

Breast Reduction Pre-Operative Booklet

NAME

.....

*Scheduled on ***

CHARLOTTESVILLE
PLASTIC SURGERY

(434) 227-5333

SURGERY DATE: _____

Location: ___ Monticello Surgery Center
 ___ Sentara Martha Jefferson Hospital
 ___ Sentara Martha Jefferson Outpatient Surgery Center

FOLLOW-UP APPOINTMENT: ___/___/___ at _____ am/pm

Location: Charlottesville Plastic Surgery Main Office

IMPORTANT PHONE NUMBERS

- Plastic Surgery Office: **(434) 227-5333**
- After Hours: Call **(434) 227-5333** and listen to the prompts for “after-hours on-call surgeon.”
- Monticello Surgery Center: call (434) 293-4995 to find out the time of your surgery and when you’ll need to arrive at the surgery center.

YOUR SURGICAL TEAM:



Rhett N Willis Jr, MD

Plastic Surgeon

Dr. Willis is a board certified general surgeon and board eligible plastic surgeon who is committed to you having your best possible surgical result and overall experience. You will meet with him before the surgery to discuss and customize your surgical plan.



Leah Hutchison

Patient Care Coordinator

Leah assists with all aspects of coordinating your surgery. She will schedule appointments and surgery dates, process insurance and work related paperwork, and can answer many questions related to your care. She can be reached by phone during office hours (434-227-5333) or by email at Leah@charlottesvilleplasticsurgery.com

INTRODUCTION

Welcome to the Charlottesville Plastic Surgery and thank you for allowing us to be part of your healthcare team. We recognize that you are receiving a lot of new information and making important decisions regarding your health and well-being.

Please read through this pre-operative packet prior to your surgery. Hopefully it will answer most of your questions about what to expect before and after the surgery, but we encourage you to make a list of any remaining questions and we will be happy to answer them. You may call or email us at any time.

- Included with this packet is a consent form listing possible risks of surgery. Please read it carefully, initial each page and bring it the day of surgery to give to Dr. Willis. There is an extra copy in this book for you to keep as a reference.
- We will typically provide you with medications for pain, nausea, constipation, and an antibiotic to prevent infection. These prescriptions will be called in to your preferred pharmacy prior to your surgical date. These medications are to be taken AFTER your surgery but we suggest you fill them before the day of surgery for your convenience. If you need clarification on any of the medications or have preferences for different medications, please let us know before your surgery.
- Remember not to eat or drink anything after midnight the night before your surgery.
- You will need to arrange for someone to bring you and take you home from surgery and to stay with you the first night after surgery. You should also arrange for transportation to your first post-operative visit.

FINANCIAL POLICIES

Our Patient Care Coordinators are very knowledgeable in this area and will help in the process of determining your benefits. If you do not have coverage, they can provide you with a price quotes and, if necessary, connect you with financial assistance programs.

- **INSURANCE COVERAGE (if applicable)**
 - The benefits paid by insurance companies vary greatly from carrier to carrier and plan to plan. It is helpful if you call your insurance before your first appointment to find out your benefits and the requirements. It is important to realize, however, that even if your surgery is covered, there is often a deductible and/or co-payment that

you will be responsible for. Our office staff is very familiar with the process and can help you be optimally prepared.

- For details on your insurance payments and payments to your Charlottesville Plastic Surgery account, we ask that you discuss this with our team at Charlottesville Plastic Surgery at 434-227-5333

▪ **PAYMENT OPTIONS FOR SELF PAY**

- On the day of your first consultation, you will be provided a financial quote which includes the surgery, anesthesia, operating room costs, and follow-up care. It does not include pathology costs or prescription medications. It does not include management of complications or revisions.
- A deposit of \$500 will be required to schedule a surgery date. This will be applied toward the total surgery costs.
- Full payment of the quote is due in full **2 weeks** prior to the surgery date.
- We provide a number of payment options that may be used individually or combined according to your wishes.
 - **CASH OR CHECK:** cashier's check or cash. We do not accept personal checks.
 - **CREDIT CARDS:** Visa, Master Card, Discover or American Express.
- **OPTIONAL FINANCING PLANS:** We will be happy to assist you with applying for financing should you so desire.

