

# Postoperative Instructions: Gynaecomastia Surgery

## Immediately After Surgery:

- You will be admitted to the ward after your surgery.
- 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, had 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.
- You may be discharged from the hospital on the same day as your surgery if you don't have any drains in your wounds.

## Pain Medication:

- Take 2x paracetamol tablets (Panamax or Panadol) every 6 hours regularly for the first 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.
- Strong painkillers such as Tramadol, Endone (oxycodone) or Palexia may be prescribed for you. For severe pain, take these as instructed on the packet if required.

## Hygiene:

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

- Do not shower; sponging and towelling around your dressings should be adequate. If you have a hand-held shower-head, 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 around 5-7 days after surgery, 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.

If you have been sent home in the postoperative tubigrip vest (your dressings have been removed whilst you were in hospital):

- Take your vest off and 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 below your chest.
- Wear your tubigrip vest at all times between showers.

## Sleeping:

You can sleep in whichever position that you are comfortable with; 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 are 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.
- 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 and the movements are slow and cautious.
- Avoid bending over, lifting (anything over 1 kg), pushing, pulling or stretching or reaching for at least 6 weeks (this includes house work, yard work, exercise, lifting children, groceries etc). No short/sharp or repetitive movements. Heavy and repetitive activities with your arms above the head are NOT recommended for the first 6 weeks.
- Excessive activities and exercises in the first 4 weeks can cause bleeding inside the wound and excessive swelling of the surgical site. Swelling results in stretch of the skin on your chest wall and once settled, you will be left with loose excess skin in the area and poor cosmetic result.
- 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, limit this to 15 minutes. Avoid getting hot – sweating can cause an infection in your wounds. You may start gentle exercising at 25% of your normal level after 4 weeks, then progressively increase it over the following 4 weeks.
- 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 3 days 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 & Support:**

- You need to wear the vest for at least 2 weeks, longer if directed by your surgeon/nurse.
- 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. We will also check for any fluid under the skin in your chest wall. 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. Further advice in regards to scar management will be discussed with you at this time.
- Your surgeon will see you at 8-10 weeks and check your progress and scars.
- Additional 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 Fioxmull/Hypafix 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 4 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 and prevent infection.
- You can start massaging along the scar over the 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 Fixomull 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 4-6 months after surgery.
- Please do not hesitate to contact the rooms and make an appointment if you have any concerns about your scars or surgical sites 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 may 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, contour deficits may be needed to smooth out significant irregularities, but this is not recommended for at least 6-9 months until the scars are mature and the chest wall has softened.

- Some asymmetry of the nipple is normal and should be expected from your surgery. Most people have minor asymmetry naturally prior to the operation. Gynaecomastia surgery will correct major asymmetry between the chest wall and nipples, but it does not create perfect symmetry. A small percentage of patients after gynaecomastia will have inverted nipples. This is not abnormal and does not cause any functional issues. However, if this bothers you cosmetically, please discussed this with your surgeon at your 3-month review.
- Remember, surgery takes time to settle, and often at 4 weeks, you'll look very good, but often it looks better at 6 months.
- 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. 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 timely review appointment for you if required.

**Please Contact Us if:**

- You develop a fever or become unwell.
- Your nausea and vomiting persist 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.

**Your Postoperative Appointment:** (Please follow the instruction ticked for you)

- Your follow-up appointment will be with  
 our practice nurse in the dressing clinic

Date \_\_\_\_\_ Time \_\_\_\_\_ at

- Sunnybank Australis Specialist Centre Clinic  
 Everton Park Clinic

**Contact Telephone Numbers:**

During Office Hours and Non-Urgent Matters – 3353 6165

After hours and for Emergencies – please contact the hospital you were discharged from.