The ULTIMATE BREAST SURGERY POST-OP SELF CARE GUIDE
and PRE-CHECK LIST

Procedures Covered: *Augmentation Mammoplasty / Breast Augmentation • Mastopexy / Breast Lift • Reduction Mammoplasty • Fat Transfer Augmentation • Breast Explant / Removal / Capsulectomy • Mastectomy / Lumpectomy • Reconstruction: Autologous • Deep Inferior Epigastric Perforator (DIEP) • Oncoplastic Reconstruction*

Congratulations on taking this transformative step. Your surgeon has performed an extraordinary procedure, and the weeks ahead are your opportunity to protect and maximize every bit of that result. Breast surgery encompasses some of the most meaningful physical transformation procedures available today -- and excellent outcomes begin with excellent recovery. This guide walks you through the self-care steps that reduce complications, preserve your results, and help you heal with confidence. Follow it closely, lean on your support system, and trust the process your surgical team designed for you.

SECTION 1: MEDICATION MANAGEMENT & PRE-SURGERY ORGANIZATION

The most important recovery preparation happens before surgery. Post-anesthesia and opioid medication impair memory, judgment, and coordination. A well-prepared medication system means you never have to think -- you simply follow what has already been set up for you.

Before Surgery -- Set Up Your Recovery Station

- Fill all prescriptions before your surgery date and organize them on a labeled tray at your recovery spot. Write the medication name, dose, and schedule time on each container.
- Create a medication log: a simple chart with columns for medication name, prescribed dose, frequency, and a checkbox for each scheduled time. Use a printed sheet or a notes app.
- Set individual phone alarms for every dose time. Label each alarm with the medication name so there is no guesswork post-anesthesia.
- Place a straw cup and filled water bottle at your recovery station before leaving for surgery. Even reaching for a glass can strain your chest and shoulder muscles in the first 48 hours.

- Stock these in advance: prescription pain medication, stool softeners, prescribed antibiotics, anti-nausea medication if prescribed, and surgeon-approved OTC pain relievers for the transition phase.
- Confirm with your surgeon which supplements must be stopped before surgery. Vitamin E, fish oil, herbal supplements, aspirin, and NSAIDs all affect bleeding and must be discontinued in advance.

Pain Medication -- Take It On Schedule

- Take pain medication on schedule, not only when pain becomes unbearable. Staying ahead of pain is essential -- uncontrolled pain triggers muscle guarding that directly stresses chest and incision sites.
- Breast surgery often produces chest tightness and muscle soreness from surgical positioning as well as from the procedure itself. If muscle relaxers are prescribed, take them as directed -- they meaningfully reduce this secondary discomfort.
- Transition to over-the-counter acetaminophen or other surgeon-approved OTC options as soon as your surgeon advises. Confirm the transition plan at your pre-op appointment.
- Never combine opioid medications with alcohol, sedatives, or sleep aids without explicit surgical team approval.
- If your prescribed dose is not managing pain adequately, call your surgeon's office -- do not self-adjust dosage without guidance.

Bowel Preparation -- Begin Day One, Not Day Three

- Start stool softeners the evening of surgery or the morning after. Do not wait for constipation to develop. Opioid medications significantly slow bowel motility, and straining after breast surgery stresses incisions and can elevate blood pressure.
- Take stool softeners daily for every day you remain on opioid pain medication.
- Drink a minimum of 64 ounces of water daily -- hydration is the most effective natural bowel support available and supports tissue healing throughout your recovery.
- A warm glass of water or prune juice in the morning stimulates the gastrocolic reflex and encourages motility.
- If no bowel movement by day 3, contact your surgical team before attempting any intervention.

>> FAMILY HELPER TIPS

- Set backup medication alarms on your own phone, coordinated with the patient's alarms, so both systems are active.
- Keep the medication log and place a checkmark at every dose -- this eliminates confusion about whether a dose was already taken.
- Prepare snacks or small meals timed around the medication schedule. Some pain medications should be taken with food to reduce nausea.
- Monitor bowel status daily. Note each day whether a bowel movement occurred and flag day 3 without one to the surgical team.
- Pre-fill the water bottle with a straw and keep it within arm's reach. In the first 48 hours, most patients cannot safely lift or reach for a standard glass.

