

MALE BREAST REDUCTION INSTRUCTIONS

Memorize this paper prior to surgery

WHAT TO EXPECT DURING SURGERY

Your surgery is usually performed at The Highland Park Plastic Surgery Center on an outpatient basis under general anesthesia. A board-certified anesthesiologist or anesthesiologist will be present to make you comfortable and unaware throughout the procedure.

Before surgery begins, you will be asked to change into a surgical gown and will be taken into a private operating room. An intravenous line will be inserted into a vein in your arm. This will make it possible for the anesthesia provider to administer fluids and to deliver the necessary medications to make you comfortable. Monitoring devices will be connected to you to assure your safety.

Your chest area will be cleansed with an antiseptic solution and then covered with surgical drapes. The incision is made along the lower half of the areola in a semicircular fashion. The excess fatty tissue and breast tissue under the areola extended down to the pectoral major muscle will be trimmed to reduce and reshape the breast. Finally, the incision will be closed with sutures. After the sutures are in place, the breasts will be wrapped with supportive bandages. A small drain may be inserted into each breast and left in place from two to six days. Your surgery will take about two hours. If performed in conjunction with other procedures, surgery will naturally take longer.

THE PREOPERATIVE VISIT

This visit will be scheduled approximately two weeks before surgery. It will give you an opportunity to ask questions you might not have asked previously. We will review your medical history, give you a pre-operative examination, arrange lab tests, and discuss what to expect during surgery. If you are over forty years of age or have a history of heart abnormalities, we will arrange for an electrocardiogram. We will also take preoperative photographs, which become a permanent part of your medical record and remain strictly confidential. Your operative consent will be read and signed, preoperative instructions reviewed, and prescriptions for the medications will be given to you at this visit. Your fee will be due at this time.

Arrangements to facilitate overnight or postoperative care will be made to suit your individual needs. Facility and anesthesia charges are separate from the surgeon's fee.

WHAT HAPPENS AFTER SURGERY.

You will be transferred to a recovery room adjacent to the surgical suite, where you will be continuously monitored as you recuperate from the effects of the surgery and anesthesia. You will be allowed to go home after a recovery period of about one hour. You should feel fine, although it is not unusual to expect some minor discomfort. You must arrange for a responsible person to spend the first night and the next day with you. We will give them instructions for care before you leave. Have them read this paper prior to your surgery. This is absolutely necessary as you will not be able to care

for yourself immediately following surgery. They will be required to wake you periodically throughout the first night. NOTE: If you live out of town, you must make arrangements to stay within a thirty-minute drive of the center for the first twenty-four hours after surgery. Because everyone is different, it is impossible to write postoperative instructions that apply equally to everyone. For example, some patients can have sedation vs. general anesthesia or outpatient vs. inpatient surgery. Some patients have only a single procedure and others may have multiple surgeries in a single setting. Use these instructions as a general guideline, but don't panic if we vary on some issues.

Preoperative Guidelines

Bathe your entire body with CLN body wash the night prior to surgery and again the morning of surgery. CLN body wash is an anti-bacterial, antiseptic liquid soap. Sleep on clean sheets the night before surgery and wear clean clothes to your surgery.

Medications: Do not take aspirin or ibuprofen for three weeks before or two weeks after your surgery. Tylenol is allowed.

Smoking: Smoking or nicotine use (chewing tobacco, nicotine gum, snuff) can have a severe detrimental effect on wound healing. The nicotine decreases the vital blood supply to the skin and can cause poor healing or even skin death. **Stop all nicotine products 2 months before and after surgery.**

Caffeine- Excessive use of products with caffeine such as coffee, tea, or soft drinks, especially Diet Coke, can have similar effects as nicotine. **Stop all caffeine products 2 weeks before and after surgery.**

Postoperative Guidelines

What to expect:

- Bruising, this lasts for two to three weeks.
- Feeling of tightness, this subsides over several weeks.
- Sensation of numbness of the breasts and nipples.