▪ **CANCELLATION POLICY**

- We understand that a situation may arise that could force you to cancel or postpone your surgery. If this should happen, please call us as soon as possible at 434-227-5333 to discuss your situation. If we do not get enough notice, your deposit may not be refunded.

PRE -OPERATIVE PLANNING

- After your pre-operative appointment, you will work closely with one of our Patient Care Coordinators to complete any necessary paperwork and requirements for payment or insurance authorization.
- If possible, have your prescriptions filled prior to the day of surgery to save time on the way home.

- Do not take medications that contain Aspirin or Ibuprofen (see long list at end of packet) for 2 weeks before your surgery date to reduce the risk of bleeding.
- Check with the pre-operative nurse whether you should take your regular medications on the morning of surgery. You will speak with him or her the day before surgery when you find out your surgery arrival time.
- Do not smoke for 3 weeks before your surgery as this will delay healing! Also avoid second-hand smoke and cigarette replacements such as nicotine patches or gum.
- **Arrange for someone to take you to and from the hospital and be with you during the first 24 hours after the surgery.**
- Call our office if you have any sign of illness or infection the week before the surgery.

PRE-OPERATIVE SUPPLIES

The following is a list of optional items that can help you be prepared for your surgery.

- **Prescription medications-** fill before surgery date
- **Tylenol, Ibuprofen-** These will be the primary pain medications once you are off the prescription medications
- **Multivitamins-** suggested to take 2 weeks before and after your surgery to promote healing
- **Vitamin C-** 500mg 2x day can help your healing. Start 2 weeks before surgery
- **Straws (bendy type)-** will help you drink more fluids to stay hydrated after surgery
- **Ice packs/frozen peas-** can decrease pain, particularly on upper chest and sides
- **Chapstick**
- **Wetwipes/babywipes for your skin-** you will be restricted to sponge bathing after surgery and these will be nice to have
- **Neosporin or Bacitracin Ointment-** to be used on incisions after the first follow-up appointment
- **Gauze pads (4x4 size)-** these can be found in the pharmacy and may be useful after the first follow-up visit. Look for the non-sterile multi-packs as they are less expensive.
- **Gentle Foods-** light food is best the first day or two after surgery so as not to upset the stomach. Ideas include crackers, soups, juice and clear soda, light soups, pudding, applesauce, yogurt, toast. Once your appetite returns, you can eat what sounds good.
- **Pillows and a comfortable place to rest after surgery-** a recliner is helpful for getting up and down but any comfortable space is fine. You will not be sleeping on your side or stomach afterwards so having multiple pillows to arrange around you will help keep you comfortable.
- **Button-up shirts-** These will be easiest to get in and out of for the first week after surgery. Bring one with you the day of surgery to go home in.
- **Soft, comfortable bras-** You will be provided a bra to use for the first 1-2 weeks after the surgery, but after that, you will need to wear a soft, comfortable bra WITHOUT under-wires for about 6 weeks after the surgery.

THE DAY OF SURGERY

- Do not eat or drink anything after midnight the night before surgery
- Shower with antibacterial soap and brush your teeth the morning of surgery!
- Do not apply moisturizers or wear makeup
- Remove any jewelry and/or piercings and leave them at home if possible
- Bring loose comfortable clothes for after surgery including button-up shirt and soft pants.
- Arrive at hospital at the designated time and check in at the front desk
- Bring your initialed/signed consent sheet (included in this packet)
- You will be taught how to care for your drains in recovery. We have also included instructions at the end of this packet.
- You must have someone with you the day of surgery to drive you home and take care of you the first night after surgery at a minimum.

EXPERIENCE AT THE HOSPITAL ON DAY OF SURGERY

Going to the operating room is not a normal experience for most of us. Dr. Willis and all of the professional staff caring for you recognize the natural anxiety with which most patients approach this step in the process of achieving their goals. We believe a description of the surgery experience will be helpful.

