshing sounds or sensations from breasts are normal. The noise is produced from air and fluid trapped in the breast pocket. It will subside over time.
- It takes **6 MONTHS FOR FINAL RESULTS** to appear. In the interim, you may notice:
  - Incision asymmetry
  - Breast asymmetry
  - Nipple and areolar asymmetry
  - Pleating along incisions
  - Hardness along incision line
  - Swelling and breast shape that changes from day-to-day
  - Be patient please and try not to focus on these issues before the 6-month period.
- Numbness is expected to resolve by 9 months on average.

**EMOTIONAL EXPECTATIONS FOLLOWING SURGERY:**

- It is not unusual for patients to undergo significant emotional “ups and downs” after any type of surgery. Factors such as underlying stress, medications, and/or psychological tendencies can result in patients experiencing a “post operative depression” that generally resolves after a few weeks. Having a partner, family member, or friend who is supportive can help with this process. Understanding the stages of emotional “ups and downs” can help patients stay calm and recover from this emotional process faster:
  - **Phase 1: Being Out of It**
    - Swelling and discomfort is most severe over the first few days after surgery. Pain medications also can make you disoriented and emotional.
  - **Phase 2: Mood Swings**
    - Having just had surgery, patients are adjusting to a sudden change in their appearance with much anticipation. The presence of bruising, swelling, and asymmetries will distort a patient’s results thereby concealing the final outcome. Mood swings (especially sadness), worry and depression are common emotions as a result. Patients may even ask, "What have I done?" or think that "I never should have done it."
  - **Phase 3: Being over critical**
    - During the second week, patients will probably be feeling a lot better. The swelling and muscle cramping/spasms will be decreasing and sutures will be out. Because of anticipation, it is natural for patients to look critically at their new body worrying about symmetry, scars, and so on. At this point, it's normal to wonder if they have achieved their goal and what they paid for. This is too soon to tell and most concerns are resolved with time.
  - **Phase 4: Happy at last**
    - Finally, about **3 – 6 months out of surgery**, patients will probably start liking how they look and are feeling much better. They may be in the mood to check out some bathing suits or outfits to show off their new figure.

**FOLLOW UP APPOINTMENTS:**

- It is important to be seen by Jackie at your initial post-op checks.
- Jackie will see you in follow-up appointments:

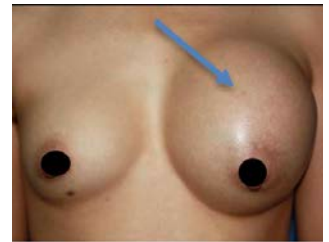
Day 1	Week 1: Day 3/day 4 and Day 7	Week 3	Week 6
<ul style="list-style-type: none"> <li>• Dressing change</li> <li>• Observe tissue for necrosis or wound separation</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment for infection of surgical site</li> <li>• Possible drain removal (if you have one)</li> <li>• Suture trim</li> <li>• Discussion of scar therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment of infection of surgical site</li> <li>• Discussion of breast massage and limitations</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment for keloids and management with steroid injections if warranted</li> </ul>
Month 3	Month 6	Month 12	
<ul style="list-style-type: none"> <li>• First conversation regarding aesthetic results/concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Second conversation regarding aesthetic results/concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Final conversation regarding aesthetic results/concerns</li> </ul>	

- **The first three appointments (Day 1 – Day 7) are highly recommended. It is strongly advised that you stay locally for the first week following surgery if you are an out-of-town patient.**
- It's important to keep in mind that these appointments are patient-specific and may vary depending on your own individual healing and/or complications.
- If you are from out-of-town and cannot see Jackie at the recommended frequency, then it is strongly advised that you establish a relationship with a provider in your hometown who can follow your progress or evaluate you in case of infection, wound separation, or seroma.
- **Jackie and Dr. Dubrow cannot evaluate you or treat you over the phone, via email, or from a distance. If you have a cosmetic or functional complication, please plan to visit our office for a postoperative visit or seek care from your local provider or local plastic surgeon. We cannot provide referrals and cannot manage complications from a distance.**
- Call to schedule your appointments at (949) 515-4111 between the hours of 9:00 AM and 5:00 PM, Monday – Thursday and between 9:00 AM and 2:00 PM on Fridays. The office is closed on Saturday and Sunday.
- **The office is closed on Saturday and Sunday. Should you experience a complication over the weekend, you will need to be seen by an urgent care and/or Emergency Room.**

