



Matthew H. Steele, MD
Cosmetic and Reconstructive Plastic Surgery

Breast Lift/Reduction Postoperative Instructions

First 24 hours:

You will feel some soreness along your incisions, as well as slightly tired from the anesthesia. Take your pain medicine every 4-6 hours as needed and the muscle relaxant (valium) every 8-12 hours. It is helpful to take a stool softener while on the pain pills to minimize your risk of constipation. Start your antibiotic (take with food) when you get home and continue as directed. Do not eat spicy foods or any dairy; these can upset your stomach and cause nausea and vomiting. Make sure you are comfortable and your nausea is controlled with the medicine (Phenergan or Zofran). Leave your dressings and bra in place. Keep your activity to a minimal and sleep elevated on 2-3 pillows. Sponge bathe only at this point. You can move your arms as you feel comfortable, but try not to activate your pectoralis (chest) muscles. Bleeding is the complication I am worried about the most at this time. Some bruising is normal, but you should call Dr. Steele if there is significant asymmetry between the two breasts (one breast is 2-3 x larger than the other). Also, keep your breasts warm to promote good circulation in the nipple/areola. Call Dr. Steele if the nipple turns blue or becomes very pale/cold. If you have drains, empty them 2-3 x daily at the same time of day. Keep track of output (cc or ml) from each drain separately.

Week 1:

Most patients tell me that breast reductions are not very painful, so you should begin to feel better within the first 2-3 days. You may drive as long as you are not taking the narcotic pain pills or Valium. During this first week, you may switch to plain Tylenol or ibuprofen. A normal diet can be resumed and you can lay flat after 2-3 days. Activity restrictions include the following: no strenuous activity, no bending, no stooping, no lifting more than 10-15 pounds, and no cardio activity. Keep your blood pressure stable and the heart rate under 100 beats/minute. Slow walking and light household duties can be resumed. No sexual activity at this time. Sponge bath or navy shower keeping the water off the dressings. Dr. Steele will see you back in the office within the first week to remove the drains and dressings and will give you instructions for a specific underwire support sports bra. If the surgical bra becomes soiled, you may remove it briefly in order to wash it.

Week 2-4:

Wear your new underwire support bra 24/7 and sleep on your back (you will do this for the first 2 months). You may start Biocorneum scar therapy if instructed by Dr. Steele. Showers and baths are ok at this point as long as there are no areas of slow healing. Some patients may note slow healing at the "T" junction or where the areolar incision meets the vertical incision. If this happens, Dr. Steele will instruct you on the appropriate wound



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care. You may go swimming as long as the incision is fully healed. Continue your activity restrictions as above. After 3-4 weeks, you may start to increase your cardio activity. A second sports bra may be necessary for optimal comfort during jogging or elliptical training. You will need to continue your weight restrictions (<10-15 pounds) during this time. Dr. Steele will usually check you around week 3 or 4.

After Week 6:

Full activities can be resumed without weight restrictions. Continue wearing your underwire support bra through week 8. Side sleeping is now ok and you do not have to sleep in your bra, although many women feel comfortable with a soft sports bra. At this time you will likely still have a small amount of swelling, so Dr. Steele usually advises that you wait until after 3 months to go bra shopping. He will typically see you one more time around 3 months after surgery and then as needed after that time.

When to call:

Hematoma- bleeding that cause significant asymmetry (2-3 x bigger)

Blood flow problem- nipple turns blue or becomes pale and cold

Fluid pocket- if you notice a soft, squishy area filled with fluid along the breast

Wound separation- wound opens or is slow to heal

Infection- fever (temperature > 101.5F), redness, swelling, tenderness, white pus drainage