SECTION 2: COMMON COMPLICATIONS & YOUR SELF-CARE PLAN

Your surgeon has done everything possible in the operating room to set you up for a beautiful outcome. The following complications are known risks after breast surgery -- but most are highly preventable with disciplined self-care. Review each one, understand the warning signs, and commit to the care steps below.

1. Seroma (Post-Surgical Fluid Pocket)

Most common after: *Augmentation, Breast Lift, Reduction, Explant / Capsulectomy, Mastectomy, Reconstruction*

A seroma is a collection of clear fluid that builds under the skin when the lymphatic system cannot keep pace with post-surgical fluid production. After breast surgery, seromas most commonly form along incision lines, in the axilla (armpit), or in spaces where tissue was lifted or removed. Left unaddressed, a seroma can delay healing, distort your final contour, and may require drainage in your surgeon's office.

Your Self-Care Actions:

- Wear your surgical compression bra or support garment for the full duration your surgeon prescribes. Consistent compression is the most powerful seroma prevention measure available.
- Follow your drain care protocol precisely if drains are in place. Drains are your primary defense against fluid accumulation (see number 13 for complete drain care instructions).
- Doctor Trick: If your surgeon approves manual lymphatic drainage (MLD) massage -- typically beginning around days 5-10 -- commit to the full recommended frequency. MLD accelerates lymphatic clearance, reduces swelling faster, and measurably lowers seroma risk after breast procedures.
- Limit arm activity on the surgical side beyond your surgeon's prescribed range of motion for the first 4-6 weeks. Vigorous arm movement disrupts healing tissue and increases fluid production.
- Watch for: soft, squishy swelling that appears days or weeks after drains are removed, a sensation of fluid shifting under the skin, or asymmetric fullness in the breast or armpit area.
- Do not press on, massage, or attempt to drain a suspected seroma yourself. Contact your surgeon's office for evaluation.

! Contact Your Surgeon's Office If You Notice:

- New soft, wave-like swelling appearing days after drains have been removed
- A sensation of fluid shifting under the skin when you move
- One breast or armpit area noticeably softer, fuller, or more asymmetric than the other side

>> FAMILY HELPER TIPS

- Assist with compression bra removal and correct replacement after bathing. Proper repositioning is nearly impossible solo during the first week.
- Help log drain output at every emptying and track daily totals. Seroma risk increases when drains are removed prematurely based on inaccurate output records.
- Watch for and photograph any new or asymmetric swelling changes. Send photos to the surgeon's office -- visual documentation saves office visits.

2. Hematoma (Internal Bleeding Under the Incision)

Most common after: *Augmentation, Breast Lift, Reduction, Explant / Capsulectomy, Mastectomy, Reconstruction*

A hematoma forms when a small blood vessel continues bleeding under the skin after surgery. It typically develops in the first 6-24 hours at home and is one of the most common reasons breast surgery patients return unexpectedly to the operating room. Caught early, intervention is simple. Caught late, it is not. In the breast, a hematoma can also exert pressure on the implant pocket, compromise tissue healing, and increase capsular contracture risk long term.

Your Self-Care Actions:

- Rest completely during the first 24 hours. No reaching overhead, lifting, twisting, or straining of any kind.
- Maintain upper body elevation at 30-45 degrees continuously during rest. This reduces pressure at incision sites and decreases vascular stress on breast tissue.
- Apply cold compresses over your compression bra as directed to control early swelling. Never place ice directly on skin or incisions.
- Avoid all blood-thinning substances for as long as your surgeon specifies -- typically 2-4 weeks post-op: aspirin, ibuprofen, fish oil, vitamin E, herbal supplements, and alcohol.
- If you take blood pressure medication, take it exactly as prescribed. Elevated blood pressure is a direct risk factor for post-surgical hematoma formation.
- Doctor Trick: Set a bruise journal check every 4 hours for the first 48 hours. At each check, compare both breasts for size and color asymmetry. Rapid unilateral darkening or one breast becoming noticeably firmer or larger is the earliest detectable hematoma warning sign.