- When you arrive at the hospital, you will check in at the front desk and will be directed to the surgical floor. From there you will be escorted to the pre-op room. You will be asked to change into a gown. A nurse will start an IV and review your health history. You will meet with the anesthesiologist who will review with you the plan for anesthesia. You will meet with Dr. Willis and go over the plan for surgery and go over any questions you might have. Dr. Willis will place surgical markings on your breasts while you stand up. You may have your family members step out during the markings if you prefer.
- The surgery will take about 3 hours, but your total time in the hospital will be about 5-6 hours.
- You will then be brought back to the operating room where the staff will do everything they can to make you feel secure. You will lie down on a padded operating table with warm blankets and the nurse and the anesthesiologist will connect you to state-of-the-art monitoring equipment. You will breathe oxygen through a mask as medicines that will make you drowsy will flow through the IV tubing into a vein in your arm.
- When your surgery has been completed, you will be moved to the recovery room. During this period, a recovery room nurse will take care of you and remain with you at all times. If you have pain, she will give you medication through your IV. Your stay in the recovery room will last 30-60 minutes after surgery.
- Once you are more alert, you will be transferred from the recovery room back to the room you started in. Your family and friends will be able to visit you here. Your nursing staff will teach you and your family or friends about your drains. You will learn how to “strip” the drains, empty the drains and record your drainage output. When you feel comfortable enough, you will be able to go home with your arranged driver.

THE FIRST WEEK AFTER SURGERY

- The night after surgery, you will have a drain which you will measure and empty every 4-6 hours. Bring your drain output log with you to your follow-up appointment

- You will follow up one day after the surgery to have the drain removed. We will give you specific instructions for any dressings at that time.
- You may shower 3 days after the surgery.
- Try to avoid ibuprofen or aspirin for 3 days after the surgery as this can lead to more bleeding. After 3 days, however, we encourage you to start taking these medications and weaning off the other pain pills.
- Activity Restrictions:
 - Minimal arm activity to prevent bleeding. Try not to lift arms above your head
 - No heavy lifting, bending, reaching
 - No driving for at least 3 days and until you are off all narcotic pain medication.
- Call our office or the hospital operator if you have ANY concerns after surgery; specifically increased bleeding or drainage, uncontrolled pain, fever, rashes, or other problems.

SECOND AND THIRD WEEK AFTER SURGERY

- Your second follow-up visit will be 3 weeks after the surgery.
- You will likely still be applying ointment along the “t-junctions” of the breast incisions.
- Activity restrictions:
 - May use arms gently. Moving arms above your head is ok as long as it is comfortable (ie. washing hair). Avoid repetitive arm motions, stretching, and heavy lifting.
 - You may return to light duty/desk jobs after 2 weeks if you are recovering well

AFTER THREE WEEKS:

- Begin scar massage if all incisions healed (no scabs or open areas).
- Light exercise is ok. Gradually increase as tolerated.

SIX WEEKS AFTER SURGERY:

- No restrictions! (but listen to your body)
- Can resume work involving heavy lifting
- You will still have numbness and some tingling or shooting pain as your nerves recover.

ADDITIONAL FOLLOW-UP

- We typically will schedule a follow-up at 3 months and again at 1 year post surgery at which time we take post-op photographs

WHAT TO EXPECT WHILE YOU HEAL

Normal Symptoms	<ul style="list-style-type: none">▪ SWELLING AND BRUISING: Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection.▪ DISCOMFORT AND PAIN: Mild to moderate discomfort or pain is normal after any surgery. Our goal is to minimize your discomfort using oral pain medication. This will not eliminate all pain, but it should allow you to perform basic daily activities like walking. If the pain becomes severe and is not relieved by pain medication, please call us at (434) 227-5333.▪ CRUSTING ALONG THE INCISION LINES: We usually treat this with antibiotic ointment.▪ NUMBNESS: Small sensory nerves to the skin surface are cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns--usually within 2 or 3 months as the nerve endings heal spontaneously. However, there may always be some degree of numbness or impaired sensation in the surgical area.▪ ITCHING: Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massages are frequently helpful. These symptoms are common during the recovery period.▪ REDNESS OF SCARS: All new scars are red, dark pink, or purple. Scars on the face usually fade within 3 to 6 months. Scars may take a year or longer to fade completely. Avoid direct sun exposure to the surgical area.
Contact Your Physician's Office	<ul style="list-style-type: none">▪ Fever over 100.4 F▪ Pain not controlled by current prescription medications▪ Uncontrolled nausea and vomiting▪ Increased bleeding or drainage from the surgical site▪ Severe swelling, bruising or increasing redness

SOME CONSIDERATIONS AS YOU HEAL

- **FAMILY & FRIENDS**
 - Support from family and friends is very helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create

emotional turmoil for you. We will tell you honestly how you are doing and what we expect your result to be. Please trust in our knowledge and experience when we discuss your progress with you.