## **COMPLICATIONS:**

### • **SEROMA/HEMATOMA:**

- A seroma is a collection of serous fluid that can accumulate in a breast after breast surgery whereas a hematoma is an accumulation of usually old blood in the form of a clot in the breast following breast surgery.
- Hematomas can be dangerous if they are unstable and require prompt surgical evacuation.
- Symptoms and signs of a hematoma:
  - Sudden increase in breast size (usually one breast) with fullness towards the clavicular area.
  - Significant bruising to breast
  - Oozing of dark/thick fluid from breast incisions that resembles castor oil
  - Significant throbbing pain to one breast that is severe.
  - Increase in heart rate.
  - Firmness to affected breast
- Symptoms of a seroma:
  - Sudden increase in breast size (usually one breast) with fullness towards the clavicular area.
  - Oozing of clear/yellow/pinkish fluid from breast incisions that resembles Kool-Aid
  - Significant throbbing pain to one breast that is severe.
  - Firmness to affected breast.



### ○ Treatment of a seroma:

- If a seroma is detectable (palpable or visible) then it can be treated via ultrasound guided aspiration or drain placement at an interventional radiology center. An order for ultrasound guided drain placement or aspiration can be provided by our staff upon evaluation (if you are a local patient) or by your primary care provider if you are an out-of-town patient. Failure to treat a seroma can result in capsular contracture.



### ○ Treatment of a hematoma

- If a hematoma is rapidly expanding, the hematoma will be evacuated in the operating room. This is a medical emergency and needs to be addressed in the ER as soon as it is discovered.
- If a hematoma is stable and not expanding, then it can be treated via ultrasound guided aspiration or drain placement at an interventional radiology center. Failure to treat a hematoma can result in capsular contracture.

### • **BREAST IMPLANT EXPOSURE:**

- Breast implant exposure is a serious complication resulting from wound separation with subsequent exposure of a breast implant through an incision site. If breast implant exposure is detected while you are still local to us, you will need to undergo prompt removal of your breast implant. A new implant may be placed after 6 -12 weeks depending on your healing. If this takes place while you are in your hometown, please visit your local ER or local plastic surgeon for evaluation and care as waiting too long for removal of the affected breast implant may result in infection. We do not

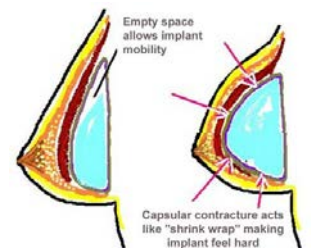
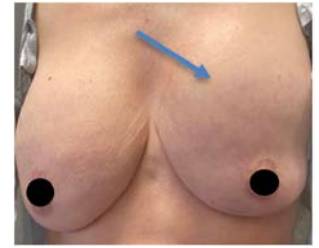




recommend traveling long distances with an exposed breast implant and as such out-of-town patients are encouraged to visit with their local providers/ER promptly if exposure of the breast implant is suspected.