! Contact Your Surgeon Immediately If You Notice:

- Sudden tightness or pressure at the incision that appeared or worsened after initial comfort
- A bruise that is darkening rapidly, or one side dramatically darker than the other
- One breast significantly firmer, fuller, or larger than the other after an initial period of symmetry
- An unexpected increase in pain after a period of relative comfort

>> FAMILY HELPER TIPS

- Check breast size, firmness, and bruising pattern every 4-6 hours for the first 48 hours, comparing left and right sides each time.
- Keep a simple photo log of bruising at each check -- these photos help your surgeon assess progression and are far more useful than descriptions alone.
- Ensure the upper body remains elevated at 30-45 degrees throughout rest. Do not allow the patient to lie completely flat in the first 48 hours.

3. Surgical Compression Bra / Support Bra Non-Compliance

Most common after: *All Breast Surgery Procedures*

Your post-surgical compression bra or support garment is a clinical tool, not a comfort item. It controls swelling, stabilizes implants or repositioned tissue, reduces seroma formation, and actively shapes the contour your surgeon created. For augmentation patients, consistent compression helps the implant pocket settle correctly. For lift and reduction patients, it supports healing incisions under load. Missing even a few hours of wear can allow fluid pockets to form and contour irregularities to set permanently.

Your Self-Care Actions:

- Wear your compression bra or support bra continuously for the full duration your surgeon prescribes -- typically 4-8 weeks depending on procedure and individual healing.
- Choose a front-closure style exclusively for the first 2-4 weeks. You will not be able to reach behind your back comfortably, and clasping a back-closure bra creates exactly the kind of reaching and twisting motion your incisions cannot tolerate.
- The bra goes back on immediately after bathing -- before any other activity resumes. The time off is for skin airing only, not extended comfort breaks.
- Each time the bra is repositioned, smooth all bands, seams, and underwire channels (if your surgeon transitions you to a wired style) completely. A single folded seam sustained against healing skin for hours can cause pressure marks, blistering, or skin breakdown.
- Perform a daily skin check under the bra: look for pressure marks, redness, blistering, or skin breakdown at incision sites and band lines. Contact your surgeon if you see these.
- Doctor Trick: Purchase two identical bras. Launder one while wearing the other so you always have a clean, dry garment available without any compression-free gaps.
- Follow your surgeon's garment transition plan: most patients move from a firm surgical compression bra to a soft support bra around weeks 3-4, and then may reintroduce underwire at weeks 6-8 with surgeon clearance. Follow that timeline based on surgical guidance, not comfort or impatience.
- Doctor Trick: Never go braless or sleep without your support bra during the prescribed wear period -- this includes naps. Unsupported tissue is unsupported healing.

>> FAMILY HELPER TIPS

- Assist with bra removal and replacement after every bathing session. Correct front-closure bra application requires positioning that is difficult and risky to perform solo in the first week.
- Check fit at every reapplication -- the bra should be snug, symmetrical, and covering all incision areas without rolling, bunching, or digging in at any edge.
- Log daily bra-on and bra-off times as part of the recovery record to ensure full protocol compliance.

4. Surgical Site Infection

Most common after: *All Breast Surgery Procedures -- especially Augmentation, Reconstruction, Mastectomy, Reduction*

Infection is largely preventable -- and consequential when it occurs. In augmentation and reconstruction patients, a significant infection can threaten the implant or reconstruction itself, potentially requiring removal. The risk window extends through every dressing change, drain interaction, and shower in the first two weeks. Sterile technique and vigilance are your best defenses.

