

BREAST AUGMENTATION

Plastic Surgery Institute
EDWARD J. LOVE, M.D.

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Little Rock, Arkansas 72205
(501) 224-1859**

Surgical Procedure

- **Bilateral Subpectoral Augmentation Mammoplasty**
(Enlargement of breasts by insertion of saline-filled implants under the pectoral muscles)

Preparing For Surgery

Starting Now:

- **STOP SMOKING:** Smoking reduces circulation to the skin and impedes healing.
- **TAKE MULTIVITAMINS:** Start taking multivitamins twice daily to improve your general health once you have scheduled your surgery.
- **TAKE VITAMIN C:** Start taking 500 mg of Vitamin C twice daily to promote healing.
- **LIMIT VITAMIN E:** Vitamin E may increase bleeding, so limit your intake of Vitamin E to less than 400 mg per day.
- **DO NOT TAKE ASPIRIN, ALIEVE, or IBUPROFEN:** Stop taking medications containing aspirin or ibuprofen. Review the list of drugs containing aspirin and ibuprofen carefully. Such drugs can cause bleeding problems during and after surgery. Instead, use medications containing acetaminophen (such as Tylenol).
- Buy a Sports Bra that snaps in front or back. You may need two bras. You will need to wear them 24 hours a day for 2 weeks.

The Day Before Surgery:

- **CONFIRM SURGERY TIME:** We will call you to confirm the time of your surgery. If you are not going to be at home or at your office, please call us to confirm at (501) 224-1859.
- **PRESCRIPTIONS:** Make sure that you have filled the prescriptions you were given and set the medications out to bring with you to the hospital.
- **CLEANSING:** The night before surgery, shower and wash the surgical areas with Dial soap. Make sure that you clean your naval (belly button) thoroughly.
- **EATING AND DRINKING:** Do not eat or drink anything after 12:00 midnight. This includes water.
- **MEDICATIONS:** If you take medication, confirm what you should take with Dr. Love.

The Morning of Surgery:

- **SPECIAL INFORMATION:** **Do not eat or drink anything!** If you take a daily medication please confirm with Dr. Love or his nurse that you may take it with a sip of water the morning of surgery.
- **ORAL HYGIENE:** You may brush your teeth but do not swallow the water.
- **CLEANSING:** Shower and wash the surgical areas again with Dial soap.
- **MAKE-UP:** Please do not wear moisturizers, creams, lotions, or makeup.
- **CLOTHING:** Wear only comfortable, loose-fitting clothing that buttons or zips in the front. Remove hairpins, wigs, and jewelry. Please do not bring valuables with you.
- **CHECK IN/PREPARATION:** You should plan to arrive 1 hour and 30 minutes earlier than your scheduled surgery time. Patients under 18 years old must be accompanied by a parent or legal guardian.
- You must have someone drive you home after surgery.

Going To The Hospital Operating Room

The Operating Suite:

- Going to the operating room is not a normal experience for most of us. Dr. Love and staff recognize the natural anxiety with which most patients approach this step in the process of achieving their goals. We believe a description of the surgery experience will help to prepare you for it.
- Your surgery will be performed at _____ in the operating suite. Specialists using the most modern equipment and techniques will attend to you. The team includes Dr. Love, his nurse, a board certified anesthesiologist, and a surgical technician. A registered nurse is in charge of the operating room.
- Once you enter the operating room, the staff will do everything they can to make you feel secure. You will be transferred onto the operating table, and the anesthesiologist will start administering medication and fluids into your IV. Medicines that will make you drowsy will flow through the tubing into a vein in your arm. At the same time, to ensure your safety, the anesthesiologist will connect you to monitoring devices. You will be completely asleep before any procedures begin!

The Recovery Room:

- When your surgery has been completed and your dressings are in place, you will be moved to the recovery room. You will constantly be connected to monitoring equipment and fully trained recovery room nurses will remain with you at all times.
- These nurses are certified for advanced cardiac life support. You can be confident that you will be well cared for in the recovery room.
- When your initial recovery is completed and all of your vital signs are stable, you will be discharged home.
- Most patients have very little memory about their stay in the recovery room.

General Surgical Risks

About Risks:

- We want you to understand fully the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. All of us at Plastic Surgery Institute will use our expertise and knowledge to avoid complications as much as possible. If a complication does occur, we will use those same skills in an attempt to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overestimated.
- In general, the least serious problems occur more often and the more serious problems occur rarely. If a complication does arise, you, Dr. Love, and the nursing staff will need to co-operate in order to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your final result.