Remember the bruising, swelling and numbness is rarely symmetrical.

Call (214) 363-4444 if you have:

- Severe pain which does not respond to medication.
- Significant swelling, and/or unrelenting pain which occurs more on one side than the other.
- One breast swollen 10% more than the other.
- Shortness of breath or labored breathing can be a sign of a blood clot in your lungs.
- Any problems or questions that we haven't covered on this instruction sheet.

Activity: You should take it easy the day of your operation and the following days. Increase activity as instructed. Do not lift anything over ten pounds for two weeks. You may feel more comfortable sleeping with your body a little flexed- like having a pillow

under your knees if you are on your back. Because of the pain medications, you may feel light headed and need assistance getting to and from the bathroom the first day.

Pain: The period of greatest discomfort usually lasts about twenty-four to forty-eight hours. Thereafter, you should have less discomfort and less need for medication. Occasionally, it lasts a bit longer, as different people have different pain tolerances.

Alcohol: Do not drink alcohol for five days after surgery or when taking pain medication.

Driving: You may drive when you feel up to it, starting 24 hours after surgery. Never drive under the influence of pain medication or sedatives.

Diet: Start with liquids the first few hours and then progress to your regular diet, as you desire.

Bathing: Sponge bath while the drains are in place. You may shower 48 hours after the drains have been removed, generally one to three weeks after your surgery. Do not use very hot water. Do not loosen the tapes on the incisions. Continue wearing your compression for at least three weeks

Sun: Do not sit in the sun at all for one week after surgery. Then you may gradually increase sunbathing. If the incisions are exposed, apply sunscreen for six months.

Sports: Strenuous sports such as tennis, swimming, jogging, aerobics, or bicycling may be resumed after three weeks with a sports bra for support. Refrain from any activity, which significantly raises your body temperature, blood pressure, or heart rate for three weeks after surgery.

Work: Depending on the kind of work you do, you may be able to return to your job as soon as you are comfortable. If your work is fairly sedentary, you may go back to work in three to five days.

Postoperative visits: One to two days after surgery, you will be seen at our center. Your breasts will be examined at this time and dressings will be changed. Subsequent visits: The timing of the drain removal (if present) and all further office visits will be determined by your progress. Typically, the stitches will be removed 5-6 days after surgery, and your next visit will be 3-4 weeks later.

Incision Care: Even though the majority of the incision line is closed tight and healing well after 48 hours, there will occasionally be small areas of scabbing or open wounds that will require a few more days of polysporin ointment applied to those areas only. Keep the entire incision line covered with nonstick gauze (Telfa) until the stitches come out and steri-trips are applied a week later. This helps protect the sensitive incision lines from irritation from the compression bandage/shirt.

Drain Care: Beginning **48 hours after surgery** you must begin caring for the **drain site**. Apply **Polysporin ointment** on two bandaids and wrap them around the tube, on the skin, making an X like pattern to completely cover the site. This is very important due to the fact that the drain site is an open wound. You want to make certain that dirt or bacteria does not enter the wound causing an infection.

Delayed Healing: Occasionally there may be small areas of skin breakdown that will be slow to heal. These areas should not be steri-striped and instead treated with Polysporin ointment and a bandaid after you bathe. With time they will heal on their own or rarely have to be surgically revised.

Steri-strips, or tape, are the single most important factor that reduces scarring. The tape helps to flatten the scar and keeps it from spreading or widening as the internal sutures dissolve. The steri-strips will be placed on your breast incisions after the sutures are removed. Watch how the nurse applies the glue and tape, as you will be doing this once a week for four to six weeks. Depending on your skin oils and physical activities i.e., sweating, bathing, or swimming, your tape may or may not stay on very long. The longer you can have your tape on the incisions without changing, the better the scar result. Frequent tape changes can sometimes cause an allergic rash manifested by redness, swelling, and itching. If this happens, stop the tape and glue immediately and call our office. The rash will generally subside on its own, or we may need to prescribe a cortisone ointment. If any of the areas along the incision exhibit irritation, redness, drainage, or open skin, **do not apply the tape**.

