

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

BREAST REDUCTION/BREAST LIFT 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 a 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. No showers or baths until after your first post-op visit with Dr. Cole. No underwire bras for approximately 4-6 weeks.
6. Elevate your upper body with pillows or sit in a recliner chair. Elbows should remain at your sides. After the first day you may raise your hands no higher than the top of your head with elbows forward.
7. If you have drainage tubes, please follow those instructions. Please keep a log of the amount of fluid that you empty from your reservoir.
8. No lifting, aerobics, running, ect.. until authorized by Dr. Cole
9. No Aspirin or aspirin containing products for 72 hours post-operatively unless authorized by Dr. Cole.
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:** _____