Normal Symptoms:

- **SWELLING AND BRUISING:** Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection.
- **DISCOMFORT AND PAIN:** Mild to moderate discomfort or pain is normal after any surgery. If the pain becomes severe and is not relieved by pain medication, please call us at (501) 224-1859 or you may page the plastic surgeon on call through the medical exchange (501)663-6900.
- **SCABBING ALONG THE INCISION LINES:** We usually treat this with antibiotic ointment. You may also

clean this with Hydrogen Peroxide.

- **NUMBNESS:** Small sensory nerves to the skin surface are occasionally cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns usually within 2 or 3 months as the nerve endings heal spontaneously.
- **ITCHING:** Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massages are helpful. These symptoms are common during the first few weeks of the healing process.
- **REDNESS OF SCARS:** All new scars are red, dark pink, or purple. Scars on the face usually fade within 3 to 6 months. Scars on the breasts or body may take a year or longer to fade completely. Tanning or sun exposure to the incision can permanently tattoo the scar a dark color.
- **SCARRLESS:** This is a scar cream that is applied 2 weeks after surgery. It is applied directly to the scar twice a day for several weeks. It helps fade the redness of the scar and soften the scar. This can be purchased at Dr. Love's office.

Common Risks:

- **HEMATOMA:** Hematomas are small collections of blood under the skin which are usually absorbed spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result.
- **INFLAMMATION AND INFECTION:** A skin infection may require antibiotic ointment. Deeper infections are treated with antibiotics. Development of an abscess usually requires drainage.
- **THICK, WIDE, OR DEPRESSED SCARS:** Abnormal scars may occur even though we have used the most modern plastic surgery techniques. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally necessary. Some areas on the body scar more than others, and some people scar more than others do. Your own history of scarring should give you some indication of what you can expect.

Rare Complications:

- If they are severe, any of the problems mentioned under Common Risks may significantly delay healing or necessitate further surgical procedures.
- Medical complications such as pulmonary embolism (blood clot to the lungs), severe allergic reactions to medications, cardiac arrhythmias (irregular heartbeat), heart attack, and hypothermia (low body temperature) are rare but serious and life-threatening problems. Having a board-certified anesthesiologist present at your surgery reduces these risks as much as possible. (Failure to disclose all pertinent medical data before surgery may cause serious problems for you and for the medical team during surgery.)

Specific Surgical Risks

Subpectoral Augmentation Mammoplasty

(Breast Enlargement with implants placed under the muscle)

- **CAPSULAR CONTRACTION:** Capsular contraction is the most common "complication" or side effect of breast implant surgery. During surgery, a pocket is created for the implant that is somewhat larger than the implant itself. During healing, a fibrous membrane called a capsule forms around the device. Under ideal circumstances, the pocket maintains its original dimensions and the implant "rests" inside, remaining soft and natural. For reasons still largely unknown, the scar capsule shrinks or contracts in some women and squeezes the implant, resulting in various degrees of firmness. This contraction can occur soon after surgery or many years later and can appear in one or both breasts. Current theories suggest that a low grade infection may "trigger" some contraction. The use of a textured surface on the implants seems to alter the way in which the scar capsule develops. Although use of textured implants has not eliminated capsular

contraction, it appears to have reduced this risk to the 5-10% range in silicone-filled implants.

Capsular contraction is not a "health" risk, but it can detract from the quality of the result and cause discomfort, pain, or distortion of the breast contour. In cases of minor contraction, we usually will not suggest surgical correction. Cases of very firm contraction may require surgical intervention. Rarely, if the contraction recurs and cannot be eliminated, the occasional patient may choose to have the implants permanently removed.

