

# Breast Reduction

## General Information

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## Preparing for your Surgical Procedure

### Months Before

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#### **Stop Smoking**

Smoking reduces circulation to the skin and impedes healing so please stop! This is very important. You must stop smoking for 4 months before having a breast reduction and cannot smoke for 1 month postoperatively.

#### **Take Multivitamins**

Once you have scheduled your surgery, start taking multivitamins twice daily to maintain or improve your general health.

#### **Take Vitamin C**

Start taking 500 mg of Vitamin C twice daily to promote healing once you have scheduled your surgery.

#### **Do Not Take Aspirin or Ibuprofen**

Stop taking any medication containing Aspirin or Ibuprofen 10 days prior to the date of your surgery. If you are not sure if you are able to stop this medication, please contact your family physician. You will be given a list of medications, natural products and foods to avoid prior to your surgery. They all contain substances that may interfere with healing or cause bleeding problems during and after surgery. If you have minor pain prior to your surgery, use medications containing acetaminophen (such as Tylenol).

#### **Limit Vitamin E**

Limit your intake of Vitamin E to less than 400 mg per day beginning two weeks prior to the date of your surgery.

### The Day Before

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#### **Confirm Surgery Time**

The hospital will call you to confirm the time of your surgery.

#### **Cleansing**

The night before surgery, shower and wash the surgical areas with soap that does not contain perfumes or moisturizers.

#### **Eating and Drinking**

Do not eat or drink anything after 12:00 (24:00) midnight. This includes water.

### The Morning of Your Surgery

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#### **Special Information**

Do not eat or drink anything. If you normally take a daily medication, you may take it with a small 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 again with a soap that does not contain perfumes or moisturizers.

### **Make-up**

Please do not wear moisturizers, creams, lotions or make-up. Do not use underarm deodorant the morning of surgery.

### **Clothing**

Wear only comfortable loose fitting clothing that does not go over your head. Remove hairpins, wigs and leave all your jewelry at home. Please do not bring any valuables with you.

## **Procedure Day**

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You may wonder what happens on the day of your procedure.

On the hospital ward the nurses will prepare you for surgery and have you change into a hospital gown. When the time comes for your procedure, you will be taken to the operative room area where your identification will be verified as part of standard hospital procedure.

Before entering the operating room itself your operating room nurses will meet with you and explain what will happen prior to your procedure. The anesthetist will speak with you about the anesthetic you'll be receiving. He or she will also ask you some general health questions, if you have any allergies and if you've had any problems with general anesthesia in the past. Once in the operating room, Dr. Zelt will make the preoperative markings on your breasts.

Although the visits with the health care professionals just mentioned are brief, please feel free to ask any last minute questions you have before your surgery.

### **Your Operation**

While on the operating room table, the anesthetist will start a small intravenous on your hand or forearm. The atmosphere in the operating room is very relaxed so if you are a little nervous, feel free to talk with the people around you. They are all friendly and very supportive. Within a few minutes of entering the room, the anesthetist will give you some oxygen to breath and you'll drift off to sleep.

### **In the Recovery Room**

After what feels like mere seconds, you will be waking up in the recovery room where the nursing staff will do their best to help you feel comfortable and provide you with your pain medication. You may have an oxygen mask on when you wake up to help you breathe easier.

### **Returning Home**

When you are able to walk and have been able to go to the washroom following your surgery, the nurses will review with you a list of instructions to follow in the days following your surgery. You will be given a prescription for pain medication prior to leaving the hospital. You will need a ride home from your surgery from your family, friends or by taxi in some circumstances. You must be accompanied home by a relative or friend.

At home please **relax** as much as possible and avoid any strenuous activities. Take your medications for pain as directed by Dr. Zelt.

## Breast Reduction Surgery

### Risks: What you must know

Breast reduction surgery is both safe and reliable. Complications, even minor, are very uncommon. Every procedure has its risks however and so does breast reduction surgery. As our consultation draws to a close in my office, I will review all pertinent risks of breast reduction to ensure you are well informed before proceeding.

Most surgeons will not show you the following well established risks of breast reduction surgery on their websites for reasons that are difficult to understand. All medical procedures and medications come with their known risks. To illustrate my point, you may want to search the internet for the complications of common medications – like Tylenol (acetaminophen) for example. This medication is very safe and used by millions of people yet, if you take the time to inform yourself, you'll see that even very safe products have their risks.