- **CAPSULAR CONTRACTURE:**

- Capsular contracture is the most common breast augmentation complication that develops when internal scar tissue forms a tight or constricting capsule around a breast implant. The scar tissue may continue to contract resulting in a misshapen and hard breast. As a result, the breast may feel painful and stiff, and the capsule may affect the appearance or shape of the breast.
- Scar tissue is the body's natural response to the placement of any foreign object into the body. Capsules form around every breast implant, silicone or saline. It is only when that scar tissue tightens or contracts and restricts the movement of the implant that the breast may develop capsular contracture.
- Capsular contracture can occur at any time. About 75% of capsules occur within the first two years following surgery.
- Predicting who will develop capsular contracture and when it will happen is nearly impossible. It is an unpredictable complication.
- Symptoms of capsular contracture usually emerge slowly and may first be noticed as a high-riding or misshapen breast. As firmness increases, the breasts may feel tight or even painful, especially when you are lying on them. The breasts can appear very round, almost "ball-like."
- Non-Surgical Treatment of Capsular Contracture:
  - Oral vitamin E (1000 IU daily)
  - Anti-inflammatory leukotrienes such as Accolate or Singulair.
    - The effectiveness of these treatments is based on anecdotal evidence, and they only occasionally provide significant improvement.
    - These medications are taken for 3 months. If there is an improvement in the capsular contracture, then the medication is continued for an additional 3 months. If there is no improvement, the medication is discontinued.
    - Liver function testing via blood work must be completed monthly when taking these medications as the above medications can affect liver function.
    - If you are an out-of-town patient, your primary care provider will need to prescribe the medication for you as we cannot treat you from a distance.
- Surgical Treatment of Capsular Contracture:
  - The only treatment that guarantees the condition won't return is the permanent removal of the implants and surrounding scar tissue (explantation of breast implants and capsulectomy).
  - The best treatment for capsular contracture is to go back to the operating room and have your surgeon release the scar tissue surgically (capsulectomy).



- **SPITTING SUTURES:**

- Spitting sutures are to be expected. Every patient will also have additional layers of dissolvable sutures under their skin. These dissolvable sutures (Monocryl sutures) can take up to 119 days to absorb under the skin. On occasion, you may see or feel what seems to be a fishing line material protruding from the incision. If this should happen to you, please trim the clear stitch at the skin using sterile scissors or plan to visit our office (or your local provider) so that it can be removed.

- **DELAYED WOUND HEALING:**

- Breast implant surgery can result in areas of significant scabbing, separation at the incision sites superficially or in areas of delayed wound healing well beyond the 1-week visit. Should this happen to you as an out-of-town patient, you will need to visit with your local wound care center for evaluation and treatment. Wound cultures may be necessary to rule out infection. Wound care using daily wound dressings may also be necessary to speed up the healing process. In most instances, the incisions heal very well with no evidence of a complication.



- **KELOIDS:**

- Keloids are firm, rubbery, lumpy lesions or shiny fibrous nodules on the skin that's usually raised. It often looks like liquid spilled on the skin and then hardened. When skin is injured, fibrous tissue called scar tissue forms over a wound to repair and protect the injury. In some cases, scar tissue grows excessively, forming smooth, hard growths called keloids. An estimated 10 percent of people experience keloid scarring.
- If keloids are detected, your provider can:



- Inject corticosteroids to the keloid to reduce inflammation (usually one injection every 6 weeks for up to four sessions)
- Continue silicone gel sheeting
- Begin laser treatments and micro needling to reduce scar tissue
- **INFECTION:**
  - Infections are most likely to take place between day 10-14 from surgery.
  - Symptoms and signs of infection include:
    - Redness, warmth, fever, tenderness, pus, malaise
  - Most infections, if detected early, can be treated with proper antibiotic therapy. If infections are severe or not responding to antibiotic therapy, then prompt surgical removal of the affected breast implant will need to take place.
  - If you are an out-of-town patient and you develop an infection, you will need to visit with your local provider or local ER for evaluation and care. If fever and pus accompany redness, please visit with your local ER.
  - It is not recommended that you travel long distances with a breast infection