- **DEPRESSION**

- Quite frequently patients experience a brief period of "let-down" or depression after surgery. Some may subconsciously have expected to feel and look better "instantly," even though they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understanding that this is a "natural" phase of the healing process may help you to cope with this emotional state.

- **HEALING**

- Everyone heals at their own pace. It is important to listen to your body and allow yourself to heal. Also, follow the advice of your surgical team and don't hesitate to ask questions! The guidelines in this packet are just that—guidelines—and they may need to be adjusted and individualized to your personal healing.

- **FOLLOWING INSTRUCTIONS**

- Another major factor in the course of healing is whether you follow the instructions given by Dr. Willis verbally and in this booklet. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything which may interfere with recovery. It is imperative that you recognize that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise. Please ask if you have questions or need clarification!

- **COMPLICATIONS**

- Complications are rare, but unfortunately happen from time to time despite our best efforts. If and when they do occur, we are there to help you get through it. The vast majority of complications result in a delay in the normal healing process but do not affect the final result. Please trust is to help you get through it.

UNDERSTANDING SURGICAL RISK

We want you to understand fully the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. All of us at Charlottesville Plastic Surgery will use our expertise and knowledge to avoid complications in so far as we are able. If a complication does occur, we will use those same skills in an attempt to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overestimated.

In general, the least serious problems occur more often and the more serious problems occur rarely. If a complication does arise, you, your surgeon, and the nursing staff will need to cooperate in order to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your final result.

All Plastic Surgery treatments and operations are performed to improve a condition, a problem or appearance. While the procedures are performed with a very high probability of success,

disappointments occur and results are not always acceptable to patients or the surgeon. Secondary procedures or treatments may be indicated. Rarely, problems may occur that are permanent.

Please read through the following pages that describe potential risks. Mark any that you would like to discuss in more detail on the day of surgery as you will have a chance to ask questions to your surgeon.

<p>General Surgical Risks</p>	<ul style="list-style-type: none"> ▪ HEMATOMA: Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result. ▪ INFLAMMATION AND INFECTION: A superficial infection may require antibiotic ointment. Deeper infections are treated with antibiotics. Development of an abscess usually requires drainage. ▪ WOUND SEPARATION OR DELAYED HEALING: Any incision, during the healing phase, may separate or heal unusually slow for a number of reasons. These include inflammation, infection, wound tension, decreased circulation, smoking or excess external pressure. If delayed healing occurs, the final outcome is usually not significantly affected, but secondary revision of the scar may be indicated. ▪ SENSITIVITY OR ALLERGY TO DRESSINGS OR TAPE: Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape or sutures used during or after surgery. Such problems are unusual and are usually mild and easily treated. In extremely rare circumstances, allergic reactions can be severe and require aggressive treatment or even hospitalization. ▪ THICK, WIDE, OR DEPRESSED SCARS: Abnormal scars may occur even though we have used the most modern plastic surgery techniques. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally necessary. Some areas on the body scar more than others, and some people scar more than others do. Your own history of scarring should give you some indication of what you can expect. ▪ INJURY TO DEEPER STRUCTURES: Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare. ▪ POOR RESULTS: Asymmetry, unhappiness with the result, poor healing, etc. may occur. Minimal differences are usually acceptable. Larger differences frequently require revision.
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Serious Surgical Risks	Medical complications such as pulmonary embolism, DVT (blood clot), severe allergic reactions to medications, cardiac arrhythmias, heart attack, and hyperthermia are rare but serious and life threatening problems associated with surgery. Having a board-certified anesthesiologist present at your surgery reduces these risks as much as possible. Failure to disclose all pertinent medical data before surgery may cause serious problems for you and for the medical team during surgery.
Smoking Risks	Smoking may adversely affect wound healing and cause loss of skin. Smoking reduces arterial (blood) oxygen supply which is necessary for normal wound healing. Exposure to second hand smoke has also been implicated in delayed or abnormal wound healing. It is best to avoid smoking and or second hand smoke in the peri-operative period. Nicotine causes blood vessels to constrict and may interfere with normal wound healing. When blood vessels constrict there is less blood supply to the wound and therefore less oxygen for normal wound healing to take place. Avoid cigarette replacements such as the nicotine patch or nicotine gum or inhaler in the peri-operative period as these have similar effects as smoking and second hand smoke.

