Breast Reduction Surgery
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Talk to your doctor or health care team if you have any questions about your care.
For more health information, contact the Library for Health Information at 614-293-3707 or
e-mail health-info@osu.edu.
Ohio State surgeons are specialty trained in breast reduction for women and men.

Overly large breasts can create physical and psychological discomfort for both women and men. Breast reduction is a common and very effective remedy that reduces excess tissue and fat. The surgery makes breasts smaller to better match your body frame, providing relief from back, neck and shoulder pain and discomfort from the strain of bra straps that cause indentations.

As you work with us to determine your specific plan for surgery, please ask questions. We want you to be comfortable with all aspects of breast reduction as a treatment.
Clinic Locations and Appointment Reminders

Clinic locations

- **Eye and Ear Institute**
  915 Olentangy River Road, Suite 2140
  Columbus, OH 43212
  Phone: 614-293-8566
  Hours: Mon-Fri, 8:00 AM to 4:30 PM

- **Stefanie Spielman Comprehensive Breast Center**
  1145 Olentangy River Road, Suite 2200
  Columbus, OH 43212
  Phone: 614-293-0223
  Hours: Mon-Fri, 8:00 AM to 4:30 PM

- **University Hospital East**
  Ambulatory Care Center
  Tower 1
  181 Taylor Avenue
  Columbus, OH 43203
  Phone: Call the Eye and Ear Institute at 614-293-8566 to schedule an appointment at this location.
  Hours: Thursdays 8:00 AM to 4:30 PM and Fridays 1:00 PM to 4:00 PM

Please call your clinic office if you need to reschedule an appointment.
Appointment reminders

You have a clinic preop appointment on: ________________________________ (date) at ____________ (time).

You may have more appointments for preoperative tests, such as a mammogram, before surgery if ordered by your surgeon.

Your surgery is scheduled on: ________________________________ (date) at ____________ (time).

Your surgery location may call to confirm your surgery time if there is a schedule change.

Your surgery location is:

☐ Outpatient Surgery Center at Eye and Ear Institute
   915 Olentangy River Road, Suite 1000
   Columbus, OH 43212

☐ Same Day Surgery Center at The James at 300 West 10th Avenue
   300 W. 10th Ave.
   Columbus, OH 43210

☐ The James Cancer Hospital and Solove Research Institute
   460 W. 10th Ave.
   Columbus, OH 43210

☐ University Hospital
   410 W. 10th Ave.
   Columbus, OH 43210

☐ University Hospital East
   181 Taylor Avenue
   Columbus, OH 43203

Please report to your surgery location 2 hours ahead of your surgery time to register, provide payment, and for nursing and anesthesia assessment. If you are having surgery at the Outpatient Surgery Center at the Eye and Ear Institute, please report 1 ½ hours ahead of your surgery time.

An adult must drive you to and from your surgery location. He or she may drop you off to be picked up later, but you must have a ride home after surgery.

You have a clinic follow up visit on: ________________________________ (date) at ____________ (time).

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About Breast Reduction

Breast reduction surgery reduces the size of breasts by removing excess skin, tissue and fat. It may be recommended if you have large breasts and:

• Chronic back, neck or shoulder pain.
• Chronic headaches.
• Skin irritation under your breasts.
• Indentations in your shoulders from bra straps.
• Problems with clothing or bra fit.
• Feel self-conscious.
• Are unable to participate in physical activities.

During surgery

Your surgeon will make 3 incisions on each breast:

• Around the areola (the dark area surrounding your nipples).
• From the areola down to the crease under your breast.
• Along the lower crease of your breast.

Excess skin, tissue and fat are removed. The nipple and areola are moved to a higher position. The areola may be made smaller. After the nipples are repositioned and the breasts are reshaped, your surgeon will close the incisions to limit scarring. Liposuction, a procedure that removes excess fat, is sometimes done to improve the shape of the breast and armpit areas.

This surgery takes about 2 to 5 hours under a general anesthetic. You may be able to go home after surgery or your surgeon may recommend an overnight stay. Talk to your surgeon about your plan for surgery.
After surgery

- You will wake up from surgery wearing a surgical bra. You will wear the surgical bra for as long as your surgeon recommends then switch to a compression garment or sports bra to reduce swelling and help the healing process.

- Some bruising and swelling in the breasts is expected after breast reduction.

