



**Matthew H. Steele, MD**  
*Cosmetic and Reconstructive Plastic Surgery*

## **Breast Reconstruction 1<sup>st</sup> Stage**

### First 24-48 hours:

You will likely feel some mild tightness and soreness across your chest, as well as slightly tired from the anesthesia. Typically, you will spend the first night in the hospital and the nurses will give you medication according to my orders. After you go home:

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. 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).

### Week 1:

You will start 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 the surgical bra becomes soiled, you may remove it briefly in order to wash it. Dr. Steele will see you after about a week. In some cases, one or two drains may be removed at that time.

### Weeks 2-4:

Continue with the same activity restrictions at this time. As your drain output decreases, Dr. Steele will remove the drains. Once all drains are removed and all incisions sites are healed, you may take a full shower or bath. In some patients there may be areas that are



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slow to heal. If so, Dr. Steele will instruct you on proper wound care. Rarely, some tissue must be excised and reclosed in the OR to prevent the incision from opening and causing implant infection.

## Weeks 4-8:

By this time, all drains are removed. Cardio activity can be started but care must be taken to avoid lifting over 10-15 pound and activation of the chest muscles. Keep sleeping on your back, not on your abdomen or side. At this time, Dr. Steele will typically begin placing saline or air into the tissue expanders to stretch your breast skin. This is typically done every week. If you need chemotherapy, the expansions will need to be coordinated with your chemotherapy dose to minimize risk of infection.

## Weeks 8-12:

By this time, most patients are fully expanded to their ideal breast volume. If there are no plans for chemotherapy or radiation therapy, we will plan the next stage of reconstruction approximately 4-6 weeks after the last expansion. There are no activity restrictions at this time and it is ok to sleep on your side, but not your abdomen.

## 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