Scars-Although most scars are acceptable poor scarring is the single biggest drawback to this surgery. Individuals with varied skin types scar differently and despite our best efforts we cannot predict or guarantee how you will scar. In individuals with light colored skin, the scar is usually red for a few months then fades. In darkly pigmented individuals like blacks, asians, or latins, the scar may become and remain darker than the surrounding skin. The scar can even become raised and tender; this is called hypertrophic or keloid scarring. Sometimes raised or keloid scars can be treated with cortisone tape or injections. Other scars that are wide or hyperpigmented can be improved with scar revisions. A scar revision, if advised by Dr. Toledo, is usually performed after waiting at least 6 months and will carry an additional expense.

You will be more comfortable using the private postoperative waiting room for your initial postoperative visits. Park at the handicap spot in front of the Sherry Lane door. Press the doorbell and we'll let you in from the inside.

Please feel free to call us at any time during your healing period.

The outcome of your surgery is in your hands as well as the doctor's. It is your responsibility to follow all instructions given to you.

Possible Problems and Complications

No surgical procedure is without risk. Most complications associated with breast surgery, however, are minor. Here are some possible problems:

- Persistent and noticeable scars
- Collection of blood under the breast (hematoma). This can be removed.
- Temporary crusting which forms on the incision.
- Loss of sensation in the breast. This is fairly common, but in time, sensation usually returns.
- Decreased or absence of sensation in one or both nipples. This may or may not return.
- Extraordinary sensitivity when breast incisions are touched. This occurs occasionally but disappears with time.
- Depression with aesthetic surgery, as with other surgical procedures, this sometimes occurs postoperatively. This is generally attributed to the normal response of the body to surgery and anesthesia.
- Asymmetry. No patient is identical from side to side. Small differences exist in all patients. In the occasional patient with a major difference, this can be improved with a secondary procedure.
- Hypertrophy or keloid scarring – this can be treated with cortisone injections, tape, or possibly scar revisions. This problem is frequently seen in dark pigmented individuals.
- Poor scarring is the single biggest drawback to this surgery.

Potential but unlikely complications

- Infection
- Poor healing of skin.
- Loss of a small area of skin or nipple and areola (necrosis).
- Persistent pain in the breasts. This occurs rarely, and if it does, it usually disappears with time.
- Deep venous thrombosis (blood clots) affects mainly the veins in the lower leg and the thigh. This clot may interfere with circulation of the area, and it may break off and travel through the blood stream. This clot can then lodge in the brain, lungs, heart, or other area, causing severe damage to that organ or even death.
- Complications of a severe nature, which could be life threatening

Infection Alert

There is evidence of an increased incidence of MRSA (methicillin-resistant Staphylococcus aureus) and other antibiotic resistant bacteria in our community. In the past, these resistant bacteria were typically found only in hospitals, but they are now found everywhere. Frequently people can be a carrier of the bacteria without their knowledge. An infection with this bacteria can cause severe damage to the skin and even death. We are diligent in cleaning and sterilizing our facility and try to limit the exposure of outside bacteria from patients into our surgery center. We therefore have implemented the following hygiene steps to help prevent the contamination of our facility and therefore decrease your post operative infection risk.

Bathe your entire body with CLn body wash the 2 nights prior to surgery and again the morning of surgery. CLn body wash is an anti-bacterial, antiseptic liquid soap. Sleep on clean sheets the night before surgery and wear clean clothes to your surgery.

NOTE: Male breast reduction does not increase or decrease the chance of getting breast cancer. Examination of the breasts is still possible after breast reduction.

You must enter into your surgery fully understanding not only the benefits, but also the possible problems. On rare occasions, minor revision may be necessary to enhance the final results.

The instructions above are general and some portions may not apply to all patients. Changes in the instructions depend on your medical history, number and type of procedures and type of anesthesia.