Your Self-Care Actions:

- Wash hands thoroughly with soap and water for at least 20 seconds before touching any incision, dressing, or drain -- every time, without exception.
- Clean incisions as directed by your surgeon -- typically with saline solution or dilute antiseptic -- using sterile gauze only. Never use cotton balls (fibers remain) or rub the wound.
- Pat incisions completely dry after any water contact. Persistent moisture directly promotes bacterial growth, particularly in the inframammary fold and axillary areas.
- Change dressings on the exact schedule your surgeon specified using fresh, sterile materials every time.
- No submersion in any water until your surgeon explicitly clears you: no baths, pools, hot tubs, rivers, or ocean. Shower only as directed, directing water flow away from incision areas.
- Complete your full antibiotic course exactly as prescribed. Do not stop when you feel well.
- Doctor Trick: Keep fresh bra liners or gauze padding between incisions and bra fabric for the first week. Bacteria thrive in warm, moist fabric-to-wound contact zones.
- Doctor Trick: After surgeon approval, a thin layer of plain petroleum jelly over closed incisions acts as a moisture barrier and has been shown in clinical studies to reduce both scarring and infection rates.

! Contact Your Surgeon's Office Promptly If You Notice:

- Spreading redness radiating outward from the incision line (larger than a half-inch in any direction)
- Increased warmth, hard firmness, or unusual tenderness at or around the incision
- Discharge that changes: thicker, colored (yellow, green), or foul-smelling
- Fever above 101°F (38.3°C) -- take temperature twice daily for the first two weeks
- Red streaking visible in the skin surrounding the incision

>> FAMILY HELPER TIPS

- Assist with dressing changes: wash hands and use clean gloves if available. Two-person technique maintains sterility better than solo dressing changes.
- Take temperature readings morning and evening and log the results. Watch for an upward trend over 24-48 hours even if no individual reading is alarming.
- Photograph the wound at each dressing change to document baseline vs. changes. Photos help the surgeon triage remotely without requiring an immediate office visit.

5. Wound Dehiscence (Incision Separation)

Most common after: *Breast Lift, Reduction, Mastectomy, Reconstruction, DIEP -- especially T-junction closures*

Wound dehiscence -- the partial or complete reopening of a surgical incision -- occurs most often in weeks two and three of recovery, when patients feel significantly better but their sutures are still load-bearing. In breast surgery, the most common sites are the inframammary fold, the periareolar border, and T-junction closures after lift or reduction procedures. Most cases happen because there was no one present to stop an ill-timed reach or lift.

Your Self-Care Actions:

- Follow all activity restrictions exactly and completely -- feeling better does not equal medical clearance. Your surgeon's restrictions are calibrated to your tissue's actual healing state.
- Do not reach above shoulder height, pull open heavy doors with your arms, or carry anything heavier than your surgeon's specified weight limit during the restriction period.
- Doctor Trick: Think of your arms as operating within a safe box in front of your body -- from waist height to shoulder height only -- for the first three weeks. Anything outside that box is a restriction violation.
- No lifting children, pets, groceries, laundry baskets, or anything else that requires significant arm and chest effort during the activity restriction period.
- Brace every sneeze and cough: hold a soft pillow or folded blanket gently against your chest before each one. This protects both your closure and your comfort.
- Manage constipation aggressively with stool softeners and hydration. Straining significantly elevates intrathoracic pressure and stresses breast incisions.

! Contact Your Surgeon's Office If You Notice:

- Any widening, separation, or new opening along any portion of the incision line
- Dressings becoming wet or saturated from wound weeping
- A gap, indentation, or visible step appearing along any suture line -- especially at T-junctions

>> FAMILY HELPER TIPS

- Be physically present for any activity that tests the activity restrictions in the first three weeks. A verbal reminder before an action is more effective than a restriction list read once.
- Actively call out activities before the patient attempts them: reaching, twisting, lifting, carrying.
- Demonstrate and reinforce the pillow-bracing technique before every anticipated cough or sneeze.
- Keep children and pets from jumping on or leaning against the patient's chest during the restriction period.

6. Opioid-Induced Constipation & Bowel Complications

Most common after: *All Breast Surgery Procedures Using Narcotic Pain Management*

Opioid-induced constipation is nearly universal after breast surgery and consistently under-prepared-for. Straining to have a bowel movement elevates intrathoracic and intraabdominal pressure simultaneously -- this stresses breast incisions, elevates blood pressure (a hematoma risk factor), and can be extremely painful. Prevention must begin on day one.

