

Gynaecomastia Surgery Postoperative Instructions

Immediately After Surgery:

- You may be in hospital overnight.
- Sometimes, you will have a drain coming from each breast which removes any old blood or extra fluid from the operative sites. These drains will be reviewed by Dr Vrtik next morning prior to removal.
- Prior to discharge, you will need to have tolerated a meal, have minimal nausea, and emptied your bladder. Your discomfort should also be manageable by oral tablets alone without injections.
- You will be discharged from hospital with pain killers and a course of antibiotics.

Pain Medication:

- Take 2x paracetamol tablets (Panamax or Panadol) every 6 hours regularly for the first 3-5 days.
- Take ibuprofen (nurofen or brufen) 400 mg with breakfast, lunch and dinner as required. Do not take ibuprofen on an empty stomach. Do not take ibuprofen if you have asthma, or known allergic reactions to non-steroidal anti-inflammatories such as aspirin, naproxen, naprosyn or feldene.
- For severe pain, take oxycodone (endone) or pandeine forte tablets (as instructed on the packet) if required.
- If your pain is severe and not relieved by endone, please call the office or Dr Vrtik (if after hours).

Hygiene:

If you have been sent home with your dressings intact with foam tape:

- Do not use a shower on your torso; sponging and towelling around your dressings should be adequate. Showering the lower half of your body is okay. DO NOT get your dressings wet.
- If you would like to wash your hair, do it with your head tipped back at the basin with help (going to the hairdresser is a very good option).
- If the corners of the tapes are starting to lift – trim it back so the corners sit flat on your skin.
- If your dressings are falling off, or becoming excessively itchy – contact the office for an earlier appointment with our nurses.
- Your first postoperative appointment will be 5-7 days, at which time your dressings will be removed. BRING YOUR VEST with you to this appointment, so that our nurses can fit you into it.

After your dressings have been removed at 5-7days: OR

If you have been sent home without your dressings, but in the postoperative tubigrip vest:

- Shower daily over your transparent surgical tapes and pat dry
- Use a hairdryer on a cool setting to dry stubborn areas such as areas under your arms or under your breasts.
- Wear your tubigrip vest at all times between showers.

Sleeping:

You can sleep in whichever position that you are comfortable in, however, most patients are unable to lie on their sides for at least 1-2 weeks, whilst it can take up to 3 months before some can lie on their stomach. To ensure a good night sleep, make sure you take your pain medications prior to sleeping. It is not unusual to be particularly sleepy and tired after an operation or an anaesthetic. Rest is very important after any surgery, so take time to rest as needed.

Diet:

Recovering from anaesthesia is like recovering from the flu. Start with clear liquids; then advance to soft, non-spicy foods over the next 2 days. Nausea and vomiting is not uncommon after surgery, the most important thing to do is drink plenty of fluids to keep your body hydrated. This will pass once the anaesthetic has been eliminated from your system. If you have any persistent nausea and vomiting over 48 hours after surgery, please contact the rooms.

Activity:

- You should rest quietly for the first 24 hours.
- Small, short walks around the ward or the house are encouraged to prevent clots in the legs.
- 'Potter' around for the first week, gradually increase your daily activity as the weeks go by.
- Avoid bending over, lifting (anything over 1 kg), pushing, pulling or straining for at least 6 weeks (this includes house work, exercise, sports etc).
- You can move your arms, neck and torso in all directions – it won't tear anything out as long as the movements are within your comfortable range.
- Be gentle with lifting your arms above your head within the first two weeks; often, quick movements of the arm can result in sharp, stabbing or pulling pain. Heavy and repetitive activities with your arms above the head are NOT recommended for the first 6 weeks.
- No driving for one week. After 1-2 weeks, you should be able to drive when you can turn and look over your shoulder comfortably - so that you can change lanes safely
- Gentle walking is good exercise after the second week. You may be able to start exercising at 25% of your normal level after 4 weeks, graduate your level progressively over the following 4 weeks. Make sure you wear a supportive tight vest during your exercises for the first 3 months.

- Most patients with desk jobs can return to work after 2 weeks, but those with more manual jobs (especially repetitive arm movements) need a minimum of 4-6 weeks off work.

Temperature:

A low-grade fever up to 37.5 degrees Celsius for 1-2 days is normal. Call the office if:

- Your temperature is 38 degrees Celsius or over.
- You feel feverish, chills, or unwell

Swelling:

Swelling reaches its peak at 48-72 hours after surgery. Some patients have swelling and bruising that tracks all the way down into the upper abdomen and under the armpits. Bruising can be a range of colours from dark purple, green to yellow. Give your body at least 2 weeks for the bruises to start fading and 3 months for the swelling to disappear. The shape, size and appearance of your chest wall can take up to 3-6 months to settle.