- **HEMATOMA:** Some postoperative bleeding into the pocket containing the breast implant occurs in 2-3% of women. If the bleeding is minimal, the body will absorb it with time. Marked swelling will probably require surgical removal of the blood.
- **INFECTION:** Postoperative infection is uncommon, but possible. We reduce this to a minimum by giving intravenous antibiotics during surgery and oral antibiotics after surgery. Most infections are mild and resolve without incident. If a serious infection develops, the implant will probably need to be removed, and cannot be safely replaced for at least 2 months after healing.
- **LOSS OF SENSATION TO SKIN OR NIPPLES:** Nerves that supply skin or nipple sensation may be cut or damaged while the pocket or space for the implant is being created. Although this does not happen routinely, it can happen no matter how carefully the surgery is performed. If sensory loss occurs, the nerves slowly recover over a period of 1-2 years in about 85% of cases.
- **WRINKLING:** With the use of textured implants, visible wrinkling under the skin has been more noticeable. Occasionally, the edge of the implant can be felt. These problems are usually mild and require no treatment. Experience has shown that the wrinkles frequently improve or even disappear within a year. (See Subpectoral Placement below.)
- **ASYMMETRY:** If your breasts had slightly different shapes before surgery, they may remain slightly different after surgery. Rarely, in spite of careful attention to detail, the dissected pockets may end up slightly different in shape or height. If this is not noted while you are in surgery, but becomes a problem after healing, you may later need a small adjustment procedure.
- **SUBPECTORAL PLACEMENT OF THE IMPLANT (UNDER THE MUSCLE):** If you and Dr. Love have decided to place the implants under the pectoralis muscle, a unique set of risks apply. During contraction of the muscle, the implants will temporarily be flattened and/or pulled upward. Occasionally, the implants may "ride" higher than their original position because of the muscular contraction. Implants were originally placed under the muscle to reduce the frequency of capsular contraction. With the use of textured implants, the frequency of capsular contraction appears to be the same as when the implants are placed above the muscle. Implants are usually placed under the muscle in thin, small-breasted women to provide more "cover" over the implant. Placing the implants under the muscle may reduce visible wrinkling.
- **DEFLATION:** If for any reason the valve or implant covering fails, the saline will leak and be excreted by your body. This causes no medical harm, but the implant will need to be replaced in a secondary procedure. The rate of saline-implant leakage is quoted at about 3-4% over many years.
- When a patient receives Mentor saline-filled breast implants, she is automatically enrolled in Mentor's Standard Advantage. This warranty features a product replacement policy and a surgical fee reimbursement model that includes two levels of coverage.

The basic, no-cost coverage includes: (1) a lifetime product replacement policy; (2) Up to \$1,200 in financial assistance for operating room and anesthesia costs for 5 years; and (3) non-cancelable terms.

For a fee of \$125, you can purchase an extended warranty that extends beyond the above.

- **LOSS OF SKIN, BREAST TISSUE, OR NIPPLE:** This is an extremely rare complication of breast enlargement. It usually develops from an infection that is not responding to antibiotics and results in the death of the involved tissues. This very rare complication will usually involve only small areas that will eventually heal with good wound care. Secondary surgery is a remote possibility.
- **INTERFERENCE WITH BREAST FEEDING:** Many women with breast implants have nursed their babies

successfully. Nevertheless, any breast surgery can theoretically interfere with your ability to breast feed.

- **CALCIUM DEPOSITS IN THE TISSUE AROUND THE IMPLANT:** In some patients, a thin layer of calcium will develop within the scar capsule surrounding the implant. This usually occurs several or more years after the implant has been inserted. In these patients, the added density of the scar may reduce the detectability of lesions close to the scar on mammograms. Breast cancers may still be visible and detectable when specialized techniques are used.
- **BREAST CANCER:** There is no evidence linking implants and breast cancer. The only clinical studies available show that the prevalence of breast cancer in women with implants is the same or even slightly lower than that in women without breast implants. Furthermore, two studies have shown to date, that the stage of breast cancer detection in women with implants appears to be identical to that found in the overall population.
- **INTERFERENCE WITH MAMMOGRAPHY:** You should alert the technician to the fact that you have implants. Special techniques will be used and extra views may be needed in order to see as much of the breast tissue as possible. Even under the most ideal circumstances, some breast tissue may remain unseen and a suspicious lesion missed. Because the breast is compressed during mammography, it is possible, but rare, for an implant to rupture.
- **SYNMASTIA (LOSS OF CLEAVAGE):** This is a very unusual problem that can develop after normal augmentation either above or below the muscle. The skin over the lower sternum (breastbone) pulls away from the bone, and normal cleavage is reduced or eliminated. In its more serious form, the pockets on either side merge to form a single pocket. In the more minor form, the pockets remain separate, but the skin tents upward. Reduced fibrous or elastic "strength" in the subcutaneous tissues may be contributory but is difficult to predict. If the problem develops, correction will require secondary surgery.
- **PRESENCE OF SILICONE RUBBER:** Saline-filled implants are made of silicone rubber. Although silicone rubber has not been implicated in any diseases, and has been used in many types of implants, its use is under investigation.

Anesthesia & Other Information

General Anesthesia:

