

BRACHIAPLASTY (ARM LIFT) POSTOPERATIVE INSTRUCTIONS & ADVICE

The following after-care information will help make your surgery safe and uneventful. It is important that you understand it all. If you have any questions, please ask me or my staff. In some cases there will be variations to the instructions, and these will be discussed with you.

Postoperative Dressing

At the end of your surgery, your scars will be covered with a special skin glue and tape and you will be wrapped with a comfortable tensor bandage to support your arms and/or chest. This dressing should stay in place until your first post operative appointment (usually 3-4 days). At your first post-op appointment, the tensor bandage will be removed and the glue/tape will be left on. You can now start showering normally with soap and water. At this point you will need to wear a supportive garment during the day and at night (this will be provided for you). You will continue with this support for 4 weeks.

Occasionally blood seeps onto the dressings. This is no cause for alarm and will not irritate the skin. If there is blood leaking out from beneath the tape, apply a clean gauze dressing. If the bleeding continues, contact us for instructions.

Once you begin showering the glue/tape will slowly lift off on its own. This should all come off or be removed by us around the time of your three week appointment. All the stitches are underneath the skin and do not need to be removed. Occasionally, there is a stitch knot tied along or at the end of the incision. This will dissolve on its own. If a visible stitch is still present after 2 weeks, you can pull the stitch lightly and cut it at the level of the skin with clean scissors.

Pain Pills

Most patients are pleasantly surprised by how limited their postoperative discomfort is. You have been prescribed Tylenol extra strength, Celebrex (Celecoxib) which is an anti-inflammatory and Hydromorphone which is a strong narcotic pain killer. The Tylenol should be taken on schedule, every 6 hours. For the first 3 days the Celebrex is to be taken every 12 hours. The Hydromorphone is to be taken as needed but not more often than every 6 hours.

This combination of anti-inflammatory (Celebrex) and analgesic (Tylenol extra strength or stronger pain pill) is now recognized as the most effective way of treating postoperative discomfort. Both can be stopped when the discomfort subsides. Please note that all pain pills cause constipation, and if you are inclined to becoming constipated, you should consider the use of a stool softener such as Colace 200 mg twice a day, and a laxative such as Milk of Magnesia, 15 to 30 cc at nighttime. Drinking a lot of fluids and eating fruit also reduces constipation.

Eating After Surgery

Patients may experience nausea after a general anesthetic. It is therefore wise to drink clear fluids (apple juice, black tea, flat pop) until the stomach feels settled. Then try eating clear soup and crackers. A normal diet is usually possible the next day. On rare occasions, a patient may feel nausea for a few days after surgery. Gravol tablets may then be helpful.

Hematoma

On rare occasion, a hematoma (blood collection) can develop. This is due to continued bleeding underneath the skin. It presents itself as an enlarging, painful, firm swelling of the entire breast, typically in the first 24 to 48 hours after surgery. It may require surgery and an urgent evaluation by me or one of the emergency room physicians at North York General Hospital is necessary.

Bruising

Bruising is the typical "black and blue" appearance to tissue after any surgery. There is a great variation in how much patients bruise, some bruising very little, some more. As noted in your preoperative instructions, Aspirin, blood thinners, anti-inflammatories, and vitamins can contribute to bruising and should be stopped for two weeks before surgery. These medications can be resumed the day after surgery. The bruising typically subsides within two weeks, but in some patients can last longer. As it dissolves, and becomes more yellowish in colour, it may appear to be "spreading". This is normal and is no cause for alarm. It is common to have more bruising and swelling on one side than the other. This will even out with time.

Early Fever

A low grade fever (up to 37.8°C) is not uncommon the day after surgery. It usually occurs after a general anesthetic and results from small collections of mucous in the lungs. It is therefore important after a general anesthetic to take frequent deep breaths, and to cough deeply. The coughing clears the lungs and corrects the low grade fever. Failure to clear the lungs adequately can on rare occasion lead to a lung infection.

Wound Infection

Wound infections fortunately are uncommon. Minor leakage of clear yellowish fluid from stitches may occur and persist until the stitches have dissolved. This fluid is not an infection, and is managed with soap and water washes two to three times a day, followed by the application of Polysporin ointment and a light dressing. If the drainage from the wound becomes "soupy" and smells, or is associated with increasing redness, pain and swelling, then a deeper infection may be occurring. Do not hesitate to phone the office, or see your family doctor if this happens. You will need to be seen as you may need to have antibiotics.

