

**Chest Masculinization
Pre-Operative Booklet**

Name

.....

*Scheduled on ***

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**CHARLOTTESVILLE
PLASTIC SURGERY**

(434) 227-5333

SURGERY DATE: _____

Location: ___ Monticello Surgery Center
 ___ Sentara Martha Jefferson Hospital
 ___ Sentara Martha Jefferson Outpatient Surgery Center
 ___ Jefferson Surgical 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: (434) 293-4995

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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

As patients approach surgery, they frequently need information about the various payment options and have questions about their potential insurance benefits. We hope the following information will be helpful.

Our patient coordinators are readily available to provide the specific information you desire. They specialize in this area and will use their expertise to help you obtain the maximum benefits from your policy.

PAYMENT OPTIONS FOR SELF PAY

A deposit of \$500 will be required to schedule a surgery date. This will be applied toward the total surgery costs. Payment for the facility, surgery, supplies, and anesthesia are due, in full, **2 weeks** prior to surgery. 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.

INSURANCE COVERAGE

The benefits paid by insurance companies for plastic surgery vary greatly from carrier to carrier and plan to plan. Therefore, we make every effort to determine in advance if insurance coverage exists. We ascertain the projected insurance payment and the required co-payment. We do this because we believe you need to be as informed as possible before surgery. We know you realize that you are ultimately responsible for the full payment of your account, but we have found that our knowledge and experience can be an important factor in assisting you to collect your maximum benefits.

Please discuss all arrangements regarding payment of your account with our financial advocate team at 434-227-5333.

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. Please refer to the surgical estimate for cancellation/rescheduling policy and finances.

PRE -OPERATIVE PLANNING

- After your pre-operative appointment, you will work closely with Leah Hutchison, Patient Coordinator, to complete any necessary paperwork and requirements for payment or insurance authorization.
- All patients must meet WPATH (World Professional Association for Transgender Health) criteria for top surgery. We therefore require a support letter from your transgender counselor or therapist. Send letter to contact@cvilleplasticsurgery.com or Fax: (434) 483-5040
- 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.
- It is OK to continue taking testosterone and other regular medications up to the surgery date. 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 4 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.
- Out of state patients:
 - Send chest and waist measurements for your compression vest to our PCC.
 - You will require a face-to-face consultation with your surgeon at least one day prior to surgery.
 - Make travel arrangements to stay in or near Charlottesville for 1 week or longer.
 - Ensure you have a travel companion and post-operative care giver.
 - You may need to fill your pain pill prescription once you are here in Virginia
- Patients under the age of 18:
 - We require 2 letters of surgical support, 1 from your transgender counselor and 1 from your Primary Care Physician
 - Must be on testosterone at least 1 year prior to surgery
 - We must have consent from both parents, if applicable, at time of consultation as well as on day of surgery

SUPPLIES

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

Pre-Operative

- **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**
- **Cough Drops** - your throat may be sore after general anesthesia
- **Wetwipes/babywipes for your skin-** you will be restricted to sponge bathing after surgery and these will be nice to have
- **Dry shampoo-** if desired for first week after surgery when showers not allowed.

These supplies will be given to you after surgery. If you prefer, you may buy more or a different brand of supplies. See page 10 for additional information.

- **Neosporin or Bacitracin Ointment-** to be used on nipple grafts and other incisions after the first follow-up appointment
- **Non-stick gauze-** to be used to prevent bandages from sticking to nipple grafts
- **Gauze pads (4x4 size)-** these can be found in the pharmacy and will be used after the first follow-up visit for the nipple dressings and drain sites. Look for the non-sterile multi-packs, as they are less expensive.
- **Tape-** you will need medical tape to secure your bandages after the first followup visit. Try to find something that is gentle on the skin (paper tape, etc)

Post-Operative

- **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-** You will not be able to lift your arms above your head for the first week as button-up shirts will be best. Bring one with you the day of surgery to go home in.

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)
- Surgery will take approximately 3 hours, but plan to be in the hospital 5-6 hours.
- 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. Your surgeon 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. The majority of our staff is familiar with and sensitive to transgender care and will ask for your preferred name and pronoun, but please let them know if they forget to ask! We always do our best to make you feel comfortable.

