



Joshua L. Levine, MD

Microsurgical Breast & Lymphatic Restoration

PREPARING FOR SURGERY

STARTING NOW

STOP SMOKING: Smoking reduces circulation to the skin, impedes healing, and is a risk factor for other serious complications. Patients should refrain from smoking and second-hand smoke for at least 3 months. (This includes staying out of rooms with smokers.)

EXERCISE at least 30 minutes every day.

TAKE MULTIVITAMINS: Start taking multivitamins (with Vitamin C and iron) twice daily to improve your general health prior to surgery.

IN THE WEEKS BEFORE SURGERY

STOP TAMOXIFEN & OTHER MEDICATIONS THAT INCREASES the tendency to form blood clots **2 weeks before surgery** (see medication sheet at the end of the booklet)

STOP Aspirin and NSAID's such as Motrin and Advil **2 weeks before surgery**
See medication sheet at the end of the booklet

STOP VITAMIN E INTAKE, FISH OIL, and ALL HERBAL MEDICATIONS 2 weeks before surgery. These medications can all increase the risk of excessive bleeding. (see medication sheet at the end of the booklet)

Start Colace, or any stool softener twice daily, 2 days before surgery.

LAB WORK: Pre-surgery lab work must be obtained within 30 days prior to surgery. EKG done within a 3 month time frame can be used and chest x-ray only if deemed necessary. Results should be faxed or mailed to the office no later than 10 days before surgery.

Local and Out of town patients can get lab work done in their area at the facility of their choice and have the results faxed to our office at (212) 245-8157.

ANESTHESIA CONSULT: At New York Eye and Ear Infirmary, we work with a team of highly skilled and conscientious anesthesiologists. You will meet your anesthesiologist the morning of your operation.

GARMENTS: Please obtain a sports bra that opens in the front. This bra should be about **a size and a half** bigger than your expected breast size, as there will be a substantial amount of swelling. In addition, depending on the type of

surgery, you will need Spanx/girdle, or bike shorts for compression. **The hospital provides only one surgical bra and one compression binder.**

CALL THE OFFICE

Notify our office promptly if a cold, fever, or any illness appears before surgery.

THE DAY BEFORE

OFFICE VISIT: It may be necessary for you to come into the office the day before surgery. At that time, we would go over the planned procedure, answer any questions you may have, and apply some markings. It is best that you wear dark clothing, as the marker tends to stain and it may be hard to get out. **Be sure to call the office at 212-245-8140 to set up this appointment.**

CLEANSING: Shower and wash the surgical areas with HIBICLENS the night before and morning of surgery (do not use on face). Try not to wash off your pre-surgical markings.

EATING AND DRINKING: Do not eat or drink anything after 12:00 midnight the night before surgery. **This includes water.**

THE MORNING OF SURGERY

Do not eat or drink anything! If you take a daily medication, you may take it with a sip of water in the early morning.

ORAL HYGIENE: You may brush your teeth, but do not swallow the water.

CLEANSING: Shower and wash the surgical areas with HIBICLENS. (do not use on face) Try not to wash off the markings.

MAKE-UP: Please do not wear moisturizers, creams, lotions, or make-up.

CLOTHING: Wear only comfortable, loose fitting clothing that does not go over your head. Remove hairpins, wigs, and jewelry. Please do not bring valuables with you. **Please remember to bring SPORTS BRAS, and COMPRESSION GARMENTS.**

MEDICATION: Remember to bring a 1 week supply of all your medications to the hospital. If you are uncertain of which medications you can take the day of surgery, please call the office to get clarification from Dr. Levine.

GENERAL SURGICAL RISKS

ABOUT RISKS

We want you to understand fully the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. We will use our expertise and knowledge to avoid complications insofar as we are able. If a complication does occur, we will use those same skills in an attempt to solve the problem

quickly. The importance of having a highly qualified medical team cannot be over stated.

In general, the least serious problems occur more often and the more serious problems occur rarely. If a complication does arise, you, your doctor, and the nursing staff will need to cooperate in order to resolve the problem. **Most complications involve an extension of the recovery period rather than any permanent effect on your final result.**

NORMAL SYMPTOMS

SWELLING AND BRUISING: Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection.

DISCOMFORT AND PAIN: Mild to moderate discomfort or pain is normal after any surgery.

CRUSTING ALONG INCISION LINE: We usually treat this with hydrogen peroxide soaked Q-tips and antibiotic ointment.

NUMBNESS: Small sensory nerves to the skin are cut when an incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas usually returns gradually over 2 or 3 months as the healing progresses.

ITCHING: Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massage are frequently helpful. These symptoms are common during the recovery period.

REDNESS OF SCARS: All new scars are red, dark pink, or purple. Scars on the breasts or body may take a year or longer to fade completely.

COMMON RISKS

HEMATOMA/SEROMA: Small collections of blood and fluid under the skin are usually allowed to absorb spontaneously. Larger fluid collections may require aspiration, drainage, or even surgical removal to achieve the best result.

COMMON RISKS (continued)

INFLAMMATION AND INFECTION: A superficial infection may require antibiotic ointment. Deeper infections are treated with oral antibiotics. Development of an abscess may require surgical drainage.