- When general anesthesia is used, you will be sound asleep and under the care of your anesthesiologist throughout the operation. Once you are settled on the operating table, you will be connected to several monitors and an intravenous catheter. A quick-acting sedative will be given through the intravenous tubing after you have breathed pure oxygen for a few minutes. Once you fall asleep, your anesthesiologist will place an endotracheal tube or another breathing device safely through your mouth into your windpipe to guarantee that your breathing is insured. An anesthetic gas that you will breathe and other medications that will be given through the intravenous catheter will keep you asleep and pain free.
- Many patients have an instinctive fear of general anesthesia. Extremely sensitive monitors used during surgery have greatly reduced the risks of anesthesia. A minute change in the oxygen level in your blood, in the amount of carbon dioxide you breathe out, in the percentage of anesthetic gas being administered, in your heart rate, or in your blood pressure would be reported immediately. Most complications of anesthesia in the past have occurred because of "simple" problems that were not recognized quickly enough. The sophisticated monitoring now used makes recognition and treatment of problems with anesthesia almost immediate.
- The anesthesiologist spends all of his or her time during the procedure ensuring your safety. Any significant changes in blood pressure, heart rate, or other vital functions are treated immediately.
- The current level of sophistication of anesthesia monitoring equipment makes general anesthesia much safer than in the past. The anesthesia and monitoring equipment is routinely maintained and is of the same quality as the equipment in any major hospital. Your anesthesiologist will discuss the specific risks of general anesthesia with you before your surgery.

Applicable Health Factors

Special Information For Patients Who Smoke:

- Smoking causes constriction (narrowing) of small blood vessels in the skin that may have a direct negative effect on your upcoming surgery. In any operation that involves undermining of the skin, survival of the skin depends totally (or in part) on blood flow through those small blood vessels. Reduction of that blood flow can cause reduced or slower healing, blistering of the skin, or in the worst cases, actual loss of tissue.
- If you have either stopped smoking very recently or have been unable to stop completely, you must accept these risks if you wish to proceed with surgery.
- If a problem occurs after surgery. Dr. Love and the office staff pledge to care for you in resolving the problem to the best of our ability. It is imperative that you are candid with us about this matter. We cannot care for you properly if we do not know what is actually happening.

Special Information About High Blood Pressure:

- High blood pressure, if it is under control, will not prevent you from having successful plastic surgery. If your blood pressure is outside safe levels, we will ask your physician to evaluate and treat you before we proceed with surgery.
- If your blood pressure is minimally elevated, with or without medication, we usually feel safe in proceeding. Although severely elevated blood pressure can cause serious risks to life, minimal elevations usually cause only extra oozing of blood during the procedure or increase the possibility of oozing or bleeding after surgery. This may cause your surgery to take a little longer or increase bruising during the healing phase.
- Your blood pressure may become elevated during surgery because of medications given or because of stress. Should this occur, medications are available and will be given intravenously to reduce your blood pressure.
- We will not proceed with your surgery if we feel unsure of your safety.
- Take your normal anti-hypertensive medication the morning of surgery with a sip of water only.

Special Information For Patients with Mitral Valve Prolapse:

- The heart is a hollow, muscular organ with four chambers. The heart valves are like one-way doors. They open to let blood through and close to keep blood from flowing backwards. Sometimes heart valves open and close in different ways. Such is the case of mitral valve prolapse.
- Mitral Valve Prolapse (MVP) is a minor heart condition. Very little treatment (if any) is needed, but there are precautions and symptoms you should know. MVP does not put you at higher risk of a heart attack. Many people with MVP do however, have a greater chance of getting infective or bacterial endocarditis (an infection of the heart valves or inner heart lining that can cause scarring or damage to the valves).
- ANTIBIOTICS - For these reasons, you should take an antibiotic before you have dental work, surgery, or procedures that cause trauma to body tissues such as bladder, rectal or colon examinations. It is important that you take the pre-operative antibiotics as prescribed.

Special Information Regarding Diet Pills:

- It is advised that patients having surgery discontinue any diet pill for at least two weeks before surgery. This includes any prescription or non-prescription diet pills.
- Reactions between diet pills and anesthetic drugs could result in disturbances in your heart rhythms and could even cause cardiac arrest or death.
- You are REQUIRED to discontinue these medications for at least two weeks prior to surgery. Failure to do so will result in the cancellation of your procedure.
- If you have not informed Dr. Love of your usage of these medications, please do so immediately.

Special Information Regarding Herbal Medicines:

- Many people do not consider herbs to be “true” medicine and some people do not report taking these pills. You should inform us if you are taking any herbs. They are medicines and some are very potent and beneficial. You should discontinue all herbal medicine at least two weeks prior to surgery.
- Although herbal medicine can be helpful, they are poorly studied and can cause serious side effects with your anesthesia, etc.

PRE-SURGERY CHECKLIST

This page must be return prior to surgery! Please initial at the end of each statement to show that you have understood the necessary required step and return this form with consent(s).