### **HYPERBARIC OXYGEN THERAPY at O2 HEALTH LAB: optional**

- Hyperbaric oxygen therapy is ***highly encouraged*** for all abdominoplasty, brachioplasty, thighlift, facelift, breast reconstruction, breast lift and buttock lift procedures. Hyperbaric Oxygen Therapy (HBOT) will significantly improve your chances of optimal healing. HBOT decreases healing time by up to 50% by reducing reperfusion injury, swelling and inflammation. HBOT also improves blood circulation, reduces pain and upregulates collagen production. 7 sessions are recommended.
  - **Pricing:**
    - 5 pack: \$914 (\$183 per session)
    - 7 pack: \$1190 (\$170 per session)
    - 10 pack: \$1573 (\$157 per session)
    - 20 pack \$2720 (\$136 per session)
  - **How to schedule:**
    - **Step 1: Complete waiver form online**
      - Go to [www.o2healthlab.com/new-client/](http://www.o2healthlab.com/new-client/)
      - Click on the hyperlink for HBOT “Complete Waiver Form”
    - **Step 2: Call to schedule appointments and provide credit card information**
      - Office number is 949-541-2000 ext 1
      - Make sure to mention Dr. Terry Dubrow’s name as your referral to receive our discount
  - **Location:**
    - 230 Newport Center Drive, Suite 120, Newport Beach, CA 92660
    - Near Spa Gregories/Muldoons
    - O2 Health Lab is located in the same 230 building as FedEx and Yoga Works. When facing the 230 building, turn left and drive around to the rear of the building. Park in rear of building. O2 lab is located on ground floor
  - **Hours:**
    - Monday – Saturday: 9 am – 5 pm
    - Sunday: 10 am – 4 pm
    - 24-hour cancellation needed.

### **RAPID RECOVERY AND HEALING PROTOCOL, IV THERAPY PACKAGE:**

- There are numerous benefits to receiving the Rapid Recovery and Healing Protocol, IV therapy package. Those benefits include, but are not limited to, improved wound healing, decreased recovery time, decreased scarring, improved sense of well-being and reduced pain and discomfort during your post-surgical course.
- Our single (pre-operative) IV package is typically given one to two days before your surgery. This easy to administer, 30 to 40-minute, infusion can be given at our Newport Beach office. A powerful mixture of fluids, vitamins, minerals and cofactors (glutathione), it is designed to optimize your nutritional status prior to surgery. Our infusions will give you everything you need to prepare your body for the stress of surgery, maximize your ability to heal and help you feel energized. Additional therapy sessions are undertaken on the first three days after surgery and beyond, as needed. During those days we will deliver additional fluids, vitamins, muscle relaxants, anti-nausea agents and non-narcotic pain relievers under the care of our IV Wellness Specialists.

**PLEASE EMAIL JACKIE (PA-C) AT JACQUELINE@DRDUBROW.COM IF:**

- You have general questions regarding your postoperative care or aesthetic concerns. Keep in mind that Jackie is seeing patients throughout the day and may not respond immediately. She checks her email at 9 am and at 5 pm and will respond accordingly.
  - Keep in mind that a discussion of aesthetic concerns requires a physical postoperative visit. If you need to schedule an appointment, please call the office at 949-515-4111.
  - Do not email Jackie to schedule appointments as she does not have access to the schedule.
- *Please include your name, surgery, date of surgery, and question in Email!!!*

**PLEASE CALL THE OFFICE AT 949-515-4111 IF:**

- You have redness, increased pain at surgical incision sites, sudden increase in swelling, warmth, drainage (pus), or oral temperature greater than 101.5°F

**PLEASE VISIT AN EMERGENCY ROOM OR CALL 911 IF:**

- **At any point you experience shortness of breath or leg pain with swelling as this could indicate a pulmonary embolism (blood clot in lung) or DVT (blood clot in legs) and could be deadly if untreated.**

**PLEASE VISIT AN URGENT CARE ON THE WEEKENDS OR WHEN THE OFFICE IS CLOSED IF:**

- You have redness, pain not controlled with pain medication, uncontrollable nausea/vomiting, sudden increase in swelling, warmth, drainage (pus), or oral temperature greater than 101.5°F

*Any questions in regards to scheduling, rescheduling, preoperative concerns, or confirming appointments should be communicated with the office staff (not Jackie) at 949-515-4111.*