

*Dr. Jeffrey Cole*  
*30140 Harper Ave. Suite 300*  
*St. Clair Shores, MI 48082*  
*Phone: (586) 415-6800*

### **BREAST AUGMENTATION POST-OP INSTRUCTIONS**

1. You must have a responsible adult drive you to our office on the day of surgery, drive you home after surgery and care for you for 24-48 hours after surgery.
2. The first 24 hours after return home from surgery, absolute bed rest. You may get up to use the bathroom only.
3. **FLUIDS ARE EXTREMELY IMPORTANT!** Drink fluids such as Gatorade, clear Juices, or water. Do not drink anything very cold or hot, room temperature is best.
4. Take medications as prescribed. If you are taking pain medication that makes you feel drowsy, have someone else give you your medications at the proper time intervals. Under such circumstances, you could forget and take them too often.
5. You must wear your surgical bra at all times unless you are instructed to do otherwise by Dr. Cole.
6. Swelling and bruising is normal and complete recovery from this may take several weeks. No lifting, aerobics, running, ect.. Until authorized by Dr. Cole.
7. Elevate your upper body with pillows or sit in a recliner chair.
8. No Aspirin or aspirin containing products for 72 hours post-operatively unless authorized by Dr. Cole.
9. If you notice any signs of increasing firmness of one or both breasts, even months after your surgery, please call our office.
10. NO driving, alcohol, or use of electrical devices for 24 hours post operatively.

***If you have any questions, concerns, and/or problems call Dr. Cole***  
***Office Phone: (586) 415-6800***  
***After Hours answering service: (248) 544-6989***

**If you experience any of the following please contact Dr. Cole:**

1. Severe pain not responding to the pain medication.
2. Temperature elevation over 100 degrees.
3. Marked swelling.
4. Any excessive bleeding.
5. Other questions or problems.

**Post-Operative Appointment:** \_\_\_\_\_

I Have read and understand the above instructions.

**Responsible Party/Relationship:** \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_

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