Your Self-Care Actions:

- Begin stool softeners the evening of surgery or the morning after. This is non-negotiable. Do not wait for constipation to announce itself.
- Drink 64 or more ounces of water daily. Hydration is the most effective non-pharmaceutical bowel support available.
- Walk on your prescribed schedule. Even slow, short walks stimulate bowel motility and are the second most effective bowel stimulant after hydration.

- Incorporate fiber-friendly recovery foods as tolerated: prunes, pears, applesauce, warm soups, oatmeal. Minimize processed and low-fiber foods in the first week.
- Doctor Trick: A warm drink -- warm water with lemon, prune juice, or herbal tea -- consumed first thing in the morning stimulates the gastrocolic reflex and reliably encourages motility within 30-60 minutes.
- If no bowel movement by day 3, contact your surgical team before attempting any intervention. Do not strain. Do not use laxatives without surgical team approval.

>> FAMILY HELPER TIPS

- Prepare fiber-friendly recovery meals in advance and have them ready before the patient comes home.
- Keep a hydration log -- mark each water bottle refill. Most patients underestimate how far short of 64 oz they fall without tracking.
- Note the day of each bowel movement in the recovery log. If day 3 passes without one, remind the patient to call the surgical team before attempting any self-treatment.

7. Skin Flap Necrosis (Tissue Loss at Incision Edges)

Most common after: *Mastectomy, Reconstruction (DIEP / Autologous), Breast Lift, Reduction -- highest risk in smokers*

Skin flap necrosis is the loss of skin in areas where surgical tissue movement has temporarily reduced blood supply -- most commonly at the inframammary incision, the periareolar border, and DIEP or autologous flap edges where microsurgical blood supply must reestablish. It announces itself gradually: skin discoloration, then darkening, then firmness, then an open wound. Caught early, the area can often be managed and supported. Caught late, it may require excision and revision.

Your Self-Care Actions:

- Do not smoke for a minimum of 4-6 weeks post-surgery. Nicotine causes vasoconstriction -- it is the single most significant modifiable risk factor for skin flap necrosis. This applies to all nicotine delivery including vaping, patches, and gum.
- Stay well hydrated. Dehydration reduces blood volume and compromises peripheral tissue perfusion -- particularly critical for DIEP and autologous flap patients.
- Avoid cold environments that cause vasoconstriction: cold compresses directly on incision skin, prolonged exposure to cold air, or cold rooms during sleep.
- Sleep and rest in the positions your surgeon prescribed. Incorrect positioning after DIEP or autologous reconstruction can compress the flap's vascular pedicle and restrict local blood supply.
- Doctor Trick: If your surgeon has not already recommended it, ask about arnica montana supplements or topical arnica. Arnica has been shown in clinical studies to reduce bruising and support tissue perfusion after surgical procedures. Always confirm with your surgeon before starting any supplement.
- Watch daily for: skin at or near the incision that appears dusky, grayish, or purple; skin that does not blanch when pressed; or skin that feels unusually firm or cool compared to surrounding areas.

! Contact Your Surgeon's Office Same Day If You Notice:

- Any area of skin at the incision line appearing dusky, gray, blue-purple, or darker than surrounding tissue
- Skin that does not blanch when pressed, or that stays white after pressure is released
- A dark or hardened patch developing anywhere along a flap edge, T-junction, or closure line
- An unexpected open area forming along any part of the incision

>> FAMILY HELPER TIPS

- Inspect skin color at all incision sites daily and compare to the day before. Photographs at each check make color changes easier to document and report.
- Ensure the patient's sleeping position is maintained exactly as prescribed, including during the night. Check periodically that they have not shifted to an incorrect position during sleep.
- Keep the recovery environment warm and comfortable. Cold rooms cause peripheral vasoconstriction that reduces blood flow to surgical tissue and flap sites.