- 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 but can leave on your underwear. 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. We will have you stand up and draw surgical markings on your chest. We will first ask if you want to excuse any friends or family from the room for privacy before starting the markings.
- 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 breath 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

- Wear compression constantly, but it is ok to adjust vest for comfort.
- Keep chest dry (No showers, but it is OK to sponge bath)
- May wear deodorant
- Measure and empty JP drains 2-4 x daily.
 - Adjust drainage tubes to avoid pressure on the skin.
 - Bring your drain output log with you to your follow-up appointment
- Activity Restrictions: Minimal arm activity to prevent bleeding. Try not to lift arms above your head (think “T-rex” arms!)
- 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 first follow-up visit will be 6-8 days after the surgery.
 - We will remove all bandages, including nipple bolsters
 - Drains will be removed when producing <20cc/24 hours for 2 consecutive days (this is usually at this first post-op visit but sometimes at a later date)
- After first post-op visit, you will begin once a day dressings to nipple grafts and continue for the next 2 weeks (or until outer skin has peeled)
 - Layer grafts with: 1.Antibiotic ointment, 2.Non-stick gauze 3.Dry gauze, 4.Medical tape
- Drain sites care: apply dry gauze or Band-Aid daily for 1-2 days or until they stop leaking
- Activity restrictions:
 - You may shower after second post-op visit! (but protect nipple grafts from water pressure)
 - Wear compression vest over nipple dressings for next 2 weeks.
 - 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 resume driving after 1-2 weeks as long as you are no longer using narcotics.
 - You may return to light duty/desk jobs after 2 weeks if you are recovering well

AFTER THREE WEEKS:

- Usually, you will have a third post-op visit at this time 3 weeks after your second visit
- In most cases, you can stop placing dressings and stop wearing the compression vest
- Begin scar massage, lotions, scar creams or tapes of your choice. Continue for 2 months
- Activity Restrictions
 - Begin gentle stretching and light exercise. Gradually increase as tolerated.

SIX WEEKS AFTER SURGERY:

- No restrictions!
- OK to start exercising
- 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, 6 months and again at 1 year post surgery at which time we take post-op photographs

WHAT TO EXPECT WHILE YOU HEAL

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<p>Normal Symptoms</p>	<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
<p>Contact Your Physician's Office</p>	<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
	<ul style="list-style-type: none"> ▪ 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.
<p>Early Activity Restrictions</p>	<ul style="list-style-type: none"> ▪ ACTIVITY/SPORTS: Avoid straining or any aerobic activity for at least 3 weeks after surgery. This is to avoid bleeding, bruising, and swelling. Do not resume strenuous exercise for 6 weeks. We will give you clearance to increase your activities according to the progress of your recovery. <ul style="list-style-type: none"> ○ If you feel any pain or discomfort when resuming normal activities -- please stop them immediately. Let your body tell you what you can or cannot do. ▪ SEXUAL ACTIVITY: You may enjoy sexual activity as your body allows with the following restriction: please reread Activity/Sports above and apply the same concept to sex. ▪ SUN EXPOSURE: Scars take at least one year to fade completely. If fresh scars are exposed to the sun, they will tend to become darker and take longer to fade. . Even through a bathing suit, a considerable amount of sunlight can reach the skin and cause damage. Wear a sunscreen with a skin protection factor (SPF) of at least 15 at all times when in the sun. ▪ WORK: Follow whatever plan you have agreed on with your surgical team. In general, light work can resume as soon as 2 weeks, but physical labor not until 6-8 weeks.

Longer Term Care and Restrictions

- **ACTIVITY:** Take it easy and pamper yourself.
 - DO NOT LIFT YOUR ARMS ABOVE YOUR HEAD for the first week
 - No repetitive arm motions (pushing, pulling, reaching, twisting etc)
 - Avoid rigorous, jarring activity.
 - No heavy lifting > 5lbs during the first post-operative week.
 - Try to avoid any straining. You may go to the bathroom, feed yourself, sit and watch TV etc
 - NO MATTER HOW GOOD YOU FEEL, DO NOT CLEAN THE HOUSE, REARRANGE THE ATTIC, ETC.! We do not want you to bleed and cause any more swelling and bruising than necessary.
 - It is important that you stand up and walk around the house several times per day, starting the day of your surgery. This will help to prevent blood clots.
- **POSITION:** During the first week, attempt to sleep on your back with your head and shoulders elevated on at least two pillows instead of on your side. By putting a pillow under each arm and one under your knees you may feel more comfortable. Avoid direct pressure to the operative site. This can affect circulation to the skin and interfere with wound healing.
- **ASSISTANCE:** Have someone assist you to the bathroom for the first few days. Make sure you receive support on your shoulders, back of neck, or waist. Do not let someone hold you under the arms or by the arms. When you are getting out of bed, you should first be in a sitting position. Slowly swing your legs to the side of the bed and wait for a few minutes before moving.
- **DRIVING:** Driving not advised during the first week until first dressing change and until you are off strong pain medications.