Well this is the same for breast reduction. I'm not concerned that I'll scare you with the following list of accepted risks. I'm much more worried about patients who ignore them.

So what issues might you encounter following breast reduction?

#### **Bleeding**

Following your surgery, some bleeding into your dressing may occur and this entirely normal. This typically occurs during the first few hours following your procedure and will stop by itself. You can reinforce your dressing with gauze from your pharmacy if you feel your dressing may stain your clothes.

Uncommonly, it is possible to experience a more significant bleeding episode after breast surgery. It is usually noticed in the recovery room or during the first day home. Your breast may enlarge and feel firm and painful. A return to the operating room may be required to drain the accumulated blood (hematoma) should it be large or uncomfortable.

#### **Infection**

An infection following breast surgery is also very unusual. If you notice some redness and tenderness near your incision and surrounding breast in the days following your procedure, please contact Dr. Zelt's office for a follow-up visit to assess the situation. You may be treated with antibiotics.

#### **Scarring**

The scarring from breast reduction varies from patient to patient. It is rare that the scar around the areola is problematic and the vertical scar usually fades nicely. In rare cases however, abnormal scars may result. Scars may be of different colour than surrounding skin and unattractive. A revision of your scars may be required and can be performed under local anesthesia in most instances.

#### **Change in nipple and skin sensation**

Some change in nipple sensation is not unusual immediately after surgery. Usually this resolves after several weeks or months. Partial or permanent loss of nipple and skin sensation may occur occasionally.

#### **Asymmetry**

Minor degrees of postoperative asymmetry are common. In fact, almost all patients have some asymmetry between their breasts preoperatively as well. Differences are sometimes related to differences in the form of the chest wall itself – the ribs and underlying muscles. An obvious postoperative subcutaneous tissue asymmetry may require additional surgery, usually under local anesthetic.

#### **Breast Feeding**

Breast feeding may be affected by some forms of major breast reduction or breast asymmetry correction. Women wanting to breast feed may want to wait until after having their children before considering breast rejuvenation surgery. Breast feeding is not possible following most cases of inverted nipple correction. Some women who have undergone breast rejuvenation surgery are able to breast feed. Others supplement with bottled formula if their volume is insufficient postoperatively.

### **Inverted Nipples**

After any type of breast surgery, internal scarring may pull the nipple inwards during the postoperative period. While this is rare, it can easily be corrected under local anesthesia should it persist and be bothersome.

### **Contour Deformity**

Visible irregularities of the breast and chest skin may occur following surgery or liposuction. Improvement may require a touch-up procedure.

### **Residual Skin**

When large amounts of skin are removed during the lifting procedure, folding of the skin and the nipple-areola may occur if the skin envelope does not shrink and conform as expected. This usually resolves over the following year postoperatively. Should the problem persist, a minor touch-up procedure under local anesthesia may be required.

### **Inadequate Resection**

A “near final” result can be evaluated by approximately 6 months postoperatively. Occasionally some residual tissue remains. If present and noticeable, this may require correction under local anesthesia or perhaps a secondary general anesthesia.

### **Pigmentation Changes**

Mild hyperpigmentation of the breast skin following surgery. This is a normal process of wound healing. It is rare to persist past 6 months and extremely uncommon after 1 year. It can be permanent in some very rare cases.

### **Allergic reactions**

Local allergies to tape, suture material, or topical preparations have been reported but are fortunately very rare. Systemic reactions which are more serious may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment. Please notify our offices of any allergies you may have.

### **Breast disease**

Current medical information does not demonstrate an increased risk of breast disease or breast cancer following breast reduction surgery or the use of breast implants.

### **Long term results**

Subsequent alterations in breast shape may occur as the result of aging, weight loss or gain, or other circumstances not related to the breast reduction surgery. Breast reduction surgery does not prevent normal age related changes to your breasts. You may at some time require a revisional surgery.

### **Unsatisfactory result**

While every effort will be made to reach the goals set in your preoperative consultation, you may be disappointed with the results of surgery. This can result because of asymmetry, contour irregularities or perhaps residual breast tissue. You may have persistent pain following surgery. Additional surgery may be required to improve your results.