8. Deep Vein Thrombosis (DVT) & Pulmonary Embolism

Most common after: *All Breast Surgery with General Anesthesia -- especially Mastectomy, DIEP, Reconstruction, and Longer Procedures*

A blood clot forming in the deep veins of the leg is the leading cause of mortality after elective surgical procedures. It can travel to the lungs (pulmonary embolism) and it almost entirely preventable with movement, hydration, and compression. DIEP and autologous reconstruction patients are at higher risk given longer operative times and extended immobility during recovery. Do not underestimate the power of your walking schedule.

Your Self-Care Actions:

- Walk every hour during all waking hours as soon as your surgeon clears ambulation. Even two to three slow laps around your living space qualifies. Movement is the most powerful DVT prevention tool you have.
- While resting, perform ankle pump exercises every 30 minutes: flex and point your feet 10-15 times each, then circle ankles in both directions. This is especially important for DIEP and mastectomy patients with extended bed rest.
- Drink a minimum of 64 oz of water daily. Dehydration thickens blood and significantly increases clot risk.
- Wear compression stockings exactly as directed by your surgeon. Do not remove them without explicit approval, even briefly.
- Never remain in one position -- seated or lying -- for more than one continuous hour without some form of movement.
- Take any prescribed blood thinner (e.g., Lovenox, aspirin) exactly as ordered. Do not skip doses.
- Doctor Trick: Elevate the foot of your bed 4-6 inches using books or a wedge pillow under the mattress. Passive leg elevation during sleep assists venous return and reduces overnight blood pooling in the legs.

! Call 911 or Go to the ER Immediately If You Experience:

- Asymmetric leg swelling, redness, or warmth -- especially if one calf is significantly larger than the other
- Sudden chest pain, pressure, or tightness
- Unexplained shortness of breath or difficulty breathing
- Rapid heart rate or an overwhelming sense of anxiety without clear cause

>> FAMILY HELPER TIPS

- Set hourly walking reminders and walk alongside the patient for every lap -- your presence prevents skipped walks, especially on painful days.
- Each morning and evening, visually compare both calves for asymmetric swelling, redness, or warmth. Report changes to the surgical team immediately.
- Help apply and correctly position compression stockings after every bathroom trip.
- Track daily hydration by keeping the water bottle filled and noting how many bottles are consumed.

9. Capsular Contracture (Implant Hardening)

Most common after: *Augmentation Mammoplasty, Reconstruction with Implants, Explant and Re-Augmentation*

After any breast implant placement, your body naturally forms a thin layer of scar tissue called a capsule around the implant. In most patients, this capsule remains soft and undetectable. In capsular contracture, that scar tissue thickens, tightens, and hardens excessively -- compressing the implant and altering the shape, texture, and sometimes position of the breast. It can develop months or even years after surgery. Your post-operative behavior in the first weeks significantly influences its likelihood.

Your Self-Care Actions:

- Follow your surgeon's implant displacement exercise protocol precisely, if prescribed. Some surgeons recommend gentle implant massage and displacement exercises beginning at 2-4 weeks post-op to keep the implant pocket mobile. Others do not. Do not begin any massage protocol without explicit surgeon instruction.
- Minimize subclinical bacterial exposure: maintain rigorous incision hygiene, avoid pools and hot tubs until cleared, and complete your full antibiotic course. Subclinical infection (often symptomless) is a documented contributor to capsular contracture.
- Do not smoke. Nicotine causes hypoxia and vasoconstriction that promotes fibrous scar tissue formation and significantly increases capsular contracture risk.
- Avoid sleeping directly on your stomach for at least 6 weeks. Direct implant pressure during the early healing phase may contribute to capsule tightening.
- Doctor Trick: Ask your surgeon at your post-op appointments specifically whether your capsule feels soft and mobile. Early detection of early-stage contracture (Grade I-II) allows for intervention before it progresses.
- Watch for: gradual breast hardening weeks or months after surgery; the breast feeling firmer than it did initially; changes in breast shape or position; or discomfort that develops over time rather than decreasing.

