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POST-OPERATIVE BREAST LIFT with AUGMENTATION INSTRUCTIONS

- On the evening of surgery relax, sleep, and do not over do it. Keep your head elevated on a pillow if needed.
- The pain medication prescribed may make you feel nauseated. Eat/drink something to coat your stomach before taking it. You may also take the medication prescribed for nausea. If you experience mild itching, you may take Benadryl as directed. However, if you begin noticing a rash, call the office ASAP or go to the emergency room because you may be having an allergic reaction to the medication.
- You need to wear a sports bra 24 hours a day except for showering for the first 3 days after surgery. Then, if you want, you can begin wearing a regular supporting bra without an underwire. A sports bra or other type of bra without an underwire or definite shape is adequate. We recommend sleeping in a sports bra for at least one month after surgery, or longer if you are a back sleeper.
- You may shower the day after surgery after being seen for your post op visit. The steri-strips protecting all the incisions can get wet, but they CANNOT tolerate being submerged under water. No swimming, hot tubs/jacuzzi, etc. until the steri-strips are removed. If the tapes happen to fall off on their own, do not put anything back on the incisions.
- After 10 days-two weeks the steri-strips will be removed and you can begin using Silicone Sheeting on the scars or any type of scar treatment.
- During the first few days after surgery, you may have minor bleeding and bruising. This is normal and will resolve over time.
- Avoid physical exertion activities that cause sweating, an increased heart rate, lifting over 10 pounds, etc. for the first two weeks. You may slowly begin physical activities that do not cause pain after two weeks.
- It will be several weeks before seeing the final results. DO NOT MASSAGE unless instructed to do so.
- Please schedule a follow up visit for the day after surgery if you have not already done so.
- You may call the office phone number after hours with questions. If you need immediate medical attention call 911 or proceed to the nearest emergency room.

| I hereby acknowledge rece | cipt of post procedure instruct | tions. I have read them | and understand them |
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| G: | , | Data | |
| Signature: | | Date: | |