I acknowledge that the risks and complications of the surgery I am to undergo have been explained and discussed with me in detail by Dr. Willis and by the nursing staff. I have been given the opportunity to ask questions and any concerns I had about my surgery have been explained to me. My signature here attests to my understanding and satisfaction with the answers I have been given.

Signature: _____ Date: _____

CONSENT FOR SURGERY

I, _____, desire Rhett Willis, M.D. and such assistants as may be assigned by him, to perform the elective procedure(s) of:

Bilateral Breast Reduction

The nature and purpose of the operation(s), possible alternative methods of treatment, including no treatment/surgery, risks and possible complications have been fully explained to me by Dr. Rhett Willis and his team during my preoperative consultation. I understand that this operation is not an emergency and I have elected to proceed. I have been advised that all surgery involves general risks, including but not limited to bleeding, infection, nerve or tissue damage and, rarely, cardiac arrest, death, or other serious bodily injury. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained.

I understand that anesthesia will be given and that it, too, carries risks. I consent to the administration of anesthesia by either Rhett Willis, M.D. or a qualified anesthesiologist and to the use of such anesthetics as she may deem advisable.

It has been explained to me that during the course of the operation unforeseen conditions may be revealed that necessitate an extension or deviation from of the original procedure, and I hereby authorize my doctor and/or such assistants as may be selected by him to perform such procedures as are necessary and desirable, including but not limited to the services of pathologists, radiologists, or a laboratory. The authority granted in this paragraph shall extend to remedying conditions that are not known to my doctor at the time the operation commences.

I understand that photography is important in planning and evaluating surgery, and I give permission for photographs to be taken before, during and after my surgery for the purposes of documentation only.

I agree to keep my doctor informed of any change in my permanent address so that she can inform me of any important new findings relating to my surgery. I further agree to cooperate with him in my aftercare until I am discharged from his care.

In signing this consent, I hereby certify that I understand the risks, benefits, and alternatives to my procedure(s) and that I have discussed them with Dr. Rhett Willis

Please do not give your permission or sign this consent form if you have any questions regarding your procedure(s). Please advise a staff member of these questions or concerns so that arrangements can be made for Dr. Rhett Willis, M.D. to discuss them

Signature: _____ Date: _____

Medications to Avoid Before and After Surgery

If you are taking any medications on this list, they should be discontinued 10-14 days prior to surgery and only Tylenol should be taken for pain. It is absolutely necessary that all other medications that you are currently taking must be specifically cleared by your doctor and nursing staff prior to surgery.

