

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

## GYNECOMASTIA 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. **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.
3. 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.
4. You must wear your surgical garment at all times unless you are instructed to do otherwise by Dr. Cole.
5. If you have drainage tubes, please follow those instructions. Please keep a log of the amount of fluid that you empty from your reservoir.
6. If you **do not have drainage tubes** you may shower 48 hours after surgery. Remove your surgical garment and all gauze pads. Wash with warm, soapy washcloth and pat dry. Put your garment (and foam padding) back on. You do not need to cover your incisions. This is a good time to wash and dry your garment. **If you have drainage tubes**---you are **NOT** to shower until the tubes are removed.
7. Oozing will occur for the first 24-48 hours. This is normal and will be a clear to bloody color.
8. Swelling and bruising is normal and complete recovery from this may take several weeks. No lifting, aerobics, running, ect.. Until authorized by Dr. Cole.
9. Elevate your upper body with pillows or sit in a recliner chair.
10. No Aspirin or aspirin containing products for 72 hours post-operatively unless authorized by Dr. Cole.

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