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 your surgeon 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 us 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.
<p>Serious Surgical Risks</p>	<p>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.</p>
<p>Smoking Risks</p>	<p>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.</p>
<p>Alternatives</p>	<p>These include having no surgery or a different form of surgery. All surgery carries risk, however.</p>

<p style="text-align: center;">Specific Surgical Risks Mastectomy Female-to- Male Mastectomies with or without Free Nipple Grafts</p>	<ul style="list-style-type: none"> ▪ SCARS: Location of scars will vary depending on surgical technique selected. These scars may thicken and spread or remain red for many months, even using meticulous surgical techniques. How they eventually look depends largely on your own skin's unique qualities and healing characteristics. Occasionally, injections of a steroid (Kenalog) may be necessary to help flatten thick scars. Taping silicone sheeting over thick scars for several weeks has helped to flatten some scars. However, in rare instances surgical revisions of scars may be necessary. ▪ INCOMPLETE BREAST TISSUE REMOVAL: Simple mastectomy removes most, but not all, breast tissue. It is estimated that 90% of breast tissue is removed. It will be important to screen your chest for future breast cancer as this is still a possibility. ▪ LOSS OF SENSATION: You may experience partial numbness of chest, inner arms, chest wall, and arm pit area after mastectomy. In most cases reduced sensation improves over time. Permanent numbness is common on the nipples and is expected in the case of free nipple grafts. ▪ ASYMMETRY: Very few people have perfectly symmetrical breasts and after surgery you will likely have some asymmetry involving your chest contours and your scars. This usually improves after swelling subsides. A few patients require further revisions after surgery. ▪ SEROMA: Fluid collections under the skin can sometimes occur after mastectomy, especially after the drains are removed. The chance of this happening can be reduced by good drain care and by limiting arm activity. If it occurs, you may require additional procedures to drain the fluid ▪ INTERFERENCE WITH BREAST FEEDING: Breast feeding will not be possible because the breast glandular tissue will be removed. ▪ INFECTION: Although it is always a possibility, infection is an unusual complication. We will give you antibiotics during surgery to decrease this chance. If an infection develops, it usually stays localized and is treatable with antibiotics but occasionally needs to be drained if an abscess develops. ▪ TISSUE LOSS, WOUND SEPARATION: Rarely, because of infection or compromised circulation, areas of the skin, or nipple graft, or fat under the skin can die. This usually occurs along an incision line and involves little more than daily dressing changes and a longer healing period. Very rarely, tissue loss may involve larger areas requiring further reconstructive surgery. ▪ CONTOUR IRREGULARITIES, DOGEARS: Imperfections in the thickness of the skin over the chest or bulges at the ends of the incision lines are not uncommon. This tends to improve over time as the swelling subsides but can occasionally require a revisional procedure.
<p style="text-align: center;">Other Risks</p>	<p>We have outlined the common and not-so-common risks of surgery in general. The specific risks and complications of each surgical procedure have been explained elsewhere in this preoperative packet. We have not discussed every possible problem that may occur, and you cannot assume that a problem will not occur simply because it is not discussed here.</p>

I acknowledge that the risks and complications of the surgery I am to undergo have been explained and discussed with me in detail by my surgeon 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 Dr. _____, M.D. and such assistants as may be assigned by her, to perform the elective procedure(s) of:

BILATERAL SIMPLE MASTECTOMIES (WITH OR WITHOUT NIPPLE GRAFTS)

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 her 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 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 her 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 her in my aftercare until I am discharged from her 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 my surgeon.

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 my surgeon 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 ▪ Sodal 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

Ibuprofen 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
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<u>Other Medications to Avoid</u>			
<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 Medications to Avoid</u>			<u>Herbal Medications to Avoid</u>
<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.