Aspirin Medications to Avoid		
<ul style="list-style-type: none"> 4-Way Cold Tabs 5-Aminosalicylic Acid Acetilsalicylic Acid Adprin-B products Alka-Seltzer products Amigesic Anacin products Anexsia w/Codine Argesic-SA Arthra-G Arthriten products Arthritis Foundation products Arthritis Pain Formula Arthritis Strength BC Powder Arthropan ASA Asacol Ascriptin products Aspergum Asprimox products Axotal Azdone Azulfidine products B-A-C Backache Maximum Strength Relief Bayer Products BC Powder Bismatrol products Buffered Aspirin Bufferin products Buffetts 11 Buffex Butal/ASA/Caff Butalbital Compound Cama Arthritis Pain Reliever Carisoprodol Compound Cheracol Choline Magnesium Trisalicylate Choline Salicylate Cope Coricidin 	<ul style="list-style-type: none"> Cortisone Medications Damason-P Darvon Compound-65 Darvon/ASA Dipentum Disalcid Doan's products Dolobid Dristan Duragesic Easprin Ecotrin products Empirin products Equagesic Excedrin products Fiorgen PF Fiorinal products Gelpirin Genprin Gensan Goody's Extra Strength Headache Powders Halfprin products Isollyl Improved Kaodene Lanorinal Lortab ASA Magan Magnaprin products Magnesium Salicylate Magsal Marnal Marthritic Meprobamate Mesalamine Methocarbamol Micrainin Mobidin Mobigesic Momentum Mono-Gesic Night-Time Effervescent Cold Norgesic products Norwich products 	<ul style="list-style-type: none"> Olsalazine Orphengesic products Oxycodone Pabalate products P-A-C Pain Reliever Tabs Panasal Pentasa Pepto-Bismol Percodan products Phenaphen/Codeine #3 Pink Bismuth Propoxyphene Compound products Robaxisal Rowasa Roxeprin Saleto products Salflex Salicylate products Salsalate Salsitab Scot-Tussin Original 5-Action Sine-off Sinutab Sodium Salicylate Sodol Compound Soma Compound St. Joseph Aspirin Sulfasalazine Supac Suprax Synalgos-DC Talwin Triaminicin Tricosal Trilisate Tussanil DH Tussirex products Ursinus-Inlay Vanquish Wesprin Willow Bark products Zorprin

Medications to Avoid Before and After Surgery

<u>Ibuprofen</u> Medications to Avoid			
<ul style="list-style-type: none"> Actron Acular (ophthalmic) Advil products Aleve Anaprox products Ansaid Cataflam Clinoril Daypro Diclofenac Dimetapp Sinus Dristan Sinus Etodolac Feldene Fenoprofen Flurbiprofen Genpril Haltran 	<ul style="list-style-type: none"> Ibuprin Ibuprofen Ibuprohm Indochron E-R Indocin products Indomethacin products Ketoprofen Ketorolac Lodine Meclofenamate Meclomen Mefenamic Acid Menadol Midol products Motrin products Nabumetone Nalfon products Naprelan 	<ul style="list-style-type: none"> Naprox X Naproxen Nuprin Ocufen (ophthalmic) Orudis products Oruvail Oxaprozin Piroxicam Ponstel Profenal Relafen Rhinocaps Sine-Aid products Sulindac Suprofen Tolectin products Tolmetin Toradol 	<ul style="list-style-type: none"> Naprox X Naproxen Nuprin Ocufen (ophthalmic) Orudis products Oruvail Oxaprozin Piroxicam Ponstel Profenal Relafen Rhinocaps Sine-Aid products Sulindac Suprofen Tolectin products Tolmetin Toradol

<u>Other</u> Medications to Avoid			
<ul style="list-style-type: none"> 4-Way w/ Codeine A.C.A. A-A Compound Accutrim Actifed Anexsia Anisindione Anturane Arthritis Bufferin BC Tablets Childrens Advil Clinoril C Contac Coumadin Dalteparin injection 	<ul style="list-style-type: none"> Dicumerol Dipyridamole Doxycycline Emagrin Enoxaparin injection Naprosyn products Flagyl Fragmin injection Furadantin Garlic Heparin Hydrocortisone Isollyl Lovenox injection Macrofantin 	<ul style="list-style-type: none"> Mellaril Miradon Opasal Pan-PAC Pentoxifylline Persantine Phenylpropanolamine Prednisone Protamine Pyrroxate Ru-Tuss Salatin Sinex Sofarin Soltice 	<ul style="list-style-type: none"> Sparine Stelazine Sulfinpyrazone Tenuate Tenuate Dospan Thorazine Ticlid Ticlopidine Trental Ursinus Vibramycin Vitamin E Warfarin