! Contact Your Surgeon's Office If You Notice:

- One or both breasts becoming progressively firmer over weeks after an initially soft recovery
- A change in breast shape, symmetry, or implant position that appeared gradually
- Increasing tightness or discomfort that develops after a period of improving comfort
- A breast that feels distinctly harder than it did at a prior follow-up appointment

>> FAMILY HELPER TIPS

- Track and note any changes in breast texture, firmness, or shape at weekly intervals and share these observations at follow-up appointments.
- Remind the patient not to sleep on their stomach until surgeon-cleared, particularly during naps when position drift is common.
- Keep all post-operative follow-up appointments -- early capsular contracture detected at a routine visit is far easier to address than contracture discovered months later.

10. Lymphedema (Arm or Breast Swelling)

Most common after: *Mastectomy, Lumpectomy with Axillary Lymph Node Dissection, Oncoplastic Reconstruction, Sentinel Node Biopsy*

Lymphedema develops when the lymphatic drainage system is disrupted by the removal or damage of lymph nodes during surgery. Fluid that would normally be carried away accumulates in the arm, hand, or breast area, causing swelling that can range from mild and temporary to chronic and significantly limiting. Patients who have undergone axillary lymph node dissection or sentinel node biopsy are at lifelong risk. Early recognition and proactive management are the cornerstone of care.

Your Self-Care Actions:

- Protect the arm on the surgical side from any constriction: no blood pressure cuffs, no blood draws, no IV lines in that arm for life unless no alternative exists. Alert every healthcare provider you encounter.
- Avoid heavy lifting and repetitive, strenuous arm movements on the surgical side as directed by your surgeon. Exertion that overwhelms lymphatic capacity can trigger acute swelling.
- Protect the arm from injury, cuts, insect bites, and burns -- any wound can trigger an infection (cellulitis) that overwhelms the compromised lymphatic system and worsens lymphedema.
- Begin certified lymphatic drainage therapy as directed by your surgeon. A trained lymphatic therapist should be part of your post-mastectomy or lymph node dissection recovery plan.
- Doctor Trick: Ask your surgical team for a referral to a certified lymphedema therapist (CLT) before your surgery date, not after. Proactive engagement with lymphatic care significantly reduces the severity of lymphedema if it develops.
- If your surgeon prescribes a compression sleeve or glove for the arm, wear it exactly as directed -- especially during any activity that raises arm temperature or exertion level, including air travel.
- Watch for: arm, hand, or breast swelling that is new, worsening, or asymmetric; a feeling of heaviness or tightness in the arm; skin that appears pitted, leathery, or doesn't spring back after being pressed.

! Contact Your Surgical Team If You Notice:

- Any new or worsening swelling in the arm, hand, or breast on the surgical side
- Redness, warmth, or streaking on the arm -- these can indicate cellulitis requiring immediate antibiotic treatment
- A feeling of heaviness, tightness, or aching in the arm that is new or increasing
- Fever accompanying arm swelling -- this combination requires urgent evaluation

>> FAMILY HELPER TIPS

- Learn to recognize the early signs of lymphedema alongside the patient. Early intervention produces significantly better outcomes than waiting until swelling is severe.
- Help enforce the no-constriction rule: alert medical professionals at any appointment that the affected arm must not be used for blood draws or blood pressure measurement.
- Accompany the patient to lymphatic drainage therapy appointments in the first weeks -- understanding the technique allows you to support at-home gentle drainage exercises.

11. Nerve Damage & Sensory Changes

Most common after: *All Breast Surgery -- most pronounced after Mastectomy, Reconstruction, Reduction, and Augmentation*

Sensory changes after breast surgery are among the most common and least discussed aspects of recovery. Numbness, tingling, hypersensitivity, burning, or shooting sensations in the breast, nipple, areola, or chest wall are all normal responses to surgical nerve disruption. In most cases, sensation returns gradually over 6-18 months as nerves regenerate. Persistent post-mastectomy pain syndrome -- neuropathic pain lasting more than three months -- affects a significant portion of mastectomy patients and is a recognized condition requiring active management.

