

## **GYNECOMASTIA POST-OPERATIVE INSTRUCTIONS**

### **Supplies to have at home before surgery:**

- Prescription medications
- Acetaminophen (Tylenol) and ibuprofen (Advil)
- Dimenhydrinate (Gravol) (anti-nausea medication)

### **Activity:**

- The chest dressing needs to stay in place and remain dry until your first post-operative appointment at 1 week after surgery
- No showering for the first week after surgery. Careful sponge baths can be done during this time.
- Avoid excessive physical activity or lifting objects greater than 10 lbs for 4 weeks after surgery
- Laying on your back or side is fine but do not lay directly on your chest
- Don't sleep with pets in bed for the first week after surgery
- Avoid smoking or exposure to second-hand smoke
- No baths, swimming, or hot tubs for four weeks after surgery
- If drains were used in your surgery, follow the instructions provided on the Drain Care post-operative form

### **Medications:**

- Ibuprofen (Advil) 400 mg is to be taken 3 times per day: breakfast, lunch and dinner with food. **NEXT DOSE:**
- Acetaminophen (Tylenol) 500 mg is to be taken 4 times per day: breakfast, lunch, dinner and bedtime. **NEXT DOSE:**
- Narcotic prescription hydromorphone (Dilaudid) or Tylenol #3 is to be taken every 4 to 6 hours, ONLY as needed. **NEXT DOSE:**
- Dimenhydrinate (Gravol) may be taken according to package instructions for post-operative nausea and vomiting

**First Post-operative Appointment:**

- Your chest dressing will be removed at this appointment
- If drains were used, they will be also be removed at this appointment
- All sutures will dissolve on their own
- Swelling, bruising and some degree of asymmetry is expected at this appointment

**Wound Care:**

- The tapes (Steri-strips) present on the incision line can be removed in the shower following the first post-operative appointment
- Any dried blood along the incision lines can be safely removed with the use of a Q-tip dipped in hydrogen peroxide or warm water. This can be done twice a day, followed with a thin application of Polysporin to the incision line.
- Do not continue to apply Polysporin to the incision line daily past 1 week. This can result in a rash or allergic reaction.
- If there is a small amount of bleeding along the incision line, hold constant firm pressure with sterile gauze or a clean towel for 20 minutes. If bleeding continues afterwards, call the clinic or Dr. MacArthur directly.

**Recovery:**

- Scar massage with moisturizer can begin after the first post-operative appointment
- Sunscreen is extremely important. The use of SPF 45 or higher along the incision line will prevent pigment changes due to sun exposure. This can be started 2-3 weeks after surgery.

**Compression Vest Usage:**

- The compression vest must be worn 23 hours a day for the first four weeks after surgery
- During this period, the vest can be taken off for two 30 min breaks daily
- Over time you may find that the elastic in the garment begins to loosen and does not provide as much compression as it did in the past. If this is the case, you can either place hand towels between the vest and your chest or purchase a new compression vest from the clinic.

**RED FLAG SYMPTOMS:**

If any of the following symptoms develop post-operatively, please contact the clinic immediately.

- One side of your chest becomes much larger than the other
- Increasing pain, redness, foul odour or drainage from the incision
- Sudden increase in swelling in the cheek, jawline or neck
- Fever exceeding 38.3°C
- Persistent bleeding from an incision
- Sudden onset of chest pain or shortness of breath (For chest pain lasting longer than 5 minutes, call 911)
- Pain or swelling of the leg
- Persistent dizziness or loss of consciousness
- Coughing up blood or bloody stool

If you develop any of these symptoms and are unable to reach the clinic or Dr. MacArthur, present to the nearest Emergency Room.

**Do not hesitate to call with any questions or concerns.**

**Clinic business hours (9AM to 4 PM): 613-595-1880**

**After hours: 613-219-9636 (Dr. MacArthur Cell)**

**Patient signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**RN signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_