Sleeping Position

The incision lines are very secure, and you can sleep on your back or on either side immediately after surgery. It is suggested that you avoid sleeping on your stomach for 4 weeks after surgery.

Scar Cream

Once the tapes are off the scar line, a scar gel should be used. The gel is first massaged onto the incision lines. Additional scar gel is then placed on the scar lines, allowed to dry and covered with Paper Tape. This process should be repeated every other day. You can shower over the tape on the intervening days. The scar cream I recommend is available in our office.

Polysporin Ointment

Occasionally, there are small areas of drainage along the incision line. These little areas of delayed healing can open up slightly and a clear yellowish fluid may drain out. This is not infection. These areas should be washed with soap and water twice a day, followed by Polysporin ointment and gauze. Scar cream should be avoided in these areas until the wounds have completely healed, whereupon the scar cream can also be applied. While these small areas are healing, scar cream is still used on the remaining incision lines.

Wound Massage

As soon as the scar cream is being applied, 10 to 14 days after surgery, gentle massage of the incision lines should also be carried out. After another week, this gentle massage can become quite firm and vigorous, with deep rotary motions along the incision line and onto the breast itself. This firm massage helps to desensitize the scars, making them less painful, and also reduces the normal scar thickness and lumpiness which is seen in a scar after surgery.

Scar Redness

All scars are initially reddish and thickened. This is part of the normal healing process and eventually will smoothen out. It takes 9 to 12 months for the scars to undergo a full maturation process whereby they become flat, light in colour, and somewhat more spread.

Tanning

Fresh scars and areas that have been bruised should not be tanned for at least four months after surgery. Early tanning can cause permanent hyperpigmentation (darkening) of the scar and of the surrounding areas. Normal tanning can resume after four months, but please remember that tanning does cause premature skin aging and skin cancers.

Silicone Sheeting

Some studies have suggested that silicone sheeting, available in most pharmacies and on the internet, can help the quality of the scar. To be effective, this silicone sheeting needs to be on the skin day and night for at least six months. It is not recommended for routine usage as it appears to have little value when scars are healing normally. I do recommend Silicone Sheeting (Cica Care or Scar-away) in wounds that are showing evidence of prolonged redness or abnormal scar maturation. This is in less than 5% of patients.

Mobility

As a routine, it is important to be up and walking the day of surgery, and prolonged periods of bed rest are discouraged. Lying in bed can increase the rare but ever present risk of developing blood clots in the calves which in turn can cause pulmonary emboli. It is good to go for little walks, and to have frequent naps if you are feeling tired. For the first two weeks there should not be any excessive stretching on the wound, but even the day after surgery, you can be gently raising your arms and combing your hair. Within 4 weeks, full exercise activities can be resumed.

Driving a Car

You must not be driving a car for at least 24 hours after a sedative or general anesthetic, nor if you feel drowsy for any reason. Do not drive a motor vehicle if you are having any pain, as the pain may cause you to jerk the steering wheel and lose control. You also must avoid driving a car if you are in any way restricted in your mobility as this may compromise safe driving. For this type of surgery, it is recommended to avoid driving for at least 1 week.

Fatigue and “Feeling Down”

While the results of plastic surgery are typically gratifying and uplifting, it is not uncommon for patients to have “down” times. Early on there is the residual effect of the anesthetic, coupled with discomfort, swelling and bruising at the surgical site. This is followed by the typically slow maturation of the scar itself. These frustrations all play together on the psyche, making one question the reason for doing the surgery in the first place. You are not alone with these thoughts, and they are entirely normal. Rest assured that well over 90% of patients are pleased with the results of their surgery, and the apprehensions and “down” times are eventually replaced by feelings of satisfaction and confidence.

Questions/Problems

Every effort is made to provide you with a surgical experience that is safe and as comfortable as possible. Any suggestions you have that might improve the experience are much appreciated.

If you have any questions, concerns, or problems, please call the office at 416-447-6176. If there is an urgent situation, and we are not immediately available, please go to the emergency room department at North York General Hospital, or your closest emergency room department.

We hope you have a speedy recovery from your surgery.

Sincerely,



Ron B. Somogyi, M.D.



Waqqas Jalil, M.D.