



POST-OPERATIVE INSTRUCTIONS FOLLOWING GYNECOMASTIA SURGERY

Patient Name _____

Date _____

Surgery Date _____

For you to have the best possible results after surgery, it's important to follow these instructions.

Use this as a checklist of progress as you heal. Included are normal post-surgical experiences and key health considerations that may be a cause of concern.

TYPICAL POST-OPERATIVE SYMPTOMS

Typical symptoms and signs to watch for after surgical correction of gynecomastia include the following:

Tightness and stiffness in treated areas: Bruising, swelling and redness: Tingling, burning, numbness or intermittent shooting pain. These are normal experiences as the skin, tissues and sensory nerves heal. Pain medication will help you cope with any discomfort. If you have drains, you may experience additional localized discomfort. **Consistent sharp pain should be reported to our office immediately.**

Skin firmness, hypersensitivity or lack of sensitivity: This is normal and will gradually resolve over time.

Shiny skin or any itchy feeling: Swelling can cause the skin in treated areas to appear shiny. As the healing process advances, you may also find a mild to severe itchy feeling. An antihistamine like Benadryl can help to alleviate severe, constant itchiness. **If the skin becomes red and hot to the touch, contact our office immediately.**

Asymmetry: both sides of your body heal differently. One side of your body may look or feel quite different from the other in the days following surgery. This is normal.

CALL THE OFFICE IMMEDIATELY AT 973-822-3000 IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- A high fever, (over 101°) severe nausea and vomiting, continued dizziness or incoherent behavior, such as hallucinations.
- Any pain that cannot be controlled by your pain medication.
- Shortness of breath.
- Bright red skin that is hot to the touch.
- Excessive bleeding or fluid seeping through the incisions.
- A severely misshapen appearance localized to one area of the chest.

DAY OF SURGERY INSTRUCTIONS

You will only be released to the care of a responsible adult. All of these instructions must be clear to the adult who will monitor your health and support you around the clock in the first 24 hours following surgery.

Rest, but not bed rest. While rest is important in the early stages of healing, equally important is that you are ambulatory, meaning that you are walking under your own strength. Spend 10 minutes every 2 hours engaged in light walking indoors as you recover.

Good nutrition. Fluids are critical following surgery. Drink plenty of water. Start with a bland diet today and advance as tolerated. Stick to non-carbonated, non-alcoholic, caffeine-free and green tea-free beverages including fruit juices and water, milk and yogurt drinks.

Take all medication, exactly as prescribed.

- Percocet 5/325 mg 1-2 every 4 hours as needed for pain with food
- Vicodin 5/300 mg 1-2 every 4 hours as needed for pain with food
- Scopolamine Patch 1 mg transdermal. Apply behind ear 2 hours prior to surgery. Remove the following morning if no nausea/vomiting. Wash hands and area after removing the patch.
- Other: _____
- Other: _____

Change your incision dressings. Wash your hands well with soap and water before performing any dressing changes. Your incisions will seep fluid and some blood for a short time after surgery. This is normal. **Leave the gauze dressing in place.** If you have a drain placed in your incisions, carefully follow the instructions for drain care and record drained fluid on the **Drain Care Instructions and Log.**

Wear your compression garment around the clock. Follow the instructions specifically removing the garment only to change your gauze dressing or to empty any drains.

Do not smoke. Smoking can greatly impair your safety prior to surgery and your ability to heal following surgery. You must not smoke.

Relax. Do not engage in any stressful activities. Do not lift, push, or pull anything. Take care of no one, and let others tend to you.

TWO TO SEVEN DAYS FOLLOWING SURGERY

During this time you will progress as each day passes. Ease into your daily activities. You will receive clearance to begin driving or return to work at your post-operative visit, or within _____ days.

Your post-operative visit is scheduled for: _____

- **Continue to care for the incisions as directed; you may shower.** Take a warm, but not hot shower. Water and soap can run down your chest but do not face the shower stream directly and limit your shower to 10 minutes. Do not take a bath. Do not remove any steri-strips. Do not rub your incisions. Apply a fragrance free moisturizer to the surrounding skin, however not on your incisions.
- **Take antibiotic medications and supplements as directed.** Take pain medication and muscle relaxants only as needed. You may wish to switch from prescription pain medication to acetaminophen (Tylenol).
- **Continue to wear your compression garment around the clock.**
- **Do not resume any exercise other than regular walking.** Walking is essential every day to prevent the formation of blood clots.
- **No sun exposure.** If you plan to go outdoors for any reason, use sun protection including wearing protective clothing. Avoid any direct sun exposure.

- **Maintain a healthy diet. Do not smoke. Do not consume alcohol.**

ONE TO FOUR WEEKS FOLLOWING SURGERY

As you resume your normal daily activities, you must continue proper care and healing.

- **Continue your incision care as directed.**
- **Refrain from weight-bearing exercise.** You may begin range of motion exercises but not with any weight, pressure or resistance of any kind. Continue walking. A daily, brisk 20-minute walk is recommended.
- **Do not smoke.** While incisions may have healed, smoking deprives your body of necessary oxygen that can result in poorly healed, wide, raised scars.
- **Continue to wear a compression garment as directed.** This is essential for your skin to conform to new contours. If your skin does not conform, revision procedures to reduce excess skin may be recommended.
- **Practice good sun protection.** Do not expose skin in the treated region to direct sunlight. If you are outdoors, apply at least an SPF 30 to the treated region at least 30 minutes prior to sun exposure and wear protective clothing. The skin in treated areas is highly susceptible to sunburn or the formation of irregular, darkened pigmentation.

Follow-up as directed. Your second post-operative visit is scheduled for: _____

FOUR TO SIX WEEKS FOLLOWING SURGERY

Healing will progress and your chest tissues will settle into their final shape.

- **You may ease into your regular fitness routine.** However realize that your body may require some time to return to previous strength.
- **Discomfort or tightness and tingling of the skin will resolve.**
- **No need to resume smoking.** You have now gone 10 weeks (4 weeks prior to surgery and 6 weeks following) without a cigarette. For your long-term health, there is no need to resume smoking. This includes marijuana use, which may have contributed to your gynecomastia.

YOUR FIRST YEAR

- **Continue healthy nutrition, fitness and sun protection.**
- **Your scars will continue to refine.** If they become raised, red or thickened, or appear to widen, contact our office. Early intervention is important to achieving well-healed scars. Scars are generally refined to fine incision lines one year after surgery.
- **A 3, 6 and 12 month post-surgery follow-up is recommended.** However you may call our office at any time with your concerns or for needed follow-up.

Your body will change with age. The appearance of your chest will change too. Although surgical correction of gynecomastia is generally permanent, any significant weight gain or loss, the use of steroids, hormones or marijuana, as well as the normal influences of aging can cause

changes to your appearance. You may wish to undergo revision surgery at a later date to help maintain your appearance throughout life. Contact our office with any of your questions or concerns, at any time.

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask my doctor and his or her staff any questions I have related to these instructions or about my procedure, health and healing.

Patient Signature/Responsible Party

Date/Time

Printed Name/Relationship

Signature of Practice Representative and Witness