- We have outlined the common and not-so-common risks of surgery in general. The specific risks and complications of each surgical procedure have been explained elsewhere in this pre-operative packet. We have not discussed every possible problem that may occur, and you cannot assume that a problem will not occur simply because it is not discussed here. _____
- I acknowledge that the risks and complications of the surgery I am to undergo have been explained and discussed with me in detail by Dr. Love and by the nursing staff. I have been given the opportunity to ask questions and any concerns I had about my surgery have been explained to me. My signature here attests to my understanding and satisfaction with the answers I have been given. _____
- I have had all my pre-surgery questions answered to my satisfaction. (Specifically regarding implants – if my surgery requires breast implants.) _____
- I understand the necessary incisions/excisions that will be required for this (these) procedure(s). _____
- I have read all items in my surgery package and understand the material. (If you do not understand, you need to call our office and talk with us.) _____
- I understand I cannot be by myself following surgery and must follow the instructions given for planning to have someone with me. _____
- I understand the required lab work necessary and will complete that in a timely manner so it may be in my chart prior to surgery date. _____
- I understand the hazards of smoking and the risks it may create with my undergoing surgery. I understand the doctor has instructed me to refrain from smoking three weeks prior to surgery and for three weeks after surgery if it applies to me. VERY IMPORTANT. _____
- I understand regarding the payments required prior to having surgery and will have those made prior to surgery. _____
- I understand the medications I am NOT TO TAKE prior to surgery and have referenced the list given to me. When in doubt, I will contact my pharmacist. VERY IMPORTANT. _____
- I understand the post-operative return visits required for Dr. Love and staff to thoroughly follow my healing period. _____
- I understand the time required for my initial healing for this surgery procedure, that healing cannot take place any sooner, and therefore will plan my calendar accordingly. _____

Name: _____

Signature: _____

Date: _____

Witness: _____

Post-Operative Care – Outpatient Surgery

Your First 48 Hours:

- **Very Important:** If you have excessive bleeding or pain that is not relieved by pain medication, call the office at (501) 224-1859 or you may page the plastic surgeon on call through the medical exchange (501)663-6900, day or night.
- **YOUR FIRST 24 HOURS:** If you are going home, a family member or friend must drive you because you have been sedated. Someone should stay overnight with you. If you choose to go to a postoperative center, they will provide transportation. If you have any questions about these matters, please ask one of our nursing staff.
- **DRESSINGS:** Keep your dressings as clean and dry as possible. Do not remove them unless instructed to do so.
- **ACTIVITY:** Take it easy and pamper yourself. Try to avoid any straining. You may go to the bathroom, sit and watch TV, etc., but **NO MATTER HOW GOOD YOU FEEL, DO NOT CLEAN THE HOUSE, REARRANGE THE ATTIC, ETC.!** We do not want you to bleed and cause any more swelling and bruising than is unavoidable.
- **ICE PACKS:** Cold or ice packs help to reduce swelling, bruising, and pain. Use frozen peas in the package or crush ice cubes and put the ice into a zip-lock bag. This should help, not hurt. If the ice feels too uncomfortable, don't use it as often.
- **HEAT:** Do not apply heat to the abdomen unless instructed to by Dr. Love or his nurse! Heating pads may cause severe burns to the skin due to the lack of sensation present after surgery.
- **DIET:** If you have any postoperative nausea, carbonated sodas and dry crackers may settle the stomach. If nausea is severe please call Dr. Love's office. If you feel normal, start with liquids and bland foods, and if those are well tolerated, progress to a regular diet.
- **SMOKING:** Smoking reduces capillary blood flow to your skin. We advise you not to smoke at all during the first 10 days after surgery.
- **ALCOHOL:** Alcohol dilates the blood vessels and could increase postoperative bleeding. Please do not drink until you have stopped taking the prescription pain pills, as the combination of pain pills and alcohol can be dangerous.
- **DRIVING:** Please don't drive for at least 2 days after general anesthesia or intravenous sedation or while taking prescription pain pills.
- **POST OPERATIVE APPOINTMENTS:** It is very important that you follow the schedule of appointments we establish after surgery. If you do not know when your appointment is scheduled please call Sunny at (501)-224-1859.

Specific Post-Operative Instructions

Subpectoral Augmentation Mammoplasty: (Breast Enlargement)

- **POSITION:** During the first week, attempt to sleep on your back instead of on your side. We want your implants to stay in perfect position during the initial healing process. This is not a "life and death" issue, however, if you cannot sleep on your back, sleep in another comfortable position.
- **ACTIVITY:** Avoid heavy lifting and straining for two weeks minimum. You may however do normal activities at any time if they cause no pain or discomfort. Let your body tell you what you can do or not do.
- **DRESSINGS:** The bra acts as a "dressing," holding the breasts and implants in perfect position. Try to keep

the bra "even." If the bra feels too tight or hurts, switch immediately to any bra that feels comfortable. A bra that is too tight can cause ulceration of the skin. **YOU MUST NOT LET THIS HAPPEN!** We want you to wear a bra at all times for 2 weeks. After 2 weeks, you may sleep without the bra. You should not go braless during the day for 4-6 weeks after surgery. It is probably more comfortable not to wear an underwire bra.

