



Dr. Andy Higgins

breast & general surgeon

SPECIAL CARE IS OUR PRACTICE.

GENERAL POST OPERATIVE HOME CARE INSTRUCTIONS

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Driving: The general anesthetic and pain medications will impair your ability to be a safe driver. Please avoid driving a vehicle until you are off pain medications and your reaction time is back so that you are safe behind the wheel.

Mobility: Walking and deep breathing are the keys to recovery. They will decrease the duration of the pain, open the lung capacity to prevent pneumonia and decrease the risk of venous thrombosis (DVT), (blood clots in the legs). They will also aid in the return of bowel function. Short and frequent walks with periods of rest are the mantra for the first few days. Slowly increase the length of the walks as you feel up to it. Listen to your body and remember you need rest to heal.

Ice: Ice on the operative site is great pain control. It will also minimize the swelling of the area and decrease post-operative bleeding risk. A frozen bag of popcorn kernels (not microwavable popcorn) in a ziplock bag works the best. It forms nicely to the body part and it does not get mushy when thawed. The skin can be numb early after surgery and decrease the sensation of extreme cold. Protect your skin from frostbite with a washcloth or the bag wrap you received at the surgery center. You may ice for 20-30 minutes out of every 2 hours. Keep the ice off when sleeping.

Diet: It is most important to keep hydrated after an operation. Small frequent sips work best if you have any nausea. Resume more regular foods as you feel up for them. A small amount of food (toast, crackers, yogurt, etc.) in your stomach before you take pain medication can be helpful to tolerate the medication.

Bowel movement: You probably will not ask me outright about your bowels so here are my thoughts on the subject. Pain medication can lead to constipation as it slows bowel motility. Walking is the first line of prevention. Start colace (sotradecal) 100 mg (a capsule) two times a day (breakfast and dinner). Use the colace until you stop using pain medication and/or your bowel function has returned to your normal. If you have not had a BM by POD #2, use Milk of Magnesia (1-2 tablespoons) to jump start the bowels. If that does not work, please call me for some other tricks.

Incision: The incision will have a clear adhesive (Opsite) over a white non-adhesive bandage (Telfa). Call if the non-adhesive has a puddle of blood soaking it. This should remain on the incision until POD 2, then you may remove the bandage and take a shower. Under the bandage there are steri-strips (pieces of tape) right on the incision. You may get them wet in the shower, then pat dry and leave them open to air. Keep the incision from being submerged underwater in a bath, hot tub or pool for about 2 weeks until about POD 14.

Once the bandages are removed, if your clothing or bra is irritating the incision, you may place gauze against the skin, and the bra will hold it in place. Use little or no tape, as this may cause skin irritation.

Drain care: You may or may not have a drain in place. You may shower POD 2, unless you had tissue expander or implant or mesh placement. Clean the drain exit site with some diluted hydrogen peroxide. You can also apply a dab of antibiotic ointment after showering.

You will need to 'strip' the drain regularly to keep it functioning properly. Simply hold the drain close to the exit site with your index finger and thumb so that it does not get tugged. Ouch!!! Then using your other hand, pinch the tubing between your thumbnail and side of index finger to 'strip' the material inside the tubing toward the bulb. The bulb needs to be emptied into a specimen cup to measure the amount. Record this amount on the log sheet. Then discard the serum into the toilet. Once in the morning and once before bed is usually enough.

Medications: For the first two days use the pain medication liberally so that you can be mobile. They can cause constipation, so discontinue them as soon as possible. Remember your vitamin C and zinc. These are important co-factors in collagen formation, one of the keys to mending wounds.

Smoking: Discontinue the use of tobacco before an operation as smoking can lead to increase rates of pneumonia and wound complications. If a patient stops smoking just 1 week prior to surgery, she dramatically increases the cilia (shag carpet conveyor belt) to get the mucus out of the airways. We also know that tobacco use can cause vasoconstriction (decrease blood flow) in the capillaries (tiny blood vessels). Ever notice cold hands while smoking? This is due to a restriction of the blood flow and oxygen, which increases the likelihood of poor wound healing and higher risk of wound infection or wound breakdown. Blood flow is the key to getting nutrients in the body to help heal a surgical site.

Drinking: I am not opposed to small quantities of alcohol during the recovery period but you should avoid drinking alcohol while using the pain medications. Remember, the key to success is moderation.

PLEASE CALL TO ARRANGE A FOLLOW-UP APPOINTMENT IF NOT ALREADY MADE.

Please call me if you have any questions or concerns.

The office phones are answered 24 hours a day and a doctor is always available. The office staff is available to schedule appointments and handle non-emergent calls from 8:00am to 5:00pm Monday through Friday. 541-749-7000.

For after hours urgent help, please call 541-385-5870.
Pain medication refills will be accepted during office hours.

Andrew Higgins, MD, FACS

Date