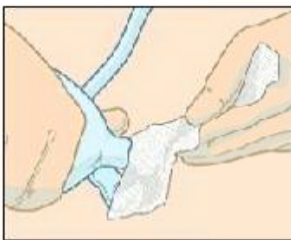
What you'll need:

- 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



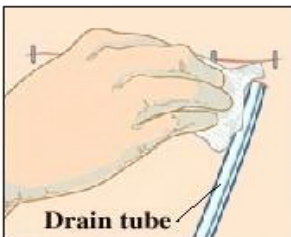
Step 1. Empty the bulb

- 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

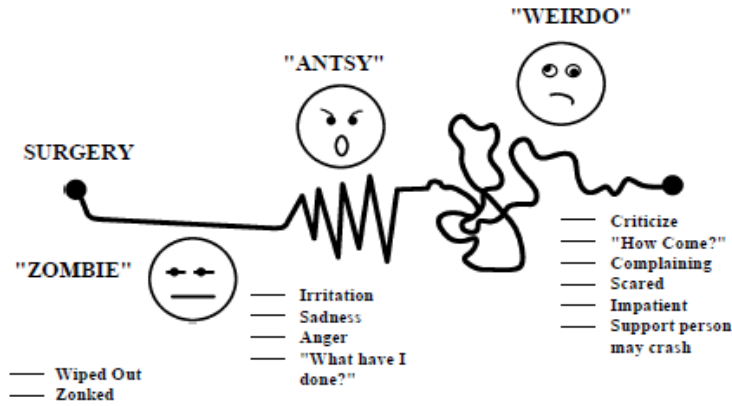
Call your health care provider if you notice any of these changes:

- 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.

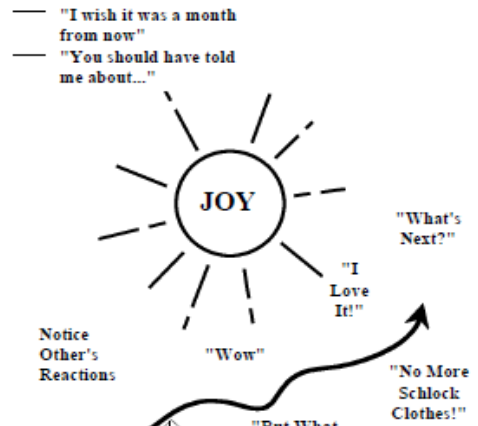
If the tube isn't draining

- 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

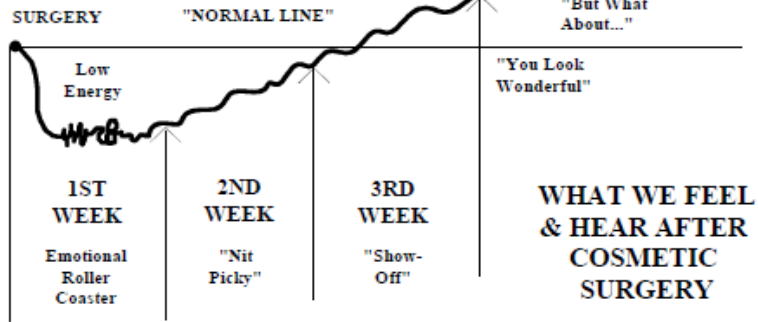


EMOTIONAL ROLLER COASTER



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.

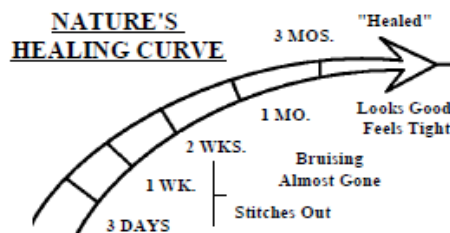
Surgery affects each person differently. These curves are just a basic outline. The most common reaction is to be depressed on the third or fourth day. However, some patients say, "Well, not me. I didn't feel depressed." But three weeks later, they may have a crying jag while driving to work."

"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."

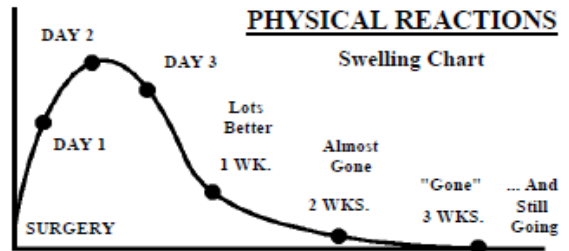
"Patients experience feedback, both positive and negative. Some people tell

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."



1 YEAR...
... and
Healing Still
Continues



PLEASE BRING THIS CONSENT WITH YOU THE DAY OF SURGERY.