- **SHOWERING AND BATHING:** You may shower the day after surgery. If you prefer to bathe, do not allow the incision lines to soak for more than a few minutes in the bath water. Leave the adhesive strips (steri-strips) on your skin. (You **MAY** take your bra off while you bathe.)
- **EXPOSURE TO SUNLIGHT:** Scars take at least one year to fade completely. During this time, you must protect them from the sun. Even through a bathing suit, a good deal of sunlight can reach the skin and cause damage. Wear a sunscreen with a skin-protection factor (SPF) of at least 15 at all times when in the sunshine. Be extremely careful if areas of your breast skin have reduced sensitivity.
- **EXERCISE:** You may take gentle walks within a few days. Do not return to aerobic exercise for 3 weeks. Do not lift arm weight or do arm and chest exercises for 6 weeks.
- **DRIVING:** You may drive when driving does not cause pain. This usually occurs in 4 – 6 days if you have a car with power steering.

Longer Term Post-Operative Instructions

- **ACTIVITY/SPORTS:** We want you to avoid straining or any aerobic activity for at least 3 weeks after surgery. This is to avoid bleeding, bruising, and swelling. Do not resume strenuous exercise for 4 to 6 weeks. Dr. Love will give you clearance to increase your activities according to the progress of your recovery.
- **DRIVING:** You may resume driving when you feel you are able, but wait at least 2 days after surgery. Keep in mind that you must have full use of your reflexes. If pain will inhibit them, don't drive!
- **SEXUAL ACTIVITY:** You may resume sexual activity as your body allows. Please reread Activity/Sports above and apply the same concept to the sexual activity.
- **SUN EXPOSURE:** If fresh scars are exposed to the sun, they will tend to become darker and take longer to fade. Sunscreen can help. Take extra care and precautions if the area operated on is slightly numb – you might not "feel" a sunburn developing!
- **WORK:** Follow whatever plan you and Dr. Love have agreed upon.

As You Heal

Family & Friends:

- Support from family and friends is very helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your result to be. Please trust in our knowledge and experience when we discuss your progress with you.

Although plastic surgery has certainly "come out of the closet" in the past decade, your friends may still be reluctant to bring up and discuss what they believe is a private matter. Patients occasionally feel upset that "no one noticed" or "said anything." If you feel comfortable discussing your surgical experience, do so openly. When people ask how you are, respond by saying, "I feel wonderful. I just had cosmetic surgery and I'm recovering." This lets people know that they may talk freely with you. Often when patients are open, they find that their friends and acquaintances are very interested in discussing the subject.

Depression:

- Some patients experience a brief period of "let-down" or depression after cosmetic surgery. Some may subconsciously have expected to feel and look better "instantly," even though they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understanding that this is a "natural" phase of the healing process may help you to cope with this emotional state.

Healing:

- Everyone has the capacity to heal themselves to one degree or another. Clearly this ability is variable and depends upon a number of factors such as your genetic background, your overall state of health and lifestyle (exercise, diet, smoking, drinking, etc.). Many people believe the surgeon "heals" the patient. No one person can make another heal. Dr. Love can facilitate (but not accelerate) the healing process. Your cooperation and close attention is extremely important and in your best interest.
- **FOLLOWING INSTRUCTIONS:** Another major factor in the course of healing is whether you follow the instructions given by Dr. Love verbally and in this booklet. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything which may interfere with recovery. It is imperative that you recognize that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.
- **COMPLICATIONS:** Unexpected occurrences are very infrequent. When they occur, it is seldom a consequence of malpractice. It is far more likely to be a result of the variable healing capacity or the patient's failure to follow instructions. Rest assured, we will assist you in any way possible with regard to such events. Should the unexpected occur, it is in your best interest to ally yourself with Dr. Love and the staff. We will support you through any difficulties and assist you in reaching your goal.