<u>Tricyclic Antidepressant</u> Medications to Avoid			<u>Herbal</u> Medications to Avoid
<ul style="list-style-type: none"> Adapin Amitriptyline Amoxapine Anafranil Asendin Aventyl Clomipramine Desipramine Doxepin Elavil 	<ul style="list-style-type: none"> Endep Etrafon products Imipramine Janimine Limbitrol products Ludiomil Maprotiline Norpramin Nortriptyline Pamelor 	<ul style="list-style-type: none"> Pertofrane Protriptyline Sinequan Surmontil Tofranil Triavil Trimipramine Vivactil 	<ul style="list-style-type: none"> Echinacea Ginkgo Biloba Ginseng St. John's Wort

Caring for a Closed Suction Drainage Tube

A drainage tube removes fluid from around an incision. This helps prevent infection and promotes healing. The collection bulb at the end of the tube is squeezed and plugged to create suction. The bulb should be emptied and reset when half full to maintain adequate suction. You need to empty the bulb and clean the skin around the drain as often as your health care provider tells you to. Follow the steps below.

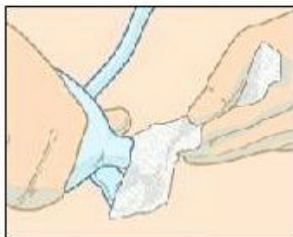
What you'll need:

- Disposable gloves
- Measuring cup
- Record sheet
- Gauze or paper towel
- Sterile cotton swabs or 4" x 4" gauze pads
- Sterile saline or soap and water



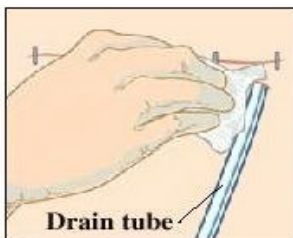
Step 1. Empty the bulb

- Wash your hands and put on a new pair of disposable gloves.
- Point the top of the bulb away from you and remove the stopper.
- Turn the bulb upside down over a measuring cup. Squeeze the fluid into the cup. Make sure the bulb is totally empty.
- Put the cup to one side. You can record the volume of liquid in the cup after you clean and reconnect the bulb in step 2.



Step 2. Clean and reconnect the bulb

- Clean the top of the bulb with clean gauze or a paper towel, if needed.
- Squeeze the bulb tight, and put the stopper back on the top.
- Record the amount of fluid in the cup. Then, empty the cup as directed.



Step 3. Clean the site

- Remove your disposable gloves and wash your hands before cleaning the site.
- Put on a new pair of disposable gloves.
- Wet a sterile cotton swab or 4" x 4" gauze pad with sterile saline or soap and water.
- Gently clean the skin around the drain. Always wipe away from the incision.
- Apply an antibacterial ointment if directed.

When to call your health care provider

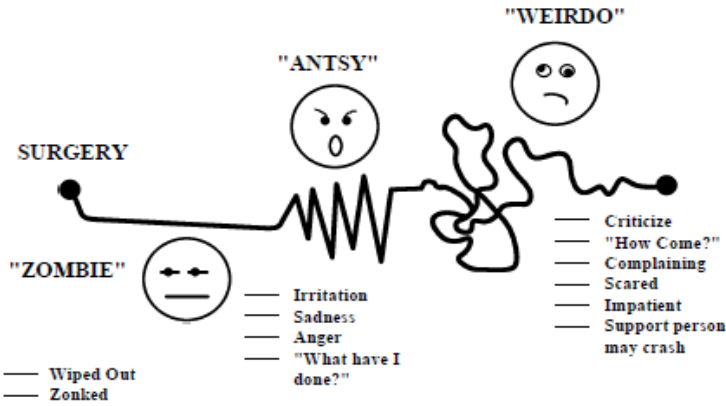
Call your health care provider if you notice any of these changes:

- The amount of fluid increases or decreases suddenly.
- Large amount of blood or a clot in drainage.
- The color, odor, or thickness of the fluid changes.
- The tube falls out or the incision opens.
- The skin around the drain is red, swollen, painful, or seeping pus.
- You have a fever over 101.5°F (38.6°C) or chills.