- You may have wound drains to improve healing. You will be taught how to care for your wound drains, which will be removed in the clinic a few days after surgery.

- A special skin glue, called Dermabond, may be used to hold your incisions together instead of other dressings. The glue film will loosen from your skin on its own as your wounds heal.

- Your pain should decrease in a few weeks. Take pain medicine to ease any discomfort that you feel. Take the medicine with food and plenty of water. Do not apply ice or heat to your breasts unless your surgeon has told you that it is okay.

- Within a few weeks, the swelling and bruising around your incisions should disappear. You may have a loss of sensation in your breast skin and nipples after surgery. Sensation may return over time.

- Many patients begin to resume normal daily activities after about two weeks, but you should avoid strenuous activities, and lifting, pulling or pushing objects over 8 pounds until cleared by your surgeon, often 3 to 8 weeks after surgery. A gallon of milk weighs about 8 pounds.

- It is important to share that you have had breast reduction surgery with your gynecologist and mammographers who screen you for breast cancer. Breast reduction surgery can cause some calcifications and changes in the breasts.
How to Prepare for Surgery

Please follow these and other instructions given to you by your surgeon and clinic staff to prepare for breast reduction. Please call the clinic with any questions.

Starting now

- **If you smoke or use other nicotine containing products, stop using these products at least 4 weeks before surgery.** Patients who use these products before and after surgery have a higher risk of poor healing, infection and scarring. This includes breathing in secondhand smoke. If you cannot stop completely, please tell your surgeon as it will affect your surgery. Stop tobacco cessation patches, lozenges and gum as well as they contain nicotine.

- **Continue to manage your birth control to prevent pregnancy.** You will have a urine pregnancy test on the day of surgery. **If your pregnancy test is positive, your surgery will be cancelled for your safety and that of your unborn child.** If your menstrual cycle is late or if you have irregular periods, you should also postpone surgery until a blood pregnancy test is done and the result is negative. Please refer to the fee schedule for our surgery cancellation policy.

- **Limit alcohol** to no more than 1 drink per day.

- **Take a multivitamin with iron daily to improve your general health.** Make sure it does not have more than 400 IU of Vitamin E as this is a blood thinner and can put you at risk for bleeding.

- Your surgeon may ask you to wear your surgical bra, a compression garment or a sports bra:
  - Day and night for 3 weeks after surgery and then at night for 3 more weeks, or
  - Day and night for 6 weeks.

**Have at least two sports bras that open in the front or back available.** Do not use sport bras that pull on over your head. The bras should be made of sturdy material for good coverage and support.

Two weeks before surgery

- **Please let clinic staff know if you have any allergies.**

- **Review all of the medicines you take with clinic staff. Be sure to include all prescription and over the counter medicines, and vitamin and herbal products.** You may need to stop or change some medicines or adjust the amount you take before surgery.

  ‣ **Herbal products:** Stop taking all herbal products before surgery.

  ‣ **Diabetes medicines:** Ask the doctor who prescribed your diabetes medicines how to adjust your medicines for surgery.
Anticoagulants (blood thinners): Anticoagulant medicines, such as those listed below, “thin” the blood to prevent blood clots. Taking them decreases the chance of heart attack, stroke and blood clots. However, taking them before surgery can also increase your chance of bleeding.

- Apixaban (Eliquis)
- Aspirin
- Clopidogrel (Plavix)
- Dabigatran (Pradaxa)
- Dalteparin (Fragmin)
- Edoxaban (Savaysa)
- Enoxaparin (Lovenox)
- Fondaparinux (Arixtra)
- Heparin
- NSAIDs
- Prasugrel (Effient)
- Rivaroxaban (Xarelto)
- Ticagrelor (Brilinta)
- Ticlopidine (Ticlid)
- Warfarin (Coumadin, Jantoven)

1. Tell your surgeon about the medicines you take to prevent blood clots.

2. Talk with the doctor who prescribed your medicine to prevent clots. Your doctor can tell you how to adjust your medicine around the time of your surgery. If your surgery date is changed and you stopped taking your medicine to prevent clots, call your doctor. You may need to restart your medicine while you are waiting for your surgery to be rescheduled.

   If you take aspirin to prevent blood clots because you have a stent, or you have had a heart attack or a stroke, continue to take your aspirin up to, and even on the day of surgery. If you have a stent, ask for the handout, Protect Your Stent, to learn more.