**Additional surgery necessary**

Additional surgery or other treatments may be necessary to improve an unsatisfactory result or to manage possible complications.

Even though risks and complications occur infrequently, the risks I have just listed above are particularly associated with breast surgery including breast reduction, breast asymmetry, nipple and areola surgery and breast implants. Other complications and risks can occur but are even more uncommon.

*The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained from having breast reduction surgery.*

## Medications, Products and Foods to Avoid Before Surgery

The following list of medications, foods and health food products have been found to contain substances that prolong bleeding and may increase your chances of having an intra-operative or postoperative bleeding problem. Please avoid these medications and products in the preoperative period.

### Medications Containing Acetylsalicylic acid (ASA)

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Stop all medications that contain ASA **10 days before surgery**. You may begin taking them again **1 week** following surgery.

#### OVER THE COUNTER MEDICATIONS

A.C.& C.  
AC with Codeine  
Acetylsalicylic Acid  
Alka-Seltzer & related products  
Anacin  
Anacin Extra Strength  
Antidol  
Apo-ASA  
Arco Pain  
ASA  
ASA ECT  
A.S.A. Enteric Coated  
ASA Suppositories  
Asaphen  
Aser Powder  
Aspergum  
Aspirin & related products  
Astone  
Astrin  
Bexton |Pwr  
Bufferin  
CT Acetylsalicylic Acid Codeine  
& Caffeine  
C2 Buffered  
C2 with Codeine or Caffeine  
CALmine  
Centra ASA  
Coated ASA  
Coricidin, D, MD  
Coryphen  
Cunnard Casse Grippe Cap  
Dolomine 37  
Dristan Capsules  
Dry Socket Paste  
Entrophen  
Equagesic

Headache Tablets  
Herbopyrine  
Instantine  
Kalmex  
Madelon  
MED Tigol  
Midol  
MSD Enteric Coated ASA  
Nervine  
Nezger  
Norgesic, Forte  
Novasen  
Novo A C & C  
Pain Aid  
Robaxisal  
Tri-Buffered ASA  
217 or 222  
Upsarin Effervescent

#### PRESCRIPTION

AC with Codeine  
Asasantine  
Coryphen Codeine  
Darvon-N products  
Endodan  
Fiorinal  
Fiorinal-C  
Novo-Propoxyn  
Oxycodan  
Painex  
Percodan  
Percodan-Demi  
Phenaphen  
Robaxisal-C<sub>1/4</sub>, C<sub>1/2</sub>  
692  
Tecnal, C<sub>1/4</sub>, C<sub>1/2</sub>  
282, 282 Med or 29

## Nonsteroidal Anti-Inflammatory Drugs other than ASA

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Stop all anti-inflammatory medications **10 days before surgery**. You may begin taking them again **1 week** following surgery.

Generic Name	Common Trade Names
Cimicifuga	Artrol
Choline salicylate-magnesium Salicylate	Trilisate
Diclofenac sodium	Apo-Diclo, Apo-Diclo SR, Arthrotec, Diclofenac Ect, Novo-Difenac, Novo-Difenac SR, Nu-Diclo, Taro-Diclofenac, Voltaren, Voltaren SR
Diclofenac potassium	Volteren Rapide
Diflunisal	Apo-Diflunisal, Dolobid, Nova-Diflunisal, Nu-Diflunisal
Etodolac	Ultradol
Fenoprofen calcium	Nalfon
Floctafenine	Idarac
Flurbiprofen	Ansaid, Apo-Flurbiprofen FC, Froben, Froben SR, Novo-Flurprofen, Nu-Flurbiprofen
Ibuprofen	Actiprofen, Advil, Advil Cold & Sinus, Amersol, Apo-Ibuprofen, Excedrin IB, Medipren, Motirn, Motrin IB, Novo-Profen, Nuprin, Nu-Ibuprofen, Sinus Pr & Pain Reliever with Ibuprofen
Indomethacin	Apo-Indomethacin, Indocid, Indocid SR, Indolec, Novo-Methacin, Nu-Indo, Pro-Indo, Phodacine
Ketoprofen	Apro-Keto, Apo-Keto-E, Novo-Keto, Novo-Keto-Ec, Nu-Ketoprofen, Nu-Ketoprofen-E, Orudis, Orudis E, Orudis SR, Oruvail, PMS-Ketoprofen, PMS-Ketoprofen-E, Rhodis, Rhodis-EC
Ketorolac tromethamine	Acular, Toradol
Magnesium salicylate	Back-Ese-M, Doan's Backache Pills, Herbogesic
Mefenamic acid	Ponstan
Nabumetone	Relafen
Naproxen	Apo-Naproxen, Naprosyn, Naprosyn-E, Novo-Naprox, Nu-Naprox, PMS-Naproxen

