



Matthew H. Steele, MD
Cosmetic and Reconstructive Plastic Surgery

Breast Reconstruction 2nd Stage

First 24 hours:

The typical combination at the 2nd stage is placement of permanent implants and fat grafting. Sometimes a nipple reconstruction is performed as well. You will likely feel some mild tightness and soreness across your chest, as well as slightly tired from the anesthesia. You will also note soreness and possible swelling and bruising at the sites of liposuction for the fat harvest.

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 until finished. 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. Wear the binder and any foam pads placed in surgery 24/7. If you have the white foam pads, make sure they do not wrinkle or crease on your skin. Keep your activity to a minimal and sleep elevated on 2-3 pillows. Sponge bath only at this point. You can move your arms as you feel comfortable, but try not to activate your pectoralis (chest) muscles. Empty your drains 2-3 daily at the same time of day. Keep track of output (cc or ml) from each drain separately. 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). If you had fat grafting to the upper breast, it is normal to have a lot of bruising due to the needle holes Dr. Steele made to expand your skin prior to the fat placement.

Week 1:

You will begin to feel better during the first week. Driving is ok as long as you are not taking the narcotic pain pills or Valium. You may switch to plain Tylenol or Ibuprofen as you begin to feel more comfortable. 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, but take care not to activate the chest (pectoralis) muscles. No sexual activity at this time. Sponge bath or navy shower keeping the water off the dressings. If you had a nipple reconstruction, Dr. Steele recommends Bacitracin antibiotic ointment to the sutures twice daily. If the surgical bra becomes soiled, you may remove it briefly in order to wash it. Continue wearing the binder 24/7 if applicable. Dr.



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Steele will see you after about a week and remove the sutures at the liposuction sites. If you have drains, they may be removed if the output is low enough.

Week 2:

Continue with the existing activity restrictions. If ready, drains will be removed. Dr. Steele will have you get fitted for a specific underwire support sports bra. You may switch from the binder to Spanx. After the drains are out, you may take a full bath or shower as long as you have no areas of slow healing.

Weeks 3-4:

Continue with activity restrictions. Wear bra and Spanx at all times. Continue to sleep only on your back to avoid displacing the implant.

Weeks 4-8:

Cardio activity can be resumed. Lifting over 10-15 pounds can be resumed at 6 weeks. Continue wearing the bra. You may stop the Spanx if you desire, but many patients like the compression. The compression will help your swelling resolve faster. After 8 weeks, you may resume chest muscle (pectoralis) activity. After 8 weeks there are no restrictions and you may wear the bra of your choice. After 2 months, there are no sleeping restrictions.

When to call:

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

Fluid pocket- if you notice a soft, squishy area filled with fluid around the implant

Wound separation- wound opens or is slow to heal

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

Malposition- one implant is significantly higher or lower than the other

Blood flow problem- skin turns very dark blue/black