   If you take aspirin or non-steroidal anti-inflammatory drugs (NSAIDs), such as naproxen (Aleve) or ibuprofen (Advil, Motrin) for pain relief, stop taking these medicines to prevent bleeding before and after surgery.

   - To help your body heal after surgery, eat a balanced diet with:
     - Lean proteins (meat, poultry, seafood, beans and peas, eggs, processed soy products, nuts and seeds)
     - Fat-free or low-fat dairy (milk, yogurt, soy milk and cheese)
     - Whole grains (whole wheat flour, bulgur, oatmeal, whole cornmeal and brown rice)
     - Fruits
     - Vegetables

   - Increase your aerobic exercise before surgery with daily walking, bicycling or swimming to improve your lung function.

One week before surgery

- Do NOT shave the chest or underarm area for at least seven days before surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection. If needed, the hair on the site where you will have surgery will be trimmed with electric clippers before you go into the operating room.
A few days before surgery

- **Now is a good time to drive by your surgery location**, so you know how long the drive will take and the options you have for parking.

- **If you have a problem with constipation, start taking an over the counter stool softener, such as docusate (Colace), 3 days BEFORE surgery.** After surgery, continue to take a stool softener while you are on prescription pain medicine.

The night before surgery

- **Shower from the neck down with one CHG soap sponge packet**, following the instructions on page 11 to get your skin ready for surgery.

- **Do not eat or drink anything after midnight.** This includes water, chewing gum, mints and lozenges.

The morning of surgery

- **Do not eat or drink anything.** You may take the medicines approved by your surgeon with small sips of water. You may brush your teeth, but do not swallow the water.

- **Shower again this morning from the neck down with one CHG soap sponge packet.**

- **Do NOT put on hair or skin care products, deodorant or make-up.** Clear nail polish is okay.

- **All body piercings that are metal must be changed to plastic or be removed entirely before surgery.**

- **Wear comfortable, loose clothing that buttons or zips up the front.**

- **Remove hairpins, wigs, jewelry and dentures.**

- **Leave valuables at home.**

- **Please report to your surgery location 1 ½ hours (Outpatient Surgery Center at Eye and Ear Institute) or 2 hours (all other surgery locations) ahead of your surgery time to register, provide payment, and for nursing and anesthesia assessment.** **An adult must drive you to and from your surgery location.**
Getting Your Skin Ready for Surgery

Your surgery involves cutting through the skin. Because germs live on everyone’s skin, there is a chance of getting an infection. To lessen your chance of getting an infection, you need to wash your skin with a special soap, called 4% chlorhexidine gluconate (CHG), before surgery.

Follow these instructions

1. **For one week before your surgery, do NOT shave your chest or underarm area.** Shaving with a razor can irritate your skin and make it easier to develop an infection. If needed, the hair on the site where you will have surgery will be trimmed with electric clippers before you go into the operating room.

2. **You need to take 2 showers with CHG soap.** Wash your whole body from the neck down with CHG soap the night before your surgery and the morning of your surgery. **Use one CHG soap sponge packet each time you shower.**

How to shower your whole body with CHG soap

1. Wash your hair as usual with your regular shampoo and then wash your body with regular soap. Rinse well.

2. Wet one of the CHG soap sponges you were given. Turn off the shower.

3. Gently apply the CHG soap to your whole body from the neck down and wash for 5 minutes.

4. Turn on the shower water and rinse your whole body well.

5. Pat yourself dry with a clean towel.

6. Put on clean clothes.

Note: When you finish showering on the morning of surgery, do NOT put on hair or skin care products, deodorant or make-up. Do NOT wear jewelry to the hospital or surgery center.

If you have any questions about cleaning your skin, call your surgeon’s office.
Home Care after Surgery

Call the clinic right away if you have:
- Bleeding or heavy bruising
- Signs of infection:
  - A fever over 100.4 degrees F or 38 degrees C
  - Redness or warmth at the surgery sites
  - Drainage that increases or has a bad smell
  - Pain that increases at the surgery sites
- Swelling that gets worse or does not get better

Upon returning home
- **Have an adult stay with you the first night after surgery.** This person will also need to bring you to your first follow up visit with the surgeon.
- **We will call you to see how you are doing.** If we are unable to reach you, and you have questions or concerns, please call the clinic or if outside of office hours, please call the answering service at 614-293-8566 and ask the operator to page the doctor on call for Plastic Surgery.
- After surgery, you can expect to feel sleepy. Some patients have nausea. The nausea often goes away in 24 to 36 hours. Eat a bland diet of soft foods, such as bananas, rice, applesauce and toast until you have less nausea. Return to your normal diet as you are able.
- Do not smoke or use nicotine containing products for 4 weeks after surgery. Do not use tobacco cessation patches, lozenges and gum as well as they contain nicotine.