Clothing & Bras:

- You need to wear the vest until Dr Vrtik is happy with your progress.
- Delay clothes shopping for at least 3 months – as your body shape and size will continue to change until the swelling in your chest wall has settled.

Follow-up:

- Your first follow-up is usually 5-7 days after surgery for wound check and dressing change. Make sure you call the office to establish date and time if you have not already received your first post-operative appointment on discharge from the hospital.
- A second appointment is made at 3 weeks after surgery for removal of the transparent surgical tape on your wound.
- Dr Vrtik will see you at 8-10 weeks and check your progress and scars. Further advice in regards to scar management will be discussed with you during this consultation.
- Further appointments after this will be made if necessary.
- You are encouraged to contact rooms at any stage if you have any concerns prior to your next appointment.

Wound and Scar Management:

- Once your surgical tape has been removed at 3 weeks, the nurses will apply fixomil tape to all your scars. The tapes can be showered and pat dry (or with the assistance of a hair dryer). The tape need to be changed weekly for 5 weeks.
- If you notice any oozing or breakdown of your scars while changing your tape, please contact the rooms. These could be signs associated with healing problems, fluid collection or fat necrosis – although not detrimental, will need to be managed appropriately to minimise scarring.

- You can start massaging along the scar (over the fixomil tape) at 3 weeks. Use your fingers or thumb, press firmly and massage in a rotating motion along the scar. It should only take approximately 5 minutes, using both hands on both breasts. Regular massage at least 5-6 times a day is recommended for 3 months.
- If you find that your scar is still quite lumpy and red at 8 weeks (when the fixomil tape has finished), it may be worth investing in a tube of silicone gel from your chemist. *Smear* a coat of gel on your scars twice a day. Continue with massage *over* the gel coating 5-6 times during the day. This is effective on modifying scars if used for at least 2 months and up to 6 months after surgery.
- Please do not hesitate to contact the rooms and make an appointment to see either Dr Vrtik or our experienced nurses if you have any concerns about your scars at any stage.

What to Expect after a Gynaecomastia surgery:

- While your chest wall is swollen in the first few weeks, there may be areas of prominence on your chest wall. Allow at least 3 months for the shape to settle.
- Your skin will be irritated and sensitive after surgery. You should avoid the sun, and use a gentle cleanser and moisturiser.
- Often your chest wall and nipples will be numb after surgery. Sensation may or may not return fully, but it will be a few months before any sensory recovery begins as the nerves take time to link up. When the nerve recovers, you may experience tingling, buzz, or electric shock sensation periodically. This is expected, and will disappear after a few months.
- The chest wall may feel firm and lumpy in places, especially if you have had some fat necrosis within the area. Gentle massage over these lumpy areas can begin 4 weeks after surgery. It takes time for the tissue to regain their normal suppleness and softness. Lumpy areas can take up to 6 months to soften; in some rare instances, they can take up to 2 years to disappear.
- Sometimes, the skin will appear irregular, puckered and pleated around the suture lines. All this will take time to smooth out as the scar relaxes and the deep sutures dissolve. Again, massaging of the scar is important to help these settle. Revision of any puckering can be performed to smooth out the contour, but this is not recommended for at least 6-9 months until the scars are mature.
- Some asymmetry of the nipple is normal and should be expected from your surgery. Most people have minor asymmetry naturally, and preoperatively. Gynaecomastia surgery will correct major asymmetry between the chest wall and nipples, but it does not produce perfect symmetry.
- Remember, surgery takes time to settle, and often at 4 weeks, you'll look very good, but you will not look your best yet! Often patients look better at 6 months than at 1 month after surgery.
- It is important that you contact the rooms (and not your GP!) at any stage if you have questions or concerns. We need to be fully aware of any problems you may be

having, and our nurses are experienced in postoperative care; they are more than happy to help with any queries or concerns you may have, and will be able to organise an appropriate urgent appointment for you if required.

Please Contact Us if:

- You develop a fever or become unwell.
- Your nausea and vomiting persists after 48 hours.
- You develop spreading redness/rash over the operative area or suture lines.
- You feel fluid build up in your chest wall or sudden swelling in the area.
- You have pain which is not relieved or controlled by your pain-killers.
- You have sudden copious discharge of fluid or oozing from your wounds.



Contact Telephone Numbers:

During Office Hours and Non-Urgent Matters – 3353 6165

After hours and for Emergencies only – 0421739149