



# NORTH YORK GENERAL

## Post Op Instructions Implant Based Breast Reconstruction

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*Business hours phone number: 416 219 8666. For emergencies, please go to your nearest emergency room.*

### Preoperative Preparation

- Review all medications with your healthcare provider. Discontinue drugs such as tamoxifen or other similar agents 2-3 weeks before surgery as advised by your oncologist.
- Do not smoke or use nicotine products for at least 4 weeks prior to surgery to support healing.
- Use chlorhexidine wipes as prescribed to cleanse your skin of bacteria before surgery.
- Maintain a high-protein, low-salt diet to promote healing and reduce swelling.
- Complete any required labs, ECG, chest X-ray, or medical clearance.

### Day of Surgery

- Arrive approximately 1.5 hours before your scheduled procedure.
- Take your medications with a sip of water unless instructed otherwise.
- Wear loose, comfortable clothing that can be pulled over your head.
- Inform your anesthesiologist if you are prone to nausea.

### Same-Day Discharge & Postoperative Plan

- Implant-based reconstruction is typically performed as a day surgery procedure.
- You will be discharged home on the same day after initial recovery from anesthesia and observation.
- You will be provided with home care instructions (CCAC) if surgeon has sent it in.

### Dressings, Drains, and Support

- Incisions will be covered with skin glue or sterile dressings.
- A Tegaderm transparent film wrap will be applied over the incision area.
- This wrap acts as a supportive dressing and should remain in place for at least 7-9 days.
- Please DO NOT shower during this period or get the area wet, you can bottom shower
- The Tegaderm can be gently removed at your follow-up appointment or if it becomes loose or soiled. If drains removed you can shower 24 hours after
- On post-op day 1 (Pod #1), wear a special surgical bra provided or recommended by your surgeon.
- The bra should fit snugly but not so tight as to cause discomfort or restrict circulation.
- There may be multiple drains placed, which require management and careful monitoring.



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- You are often referred to CCAC for drain removal or output measurement.
- To minimize travel, it is recommended that you regularly empty and record the drainage from your drains at home using the provided measurement tools.
- Only go to CCAC if you need your drains removed or if instructed by your surgical team.
- Drain output must be recorded daily.
- Drains are typically removed when drainage decreases below 30 cc in a 24-hour period. The Hospital Nurse will review prior to discharge.

## Pain Management

- Medications prescribed will include hydromorphone, celebrex, Tylenol, and gabapentin or lyric.
- Take these medications exactly as prescribed by your pharmacist and surgeon.
- You may also be prescribed antibiotics and blood thinners; take these as instructed.
- Do not take any additional pain medications outside your prescribed regimen unless advised.

## Activity and Recovery (First 6 Weeks)

- Avoid strenuous activity, heavy lifting, and vigorous exercises for 6 weeks.
- Early walking is encouraged to promote circulation but avoid raising your arms or shoulder exercises on the reconstructed side until cleared by your surgeon (usually after 4 weeks).
- Return when you feel comfortable and are cleared by your surgeon, often around 2-4 weeks.
- Gentle massage and mild range-of-motion exercises may be instructed.
- Do not perform shoulder or arm exercises for the first 4 weeks.
- Gradually resume exercises as tolerated and as advised.
- Avoid using heating pads or hot compresses. Your skin's sensitivity to heat may be diminished, increasing the risk of burns.
- After approximately 3 weeks—once healing is complete—you may begin using silicone strips, gels, or creams to help scars mature and fade faster.
- Bowel Movements:  
If you do not have a bowel movement within two days post-surgery, you may take over-the-counter laxatives such as Colace or Senna to encourage bowel activity.

## Identifying Mastectomy Necrosis & Hyperbaric Oxygen

- Monitoring for Necrosis:
- It is important to monitor your surgical site for signs of tissue necrosis, which may appear as persistent discoloration (such as darkening or blackening of the skin), coldness, or tissue breakdown.
- If you notice concern signs, contact your surgeon immediately.
- Severe necrosis may require special treatment, including hyperbaric oxygen therapy, which can help promote healing and tissue salvage.



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- Hyperbaric oxygen therapy involves scheduled sessions at a specialized centre and may require daily visits. While it can be effective in preventing further tissue loss, if necrosis is extensive or progresses, it may lead to infection or implant exposure, potentially resulting in implant removal.
- It's important to understand that complications like necrosis are related to the initial mastectomy and are outside the direct control of your plastic surgeon. Early identification and intervention can improve outcomes.

## When to Call the Office

Please contact us immediately if you experience any of the following:

- Increased swelling, pain, or change in color or appearance of the reconstructed breast(s)
- Sudden or worsening swelling of the chest
- Redness that extends beyond the incision sites
- Severe pain that is not relieved by prescribed medications
- Fever over 38°C (100.4°F) or 101°F
- Any signs of infection, significant wound drainage, or unusual symptoms
- Persistent or worsening numbness or tingling

For urgent concerns after hours or on weekends, please proceed directly to NYGH Emergency. We advise against visiting other emergency departments unless necessary, as care there may be against our recommendations and could delay your recovery.