Medicines
- **Take your medicines as directed. You may be told to:**
  - oxycodone/acetaminophen (Percocet) (prescription pain medicine): Take 1 or 2 tablets every 4 hours as needed with food.
  - ibuprofen (Advil or Motrin) (over the counter pain medicine): Take 800 mg every 6 hours as needed with food.
  - docusate (Colace) (over the counter stool softener): Take as needed while on prescription pain medicine. Read product label for dosage. If you still feel constipated after taking a stool softener, try Milk of Magnesia or a saline enema. If you are still constipated, please call the clinic.
• It is helpful to take prescription pain medicine every 4 hours for the first day or so. When you feel able, begin to switch to over the counter pain medicine: acetaminophen (Tylenol) or ibuprofen (Advil or Motrin). Taper off of prescription pain medicine over the next week or so until you are only taking over the counter pain medicine as needed for pain.

• Do not take blood thinners or aspirin for 7 days after your surgery unless directed otherwise by the prescribing doctor.

• Do not take herbal products for 7 days after your surgery.

Wound care

• After surgery, you can expect:
  ‣ The most intense bruising 3 days after surgery.
  ‣ Drainage for 3 to 4 weeks.
  ‣ Swelling for up to 6 weeks after surgery.

Call the clinic if you have bleeding (heavy bruising), signs of infection or swelling that gets worse or that does not get better.

• You will wake up from surgery wearing a surgical bra. Please wear the surgical bra as long as your surgeon recommends. You will then switch to a compression garment or sports bra with a back or front opening. You will wear your surgical bra, compression garment or sports bra:
  ☑ Day and night for 3 weeks after surgery and then at night for 3 more weeks, or
  ☑ Day and night for 6 weeks.

• You should not need to change your dressings at home. We will change your dressings at your follow up visits in the clinic as needed.

• If your surgeon used a special skin glue, called Dermabond, to hold your incisions together instead of other dressings, the glue film will loosen from your skin on its own as your wounds heal. Follow these guidelines to care for your wounds:
  ‣ Keep your wounds dry.
  ‣ Do not pick, scratch or rub the glue on your wounds, so it does not loosen before your wounds heal.
  ‣ Do not use baths or hot tubs, or swim until cleared by your surgeon.
  ‣ When you shower, let water run over the wound but do not rub.
  ‣ Pat your wounds gently with a soft towel to dry.
  ‣ Avoid direct sunlight to your wounds and do not use tanning beds or lamps with the glue film in place.
  ‣ Do not apply any cream, lotion or ointment to the skin near the wound. It could loosen the glue before the wound heals.
  ‣ Do not apply any tape, sticky dressing, alcohol or Chloraprep to the glue site for the first 7 to 10 days. These could loosen the glue.
• If you have one or more wound drains, they will stay in place for several days after surgery. Your surgeon will remove them in the clinic when they are no longer needed. **Please follow the care instructions on pages 15 and 16 for how to take care of your wound drains and record drainage every 12 hours.** Share this record with staff at your follow up visits.

**Showering**

• **You may shower after your first follow up visit.** Soap, water and shampoo may run indirectly over your wounds. If you have wound drains, hook them to a necklace or clean shoelace looped around your neck. Do not rub your wounds.

**Sleep**

• It is normal to have trouble sleeping for the first week or two. This will gradually get better.

**Activity**

• **No lifting, pulling or pushing over 8 pounds for 3 to 6 weeks until cleared by your surgeon.** A gallon of milk weighs about 8 pounds. Ask for help with child care, grocery shopping, vacuuming, laundry and other tasks that involve moving heavy items.

• **General light activity and walking is encouraged.**

• **Do not “workout” or do strenuous activity, including housework, until you have been cleared to do so by your surgeon.** You may be able to return to strenuous activity in 3 to 6 weeks.