If the tube isn't draining

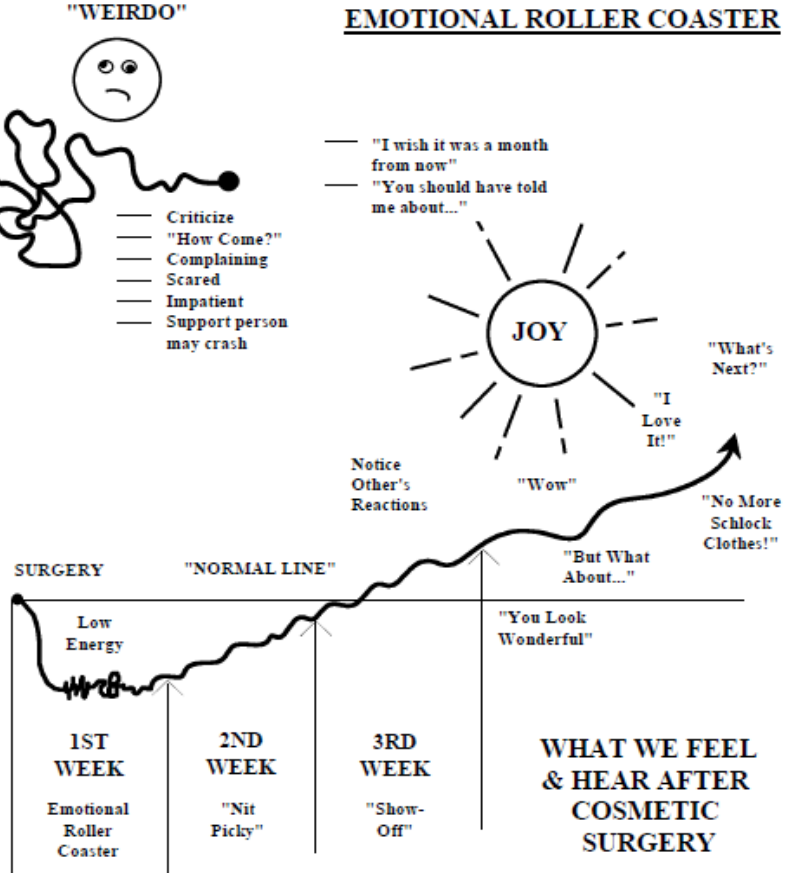
- Uncurl any kinks in the tube.
- With one hand, firmly hold the base of the tube between your thumb and index finger. Do not touch the incision.
- Put the thumb and index finger of your other hand on the tube, next to the first hand. Pinch your fingers together. Then pull them along the tube toward the bag. This will help push any clogged fluid through the tube. This is called "stripping the tube." You may find it helpful to hold an alcohol swab between your fingers and the tube to lubricate the tubing.
- If the tube still does not drain, call your health care provider.

EMOTIONAL AND PHYSICAL REACTIONS



When patients come to see me for their pre-op visit I tell them, "Don't plan on doing anything taxing for a week because you may become tired and want to close your eyes sooner than you normally do. You may find that watching TV is also a strain. You may also experience some facial pain (if facial surgery) during the first couple of days."

I tell patients, "You can count on some bruising swelling and being tired; you can count on some discomfort for the first couple of days, but if you don't have that, what a nice surprise!"



One of the things I ask people in a pre-op visit is "Who will take care of you?" Then I say, "You want to have somebody who's really going to take care of you, who won't say to you when you first get home: 'What the heck did you do that for?' Get somebody who's going to be really supportive and caring and who will be warm, because you're really going to need that."

The emotional stages the patient is going through affects the caretaker too. At the end of the first week the support person may be tired and need to go back to work.

Surgery affects each person differently. These curves are just a basic outline. The most common reaction is to be depressed on the third or fourth day. However, some patients say, "Well, not me. I didn't feel depressed." But three weeks later, they may have a crying jag while driving to work.

"Sometime near the end of the second week they've begun to feel good. And there's a day in there when they realize that they look magnificent."

me that they're a bit irritated because people are now paying them more attention than they did before." And I say to them, "Isn't that why you had the surgery? Because you wanted to be more attractive?" And they reply, "Yes, but why didn't they like me the way I was?" But eventually people start to really enjoy the extra attention.

Anyone who has cosmetic surgery has shown they are a person of courage and they may now demand great deeds from themselves. They have given up the excuse called—"I'd be too afraid to do that."