THICK, WIDE, OR DEPRESSED SCARS: Abnormal scars may occur even though we have used the most meticulous plastic surgery techniques. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally

necessary. Some areas on the body scar more than others, and some people scar more than others do. Your own history of scarring should give you some indication of what you can expect.

RARER COMPLICATIONS

If they are severe, any of the problems mentioned under Common Risks may significantly delay healing or necessitate further surgical procedures.

Medical complications such as pulmonary embolism, severe allergic reactions to medications, cardiac arrhythmias, and heart attack are rare but serious and life-threatening problems. Having trained professionals present at your surgery reduces these risks as much as possible. Failure to disclose all pertinent medical data before surgery may cause serious problems for you and for the medical team during surgery.

SPECIFIC SURGICAL RISKS

BREAST RECONSTRUCTION

HEMATOMA/SEROMA: Some postoperative bleeding into the surgical space is expected. If the bleeding is minimal, the drains will compensate for it. Marked swelling may require surgical removal of the blood.

INFECTION: Postoperative infection is uncommon, but possible. We reduce this to a minimum by giving antibiotics during surgery and oral antibiotics after surgery. Most infections are mild and resolve without incident. If a serious infection develops, hospitalization may be required with intravenous antibiotics.

LOSS OF SENSATION TO SKIN: Nerves that supply skin sensation may be cut or damaged during surgery. It can happen no matter how carefully the surgery is performed. If sensory loss occurs, the nerves slowly recover over a period of 1-2 years in about 85% of cases.

LOSS OF SKIN OR UMBILICUS: This is a rare complication at the site of flap harvest. This is more common in smokers and those who have had previous abdominal surgeries. This very rare complication will usually involve only small areas that will eventually heal with good wound care. Secondary surgery may be required for wound revision.

FLAP LOSS/FAILURE: Microsurgery is a delicate art. Very rarely, despite every effort to control the behavior of the flap after surgery, failure may occur. This runs in the 3-5% range nationally and in the 1% range in our practice. If there is any question about the health of the flap in the first few days after

surgery, a return trip to the operating room to inspect and correct problems may be required. Should the flap fail, it would require removal and consideration of other reconstructive options.

FAT NECROSIS: Small areas of the reconstructed breast can become firm. Additional surgery may occasionally be necessary to remove these areas. There is the possibility of contour irregularities in the flap from fat necrosis.

SPECIFIC POST OPERATIVE INSTRUCTIONS

BREAST RECONSTRUCTION Arrange to have someone with you for the first few days after you go home from the hospital.

POSITION: You must sit and sleep in a flexed position (bent at the waist to take tension off your incision line) for the first few days after surgery. Generally pillows under your back and knees work well. You may also consider sleeping in a recliner type chair if comfortable.

ACTIVITY: Avoid heavy lifting and straining for two weeks minimum. Do not drive until you have stopped all pain medication, sleeping pills, and muscle relaxants for at least 24 hours. Avoid any activity that causes pain. Let your body tell you what you can or cannot do.

DRESSINGS: The surgical garment acts as a “dressing,” holding things in position. If the garment feels too tight or hurts, you may adjust it until it feels comfortable. A garment that is too tight or creased can cause ulceration of the skin, so pay attention to this issue. We want you to wear the garment at all times for 2 weeks (this includes sleeping). You may change any soiled dressing as needed. Avoid **hot compresses** or **heating pad** application to the reconstructed breast, abdomen, or buttock since burns may occur. After 2 weeks, your doctor will tell you if you may stop wearing the garment.

SHOWERING AND BATHING: You may shower starting 3 days after surgery. Tub baths are okay after the drains are removed.

EXPOSURE TO SUNLIGHT: Scars take at least one year to fade completely. During this time, you must protect them from the sun. Even through a bathing suit, a good deal of sunlight can reach the skin and cause damage and/or permanent pigmentation. Wear a sunscreen with a skin protectant factor (SPF) of at least 15 at all times when in the sunshine. Be extremely careful if areas of your skin have reduced sensitivity.

EXERCISE: You may take gentle walks within a few days. Do not return to aerobic exercise for 4 weeks. By 6 weeks, no restrictions.

FOLLOW UP

You will be given an appointment for a 7 day postop visit. The office will follow up with periodically during your recovery. Your next appointment will

be roughly about 2 months from your initial surgery. This appointment is to see how you have progressed and to prepare for the 2nd Stage. All other follow up visits are on a as-per-needed basis.

REMINDER

ABSOLUTELY NO SMOKING for one month after surgery (this includes staying out of rooms with smokers).

AS YOU HEAL

DEPRESSION

Some patients experience a brief period of “let down” or depression after surgery. As the healing occurs, these thoughts usually disappear quickly. If you feel slightly depressed, understanding that this can be a “natural” phase of the healing process may help you to cope with this emotional state. If you feel like it might be a bit much to handle, call the office and we can refer you to a psychotherapist who we work with.