• **You may return to work when cleared by your surgeon.**

• **You may drive when you have no wound drains and are no longer taking prescription pain medicine.**

• **You may return to sexual activity when cleared by your surgeon, often in 3 to 6 weeks.**

• **Do not participate in contact sports for 6 weeks.**

**Follow up visits**

After surgery, you will have several follow up visits at the clinic to check your healing.

• **You will need an adult to drive you to and from your first follow up visit for your safety.**

• **If you have wound drains, please share your wound drainage record with staff.**

It is important to share that you have had breast reduction surgery with your gynecologist and mammographers who screen you for breast cancer. Breast reduction surgery can cause some calcifications and changes in the breasts.
Home Care of Your Wound Drain

When you go home after surgery, you may have one or more drains in place to help your wounds heal.

Each drain has a squeezable bulb connected to flexible tubing. The tubing is put near your surgical site and is held in place by stitches. When the bulb is pressed flat, a gentle suction helps to remove fluid from your wound.

You will be taught how to:

- Strip the drain tubing to clear clots or clogs to keep the drain working right.
- Empty the drain.

Your surgeon will tell you when your drains can be removed.

How to strip the drain tubing

The drain tubing may get clots or clogs that may keep the fluid from draining. Before you empty and measure the fluid, you will need to clear the clots from the tubing each time. This is called “stripping or “milking” the tubing. Follow these steps to clear the tubing:

1. Wash your hands well with soap and warm water. Rinse and dry.

2. Using one hand, firmly hold the tubing near where it comes out of the skin. This will prevent the drain from being pulled out while you are stripping it.

3. Firmly pinch the tubing with your other hand, using your thumb and index finger. Squeeze the tubing and slowly slide your fingers down the tubing toward the drain. Squeeze the tubing firm enough, so it becomes flat. **Do not** use your fingernails as they may damage the tubing.

4. If you see a clot, you may stop and start to move the clot through the tubing. You can use an alcohol pad around the tubing to make it easier to slide your fingers down the tubing.

5. **Stop** if you are pulling on the tubing so much that it hurts. You do not want to pull the tubing so hard that you pull it out of the skin.

6. When you reach the drain, let go of the tubing and remove your hand from the area from where the tubing comes out of your skin.

7. Repeat as needed.
How to empty the drain

Empty your drain in the morning, in the evening and any time it is heavy with a lot of fluid.

1. Wash your hands well with soap and warm water. Rinse and dry.

2. Get a milliliter (ml) measuring cup and your wound drainage record. Use the record sheet to write down the amount and color of fluid from the drain.

3. Unfasten the pin or clip that holds the drain to your clothing.

4. Open the plug on the drain.

5. Turn the drain upside down over the measuring cup and gently squeeze the bulb to empty it.

6. Continue to squeeze the bulb until it is flat. Replace the plug. If you are not able to squeeze and plug the drain at the same time, you can put the bulb on a firm flat surface, like a table. Push to flatten the bulb then replace the plug. All of the air needs to be out of the bulb, or it will not work well.

7. Carefully pin or clip the drain to your clothing, so it does not pull from the surgery site. Attach the drain lower than the area where it comes out of your body. Make sure the tubing has no kinks.

8. Check the amount and color of the fluid in the measuring cup. Call the clinic if the fluid is cloudy, bad smelling or the amount has increased.

9. Write the date and the amount and color of the fluid on the record sheet. If you have more than one drain, empty, measure and write down the amount and color of the fluid for each drain.

10. Empty the fluid into the toilet then flush the toilet. Rinse the measuring cup and let it air dry.

11. Wash your hands well with soap and warm water. Rinse and dry.

Call the clinic right away if you have:

- A fever over 100.4 degrees F or 38 degrees C
- Redness, swelling or unusual drainage where the tube exits the skin
- Drainage that becomes milky, cloudy or bad smelling
- A sudden increase in the amount of drainage (more than 40 ml)
- New or increased pain
- Clots or clogs in the tubing that you are not able to clear by stripping
- Little or no drainage in the bulb and fluid is leaking where the tube exits the skin
- A bulb that will not stay pressed together after you have emptied it
- Drain tubing that pulls out of your skin
- Skin irritation, redness or blistering from the tape over your dressing
Empty your drain in the morning, in the evening and any time it is heavy with a lot of fluid. Write in the amount and color of drainage each time you empty the bulb. Share this record with staff at your follow up visits.

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**Wound Drainage Record**