Specific As You Heal Information

- **ACTIVITIES:** It is important that you not engage in strenuous activities in the first 3 weeks after surgery. Aerobic exercise will raise your blood pressure, which could cause late bleeding and harm your result. If your job keeps you sedentary, you may return to work when you feel comfortable, several days after surgery. Once you begin exercising again, start gently and let your body tell you what it can tolerate. Don't rush!!
- **HEALING OF SENSORY NERVES:** Regeneration of the sensory nerves is accompanied by tingling, burning, or shooting pains, which will disappear with time and are nothing to be alarmed about. If, however, this is accompanied by swelling or redness, infection, or bleeding, then you will need to see Dr. Love at the office.
- **ASYMMETRY:** It is quite common for the two breasts to heal differently. One may swell more, one may feel more uncomfortable, or the shapes may differ initially. After complete healing, they should look remarkably similar and natural. Patience is required, but if you are concerned, ask questions of Dr. Love or the nursing staff.
- **"SLOSHING" SENSATION:** You may hear and feel "sloshing" in your breast after surgery. This is not the implant! It is the air that is trapped in the space around the implant and the natural fluid that accumulates after an operation. It will all be absorbed by the body within a few weeks.
- **SHINY SKIN:** The skin of your breasts may become shiny. This is a result of the swelling that occurs after surgery. Within a few weeks, the edema and swelling will subside and the skin will look more like normal.
- **SENSITIVITY:** As the nerves regenerate, the area commonly becomes hypersensitive. This will subside with time. You may find that gentle massaging helps.

Financial Policies

- As patients approach surgery, they frequently need information about the various payment options and have questions about their potential insurance benefits. We hope the following information will be helpful.
- Our financial coordinators are readily available to meet with you personally to provide the specific information you desire. They specialize in this area and will use their expertise to help you obtain the maximum benefits from your policy.

Insurance Coverage:

- The benefits paid by insurance companies for plastic surgery vary greatly from carrier to carrier and plan to plan. Therefore, we make every effort to determine in advance if insurance coverage exists. Once insurance coverage is determined we will try to project the approximate required co-payment in which the patient will be responsible. We do this because we believe you need to be as informed of financial obligation as soon as possible before surgery.
- Please discuss all arrangements regarding payment of your account with us.

Cancellation Policy:

- We understand that a situation may arise that could force you to postpone your surgery. Please understand that such changes affect not only your surgeon but other patients as well. Dr. Love's time, as well as that of the operating room staff, is a precious commodity, and we request your courtesy and concern.

If you need to cancel your surgery after your preoperative visit but more than 6 business days before surgery, you are entitled to a full refund. Should you find it necessary to cancel your surgery after your preoperative visit and 6 business days or less before surgery, the following policy will apply.

We will refund your payment except for \$250.00, which will be applied to the payment for your rescheduled surgery or used for processing fees if you have not rescheduled within 30 days.

- If you have any questions or need assistance with financial matters, please ask to consult with Sunny Matuszyk or Kelly M. Kunkel, RN.

EDWARD J. LOVE, M.D.
Plastic Surgery Institute

#1 Lile Court Suite #100
Little Rock, Arkansas 72205
(501) 224-1859 fax (501) 907-2242

POST-OPERATIVE CARE

To My Patient:

Post-operative care is an important aspect of your overall surgical result. It is our hope that you have an easy recovery time but it is also important for you to pay attention to how you are progressing. If you have any problems, please call my office or me immediately. If your condition worsens, please call my office or me immediately. If you do not improve within the next two or three days, call my office or me. Be particularly alert for fever, excessive pain, nausea, vomiting, bleeding, dizziness, shortness of breath, rash, rapid heart rate or rapid breathing rate. The telephone number for the office is (501) 224-1859 and after hours you may page the plastic surgeon on call at (501)- 663-6900.

If you have been given medication or a prescription, take it as instructed. Be sure to take the medicine at the times ordered.

If you have any suspected reaction to the medicine, stop taking it at once and call my office or me immediately. Failing to take your medicine as instructed could result in serious harm to your health. Follow all instructions that may accompany the medication such as taking with food or avoiding alcohol, driving, etc.

Remember to follow any special instructions that you have been given in addition to these general instructions. Thank you.

Sincerely yours,

Edward J. Love, M.D.

MEDICATIONS TO AVOID BEFORE & AFTER SURGERY

If you are taking any medications on this list, they should be discontinued 10 days prior to surgery and only Tylenol should be taken for pain. All other medications that you are currently taking must be specifically cleared by your doctor prior to surgery. It is absolutely necessary that all of your current medications be specifically cleared by doctor and the nursing staff.