HEALING

BRUISING: Bruising tends to resolve in a time frame much like any other bruise you may have experienced. You should avoid sun exposure while the bruising is present to help prevent any permanent pigmentation.

HEALING AND SENSORY NERVES: Regeneration of the sensory nerves is accompanied by tingling, burning, or shooting pains, which disappear with time and are nothing to be alarmed about. If, however, this is accompanied by swelling or redness, infection, or bleeding, then you will need to be seen in the office.

SWELLING: You may find swelling of your new breast and abdomen/ thigh/ or buttock to be troublesome and your clothes may not fit. Be patient, this swelling will gradually subside and you will feel better in a few weeks. There is a certain amount of tightness in the area where the flap was taken from. This will slowly relax in a few months.

FOLLOWING INSTRUCTIONS:

Another major factor in the course of healing is your paying strict attention to following the instructions given by Dr. Levine’s staff. Such guidelines as listed in this booklet are designed to promote the healing process and to prevent the occurrence of anything which may interfere with recovery. We believe “the difference is in the details” and strive to achieve the best possible results for you. It is imperative that you recognize that you are a partner in this process and not just a passive participant. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.

COMPLICATIONS: Unexpected occurrences are very infrequent. When they occur, it is usually a result of an individual’s variable healing capacity or failure to pay strict attention to recommended pre and post-surgical guidelines. Rest assured, we will assist you in any

way possible with regard to such events. Should the unexpected occur, we will work together with your participation as a complete team and support you through any difficulties on your way to reaching your goal.

ONCOLOGIST: You must continue to see your oncologist or general surgeon on a regular basis. Mammograms may be performed on the reconstructed breast, but are usually not necessary as the tissue used for reconstruction is not breast tissue.

PHASE II AND III

SECOND PHASE

Reconstruction of the nipple/areola and any refinements in the size or shape of the breast are done during this stage. The 2nd Stage is usually done three months after the initial stage, but can be done as early as two months. This is done at your convenience and as an outpatient procedure.

THIRD PHASE

Completion of the nipple reconstruction occurs at a third stage during which the color of the nipple and areola are reproduced with medical tattooing. This is done in the office with local anesthesia about 4 – 6 weeks after Phase II. All incisions **MUST** be healed before getting tattooed.

AVOID BEFORE AND AFTER SURGERY

TO OUR PATIENTS:

For the two week period prior to the date of your surgery, please **do not take any medication that contains aspirin**. Aspirin has an effect on your blood's ability to clot and could increase your tendency to bleed at the time of surgery and during the postoperative period. Please check the labels of medications that you take (even non-prescription medications) to see that you do not take aspirin.

If you need minor pain medication, please take Tylenol. If you are allergic to Tylenol or unable to take it for some other reason, please notify us so that we might arrange for a substitute.

Please Discontinue the use of ALL HERBAL SUPPLEMENTS and any EXTRA vitamins other than those contained in your multi-vitamins.

The following drugs either contain aspirin and/or have undesirable effects that may affect your surgery (abnormal bleeding and bruising). Please let us know if you are currently taking any of these medications.

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| Aches-N-Pain | Duragesic | Orphenogestic |
| Advil | Easprin | Roxiprin |
| Aleve | Ecotrin | Rufen |
| Alka-Seltzer | Emagrin Forte | SAC Tablets |
| Alka-Seltzer Plus | Empirin | Saletto |
| Anacin Products | Empirazil | Salocol |
| Anaprox | Equagesic | Sine-Off |
| Anexsia w/ Codeine | EquazineM | Sinutab |

Anodynos
APC
Arthritis Pain Formula
ASA
Ascriptin
Axotal
Azdone
BAC
Bayer Products
BC Powder
Bexophene
Buffaprin
Bufferin
Buffinol
Cama Arthritis Pain Reliever
Cephalgesic
Cheracol
Congesprin
Cope
Coricidin
Cortisone Medications
Coumadin
Damason-P
Darvon
Dia-Gesic
Disalcid
Doan's Pills
Dolprin #3 Tablets
Doxaphene

Excedrin
Feldene
Fiogesic
Fiorgen PF
Fiorinal
4-Way Cold Tablets
Garlic Supplements
Gelpirin Tablets
Gemnisyn
Goody's Powder
Haltran
Ibutab
Ibuprofen
Indocin
Lortab ASA
Magan
Magnaprin
Marnal
Measurin
Medipren
Meprobamate
Methocarbamol
Midol
Mobigesic
Momentum
Motrin
Naprosyn
Norgesic
Norwich

Oxycodon
Pabalate
PAC
Pedia Profen
Pepto Bismol
Percodan
Persistin
Phenapehn
Presalin
Propoxyphene
Robaxisal
Soma Compound
SK-65
St. Joseph Aspirin
Supac
Synalgos-DC
Talwin
Tolectin
Trenday
Triaminicin
Trigesic
Trilisate
Ursinus Inlay-Tabs
Vanquish
Vitamin E
Zactrin
Zomax
Zoprin

CONSENT

I have read and understand the preoperative instructions provided, including my responsibility to notify Dr. Levine of any medications and supplements currently being used.

Patient Name

Date