BREAST REDUCTION

POST-OPERATIVE INSTRUCTIONS

Diet

- Eat a well-balanced diet with adequate calories.
  - It is important to include protein with each meal, which is essential for wound healing.
  - Limit salty foods, which increase swelling.
  - Avoid significant weight loss or significant weight gain during recovery.
- Stay hydrated — aim for 6–8 glasses of water per day.
  - Your urine should generally be pale yellow.
- On the evening of surgery, start with bland, easy-to-digest foods to help prevent nausea.
- Avoid alcohol for at least one week.

Medications

You may be prescribed some or all of the medications below.

MEDICATION	PURPOSE	KEY INSTRUCTIONS
Tylenol (acetaminophen)	Primary pain reliever	• Available over the counter; some patients may only require Tylenol for pain control. • Do not exceed 3,000–4,000 mg in 24 hours — check the label of every product you take, since many combination medicines also contain acetaminophen.
Oxycodone	Breakthrough pain (opioid)	• Use only if Tylenol alone isn't enough; some patients require it for 2–3 days. • Caution: addictive potential. • Do not drive or operate machinery while taking it. • Do not combine with alcohol, sleep aids, or other sedatives. • Can cause constipation — pair with a bowel regimen (below).
Colace, Senna, MiraLAX, or preferred bowel regimen	Constipation prevention	• Take 1 or 2 of these daily until bowel movements are regular; add another if you haven't gone in 48 hours. • Straining stresses the abdominal repair, so staying ahead of constipation matters — hydration and walking help too.
Antibiotics	Infection prevention	• Take as prescribed. Some may not be prescribed antibiotics after surgery.

- Avoid all nicotine exposure: do not smoke, vape, or use nicotine products during your recovery. Nicotine decreases blood flow to tissues and increases complications.
  - For 6 weeks before and 6 weeks after surgery: avoid cigarettes, vaping, nicotine gum, nicotine patches, and other nicotine-containing products.

Wound Care & Dressings

SHOWERING

- You may shower starting 48–72 hours after surgery. Keep your back to the shower head and let water run gently over the wound — do not rub or scrub the incision lines.
  - Eat a snack and drink a full glass of water before showering. Make sure someone is home and nearby during your first shower so you feel steady on your feet.
- Leave surgical tape in place; it's okay if it gets wet in the shower.
- After bathing, let the tape completely air-dry before replacing the bra.
- Keep showers brief and the water lukewarm, not hot.
- No baths, pools, hot tubs, or submerging incisions until they are completely healed and you have been cleared by the office.
- If you have surgical drains, follow the separate drain care instructions provided to you.

WOUNDS

- Leave any tape on the incision lines in place. It will peel off on its own. You may remove it gently in the shower if it is still present after 4 weeks.
- Do not apply ice or cool compresses, as they restrict blood flow.
- After your first follow-up visit, you may transition to a standard, comfortable sports bra that closes in the front.
- Avoid pulling perpendicular to the incisions so they do not widen.
- You may use a light, gentle, non-fragrant skin moisturizer as needed to help with itching, dry skin, or rashes. Aquaphor or Vaseline are good options.
- After 3–6 weeks, once cleared by our team, you may begin scar care.
  - Silicone scar tape: use daily as instructed for 3 months for optimal effect.
    Ask our office about the silicone products we carry.

Activity

SLEEPING

- Sleep on your back, with 3 or more pillows behind your back, or use a wedge pillow.
- You may place pillows along your sides to prevent rolling onto your stomach.

PHYSICAL ACTIVITY

- Rest for the first week after surgery, but avoid strict bed rest.
- Begin walking the evening of surgery, with assistance at first to prevent falls.
- Starting postoperative day 1: walk about 10–15 minutes, 6–10 times a day — this supports circulation and lowers your risk of blood clots. Start slow.
- Do gentle, non-weighted leg lifts periodically while sitting or lying down, and practice deep breathing exercises.
- Avoid strenuous exercise, heavy lifting, repetitive bouncing, running, and activities that significantly elevate your heart rate — though frequent walks are encouraged throughout recovery.
- Consider lower-extremity compression stockings (available over the counter at drugstores) to help prevent blood clots.
- You may resume light exercise at 4–6 weeks. Exercise can be unrestricted at 6–8 weeks.