Medications Containing Aspirin

| | | | | |
|-----------------------|---------------------|-------------------|--------------------|----------|
| 4-Way Cold Tabs | Alka-Seltzer | Alka-Seltzer Plus | Anacin | Anexsia |
| w/Codiene | Anodynos | APC | Aspergum | Axotal |
| Ascriptin | BAC powder | Bayer Products | Azdone | |
| Bexaphene | Cama Arthritis Pain | Bufferin | Buffinol | |
| Congesprin | Cephalgesic | Cheracol | Cortisone meds | Cope |
| Coricidin | Dia-Gesic | Disalcid | Doan's Pills | |
| Dolprin #3 Tablets | Doxaphene Compound | Dristan | Duragesic | Easprin |
| Ecotrin | Emagrin Forte | Empirin | Emprazil Equagesic | |
| Equazine M | Excedrin | Feldene | Fiogesic | Fiorgin |
| Fiorinal | Gelpirin Tablets | Gemnisyn | Indocin | Lortab |
| Asprin | Magan | Magnaprin | Marnal | |
| Measurin | Meprobamate | Methocarbamol | Midol | |
| Mobigesic | Mementum | Norgesic | Norwich | |
| Orphenogesic | Oxycodone | PAC | Pabalate | |
| Pepto-Bismol | Percodan | Persantine | Phenaphen | Presalin |
| Propoxyphene Compound | Robaxisal | SAC Tablets | Saeto | Salocol |
| Sine-Off | Sinutab | SK-65 | Soma Compound | |
| St. Joseph Aspirin | Suprax | Synalogos-DC | Talwin | Tolectin |
| Triaminicin | Trigesic | Trilisare | Ursinus Inlay-Tabs | |
| Vanquish | Zactrin | Zoprin | | |

MEDICATIONS TO AVOID BEFORE AND AFTER SURGERY

If you are taking medications on this list, they should be discontinued 10 days prior to surgery and only Tylenol should be taken for pain. All other medications that you are currently taking must be specifically cleared by your doctor prior to surgery. It is absolutely necessary that all of your current medications be specifically cleared by your doctor and the nursing staff.

Medications Containing Ibuprofen

| | | | | | |
|--------------|-----------|--------|----------|---------|--------------|
| Aches-n-Pain | Advil | Aleve | Anaprox | Haltran | IBU-TAB |
| Medipren | Midol 200 | Motrin | Naprosyn | Nuprin | Pedia Profen |
| Rufen | Trendar | | | | |

Other Medications to Avoid

| | | | | |
|----------------------|--------------|---------------------|--------------------|------------------|
| 4-Way w/Codeine | A-A Compound | A.C.A. | Accutrim | Acetabar |
| Acetasem | Actifed | Adapin | Allylgesic | Alprine |
| Aluprin | Amsodyne | Anexsia | Anisindione | Ansaid |
| Antiten | Anturane | APAC | Arthritis Bufferin | Asalco |
| Ascodeen | Aspadine | Asphac-G | Asriptin | Astoka |
| BC Tablets | Bexophene | Bi Act | Bitrin | BUF |
| Buff-A | Buffadyne | Butazoladin | Cadasa Tap. | Cafacetin |
| Calciparine | Cama Inlay | Carpon | Children's Advil | Christodyne |
| Clinoril | Clinoril C | Coastalgescic | Coldate | Colrex |
| Contac | Coumadin | CP2 | Darvon/ASA | Dasicon Capsules |
| Day Pro | Decojen | Dedache | Defencin | DeWitt's Pills |
| DicumeroI | Dimetan | Dimetapp | Dolobid | Dover's Powder |
| Doxycycline | Drinophen | Dristamead | Duradyne | Dynosal |
| Elavil | Emagrin | Empirin w/Codeine | | Endep |
| Enoxaparin Injection | Entab – 650 | Etrafon | Febrinette | Fendol |
| Fiorgesic | Flagyl | Forbutol | Furadantin | Gelcoid |
| Goody's Powder | Haysma | Heparin | Hepto | Histalyl w/ASA |
| Hydrocortisone | Hypan | I-PAC | Isobarb | Isollyl |
| Lanorinal | Lodine | Lovenox Injection | | Macrofantin |
| Meclomen | Mellaril | Mepro | Meprogesic | Mirandon |
| Mobidin | Monacet | Monogesic | Mysteclin F | Nalfon |
| Nalproxyn | Opasal | Orudis | Os-Cal-Gesic | Pabirin |
| Pamelor | Pan-PAC | Panwarfin | Pasibar | Percobarb |
| Persantin | Phenotron | Phenylpropanolamine | | Plegine |
| Ponstel | Prednisone | Propadrine | Protamine | Protension |
| Pyroxate | Quiet World | Relafen | Rhinate | Rhinex |
| Rhinocaps | Riona | Ru-Lor-N | Ru-Tuss | Salatin |
| Salejo | Salflex | Salicylates | Salphenine | Salsalate |
| Salsitab | Salsprin | Sine-Aid | Sinequan | Sinex |
| Soltice | Sparine | Stelzaine | Stenden | Surmontil |
| Tabloid APC | Tempanil | Tempanil Tentab | Ten-Shun | Tenuate |
| Tenuate Dospan | Thorazine | Tofranil | Toradol | Triavil |
| Trilisate | Ursinus | Van-Trol-Nol | Vantrin | Vibramycin |
| Viro-med | Vitamin E | Voltaren | Warfaren | |