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Plastic & Reconstructive Surgery

Certified American Board of Plastic Surgery

BREAST REDUCTION INSTRUCTIONS

Breast reduction surgery offers women improved comfort and alleviates back and shoulder discomfort in the majority of cases. Most women retain nipple sensitivity, erectility, and the ability to breast feed after this surgery; however, there are no guarantees. If you suffer from extreme breast enlargement (breasts fall into your lap), then a nipple amputation technique will be required, and the breast will loose much of its physiologic function. This is a special circumstance that Dr. Lindsey will discuss with you if applicable.

Mammograms are needed for all women 40 years or older, and for all women who have a family history of breast cancer or a personal history of a breast related problem. Please provide me with your mammogram report or permission to obtain your report. I will also order a mammogram for you if needed. **Mammogram needed.**

Breast reduction scars are extensive. If you have “keloid” skin or have a tendency to make poor scars, please discuss this with Dr. Lindsey. Breast reduction surgery is very adversely affected by smoking. If you have a history of smoking, please discuss this with Dr. Lindsey. You will have to be off cigarettes a minimum of 6 weeks prior to surgery. Smoking is absolutely prohibited after surgery. Most patients require 2 weeks before being able to go back to work with the understanding that activity restrictions stay in effect for 6 weeks (see below).

Thank you for your attention to these details, as this information is to assure the best possible result for you.

AFTER SURGERY

1. Keep the operation sites clean and dry for 24 hours. It is OK to loosen or adjust the ace wrap as needed for comfort. After 24 hours, please remove all dressings, including the strips of yellow gauze. It is OK to shower at that time. Expect some drainage on all dressings.
2. After showering, apply Neosporin ointment to all incisions and cover with clean dressings. I suggest Maxi-pads for both comfort and absorbency. You should hold the dressings in place with an athletic or jogging bra. The bras that hook or zip in the front are the most easy to use. Do not use tape or other adhesives on the breasts, as these will blister or tear the breast skin. If you prefer, you may continue to wear the ace wrap, but someone will have to assist you with this.
3. Change all dressings daily. Adjust the sports bra or ace wrap as needed for comfort. No underwire bras are permitted for 8 weeks.
4. Do not drive until Dr. Lindsey permits (you must be off all narcotic medication).
5. For the first 24 hours – Do not sign any legal documents or operate machinery. Have a responsible adult help you, and take it easy.
6. Clear liquids first. If no nausea, progress to a regular diet as tolerated.
7. Take medication as ordered. Do not take pain medication on an empty stomach. For patients with sensitive stomachs, the pain pills may be broken in half to reduce dosage. Over the counter medications such as Aleve, Advil, Motrin, or Tylenol are very helpful, and for many patients is all that is needed.
8. No alcoholic beverages. No smoking
9. Resume any prior medication at home unless otherwise instructed by Dr. Lindsey.
10. Call Dr. Lindsey at (504) 885-4508 for obvious bleeding, swelling or hardness of the breasts, fever over 101.5 degrees, redness, swelling or pus at the wound, persistent vomiting, any problems or questions.
11. Please schedule your appointment approximately one week following your surgery.
12. No lifting or bending over for the first 2 weeks after surgery. Thereafter, activity restrictions stay in effect for one additional month and are as follows: No lifting more than 10 pounds. Do not participate in any activity that elevates your heart rate or makes you perspire.