Naproxen sodium	Anaprox, Anaprox DS, Apo-Napro-Na, Naproxin-Na, Novo-Naprox Sodium, Synflex, Synflex DS
Oxyphenbutazone	Oxybutazone
Phenylbutazone	Alka  Phenyl, Alka Phenylbutazone, Apo-Phenylbutazone, Butazolidin, Novo-Butazone, Phenylone Plus
Piroxicam	Apo-Piroxicam, Feldene, Kenral-Piroxicam, Novo-Pirocam, Nu-Pirox, PMS-Piroxicam, Pro-Piroxicam, Rho-Piroxicam
Salsalate	Disalcid
Sodium salicylate	Dodd's, Dodd's Extra-Strength
Sulindac	Apo-Sulin, Clinoril, Novo-SUNda, Nu-Sulindac, Sulindac
Tenoxicam	Mobiflex
Tiaprofenic acid	Albert Tiafen, Apo-Tiaprofenic, Surgam, Surgam SR
Tolmetin sodium	Novo-Tolmetin, Tolectin

### Foods to Avoid Prior to Your Surgery

Stop eating these foods **1 week** before surgery. You may begin again **1 week** following your surgery.

Almonds	Apples	Apricots
Blackberries	Boysenberries	Cherries
Chinese Black Beans	Cucumbers	Currants
Garlic	Ginger	Pickles
Prunes	Raspberries	Strawberries
Tomatoes	Wine and other alcohol	

Stop the following vitamins and herbs **10 days before surgery**. You may begin taking them again **1 week** following surgery.

Vitamin E	St. John's Wart	Ginkgo Biloba
Echinacea	Garlic	Willow Bark Products

## Breast Reduction Surgery

### Postoperative Instructions

1. Rest and relax as much as possible for the first week. Good healing depends on it.
2. Avoid exercising and sporting activities until instructed to do so by Dr. Zelt.
3. Dr. Zelt will remove your dressings 4-7 days following your breast reduction procedure. There will be short tapes on your skin (Steri-Strips) that will remain in place for at least 10 days. After this time, your Steri-Strips are easily removed when they are moist in the shower.
4. Once Dr. Zelt removes your dressings, you will wear one of your older bras for comfort and to hold your dressings in place for a few days. Any bra will do and it is not necessary to purchase a special one for your procedure. The time to buy new bras following breast reduction is 3-4 months postoperatively once healing has taken place and your breasts have settled into their new position and shape.
5. Once your dressings are removed, you may take normal showers. You can use your normal soap and please be gentle.
6. Take your medication as indicated on the prescription. The best method of managing postoperative discomfort during the first 24 hours following your breast reduction surgery is to take 1 or 2 pills every 3 to 4 hours. By doing this, you are preventing pain from occurring rather than trying to decrease it once it has started bothering you. After 24 hours, please take your pain medication only as needed. Try to switch yourself over to Tylenol (acetaminophen) as the intensity of your discomfort decreases.
7. Do not take aspirin, vitamin E supplements or ibuprofen. Review the list of medications, supplements and foods given to you during your consultation visit and avoid them for 2 weeks postoperatively.
8. Avoid smoking and alcohol. They both delay healing and raise your risks of hematoma and infection.

**If you have a problem**

If you feel something is not right during your healing period please call the office at 514-933-3449 or Dr. Zelt on his cell phone at 514-983-1556.

In case of an emergency, please contact or go directly to the emergency department of the hospital where you had your procedure.

St. Mary's Hospital	514-345-3511
Fleury Hospital	514-384-2000
Sacré-Coeur Hospital	514-338-2222

Tell the physician in the emergency room that you had breast reduction surgery and he or she will contact me directly if required.

**Postoperative Visit with Dr. Zelt**

Please call my office at 514-933-3449 to make arrangements to see Dr. Zelt within 4 to 7 days following your surgery or if you have any questions regarding your care.