RECOVERY PREP

- Arrange for someone to stay with you for the first 24–48 hours after surgery.
- Patients often take 7–14 days off work for recovery, though it varies by extent of surgery and occupational demands. Some patients take up to 4–6 weeks off work.
- Set up a “recovery station” at home before surgery, stocked with everything you'll need on hand, including:
  - Comfortable, loose-fitting tops, pants, or a skirt for the post-operative period — and plan to arrive to surgery in loose, comfortable clothing.
  - Over-the-counter Tylenol.
  - Over-the-counter bowel regimen: Colace, Senna, or MiraLAX.
    - Aim to have a regular, daily, soft bowel movement leading up to surgery so you are not starting off backed up. Straining and the medications themselves can contribute to constipation — walking and water help too. You should not, however, have frequent loose stools or diarrhea.
  - Clean linens and towels, and extra pillows.
  - Ingredients for a well-balanced diet rich in vegetables and protein.
  - Non-carbonated, non-alcoholic, caffeine-free beverages, such as water, juice, milk, and yogurt drinks.
  - Surgical/non-underwire bras (you will avoid underwire bras for 3 months from surgery).
  - Compression stockings.
  - A handheld fan (some patients find this helpful if they run warm or experience drainage).
  - A plan for help with tasks, work leave, childcare, meals, etc.

- Silicone scar tape (to begin only once cleared by our team; once cleared, use daily for 3 months for optimal effect).
- A good book.

- **Mammograms:** ensure your routine breast imaging is up to date before your surgery, and notify our team if there are any abnormalities on your imaging. Following mastopexy surgery, it is generally recommended to wait 6 months before your next mammogram — though this is case by case, and you should notify our team if any new masses or concerns arise.

Breast "Lift"

- A breast lift (mastopexy) moves the nipple to a higher position and removes excess skin. Some breast tissue is removed depending on the individual case, but the breast remains within its natural position on the chest wall. Each patient has a unique breast position on the chest, referred to as the "breast footprint." A breast lift actually lifts from the bottom, rather than from the top — it's important to understand what a breast lift does and does not do, and to keep expectations realistic.
- The breast will settle, or "drop," into its natural position on the chest over time, and the skin relaxes as natural breasts do. We aim for symmetry and a natural result, though some degree of asymmetry or imperfection is normal and expected.
- Every case is different. Some patients are candidates for breast implants placed at the same time, or for fat grafting. Implants and fat grafting have different effects — implants create a more dramatic, projected result — so it's important to understand the risks and benefits of each. In addition, no two breasts are the exact same and a degree of asymmetry or imperfections are expected.

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When to Call Us

Please contact us for any serious change in your symptoms, or any new symptoms that concern you, including:

- Rapidly increasing swelling
- Fevers over 100.5°F, skin becomes increasingly red, cloudy purulent drainage, or concerns for infection
- Concerns for blood clots including shortness of breath, chest pain, unilateral calf pain or asymmetric leg swelling
- Call 911 or go to the Emergency Department for: chest pain, shortness of breath, difficulty breathing, or fainting/loss of consciousness.

How much protein should I eat each day?

A 130 lb person is about **60 kg**

Total Daily Protein Need

~ 90 grams per day

(≈ 1.5 g per kg of body weight)

Good Protein Sources

COMMON FOODS & PROTEIN CONTENT

 **Egg** (1 large) **6 g**	 **Chicken breast** (3 oz / 85 g) **26 g**	 **Salmon** (3 oz / 85 g) **22 g**	 **Lean beef** (3 oz / 85 g) **22 g**	 **Greek yogurt** (1 cup / 170 g) **17 g**	 **Cottage cheese** (1 cup / 226 g) **28 g**
 **Tuna** (1 can, 5 oz / 142 g) **32 g**	 **Shrimp** (3 oz / 85 g) **20 g**	 **Turkey breast** (3 oz / 85 g) **25 g**	 **Tofu** (3 oz / 85 g) **8 g**	 **Edamame** (1 cup / 155 g) **18 g**	 **Lentils** (1 cup, cooked) **18 g**
 **Chickpeas** (1 cup, cooked) **15 g**	 **Black beans** (1 cup, cooked) **15 g**	 **Quinoa** (1 cup, cooked) **8 g**	 **Cheese** (1 oz / 28 g) **7 g**	 **String cheese** (1 stick / 28 g) **7 g**	 **Peanut butter** (2 Tbsp / 32 g) **8 g**	 **Almonds** (1 oz / 28 g) **6 g**

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