Your Self-Care Actions:

- Understand that numbness in the first weeks after surgery is expected and does not indicate permanent damage in most cases. Nerve regeneration is slow -- improvement is typically measured in months, not days.
- Avoid extreme temperatures (very hot or very cold) applied directly to areas with reduced sensation. You cannot reliably feel tissue damage in numb areas.
- Doctor Trick: Begin gentle desensitization therapy for areas of hypersensitivity -- once cleared by your surgeon, lightly touching the sensitive area with different textures (soft cloth, slightly rougher fabric) for 1-2 minutes daily can retrain the nerve response over time.
- For nipple and areolar hypersensitivity, ask your surgeon about a nipple shield or thin silicone pad worn inside your bra to reduce direct fabric contact during the acute sensitivity phase.
- Report any persistent burning, electric shock sensations, or severe hypersensitivity to your surgeon. Neuropathic pain is a recognized condition with effective treatment options -- you do not need to tolerate it without support.
- Nerve gliding exercises, prescribed by a physical therapist, can help mobilize nerves that have become adhered to surrounding tissue during healing. Ask your surgeon for a PT referral if sensory symptoms are limiting your recovery.

! Contact Your Surgeon's Office If You Notice:

- Severe burning, electric, or stabbing nerve pain that is significantly limiting daily function
- Persistent complete numbness that is not showing any gradual improvement after 3-6 months
- Hypersensitivity so severe that clothing contact is intolerable beyond the first 4-6 weeks
- Any new weakness in the arm or hand on the surgical side

>> FAMILY HELPER TIPS

- Be aware that the patient may not be able to feel heat, pressure, or irritation in numb areas -- check for redness or skin changes in those areas that they may not sense themselves.
- Do not apply heating pads, ice, or friction to areas where sensation is reduced without the patient being visually monitoring the skin for reaction.
- Offer patience and acknowledgment. Sensory changes after breast surgery can be emotionally distressing as well as physically uncomfortable -- normalizing the experience matters.

12. Cording / Axillary Web Syndrome

Most common after: *Mastectomy, Lumpectomy with Sentinel or Axillary Node Biopsy, Reconstruction*

Axillary web syndrome -- commonly called cording -- occurs when tight, cord-like structures develop under the skin of the armpit and inner arm following breast surgery involving the axillary lymph nodes. These cords are thought to be hardened lymphatic or venous tissue. Cording typically appears 1-5 weeks after surgery and can create visible, palpable bands running from the armpit down the inner arm, limiting arm mobility and causing pain with reaching or stretching. It occurs in a significant portion of patients following axillary surgery and is highly treatable with the right intervention.

Your Self-Care Actions:

- Report cording to your surgeon promptly. Axillary web syndrome responds well to physical therapy when addressed early -- do not dismiss it as routine soreness.
- Ask for an immediate referral to a physical therapist experienced in post-mastectomy or breast surgery rehabilitation. Gentle manual stretching techniques performed by a trained therapist are the most effective first-line treatment.
- Perform your prescribed range-of-motion exercises consistently -- arm elevation, wall climbing, pendulum swings -- within your surgeon's protocol. Maintaining gentle mobility helps prevent cords from tightening further.
- Doctor Trick: Warm shower water over the affected armpit and inner arm before range-of-motion exercises can reduce the discomfort of stretching and make cord mobility work more effective and tolerable.
- Never force through sharp pain or aggressively stretch cords yourself without professional guidance. Forceful stretching without proper technique can cause cord rupture, which is painful, though not medically dangerous.
- Lymphatic drainage therapy performed by a certified lymphedema therapist complements physical therapy for cording by reducing the fluid and inflammation that sustain cord tightness.
- Most cording resolves completely with appropriate treatment within weeks to a few months. With proper physical therapy, the prognosis for full range-of-motion recovery is excellent.

! Contact Your Surgeon's Office If You Notice:

- Visible or palpable cord-like bands running from your armpit down your inner arm
- Limited ability to raise your arm overhead or extend your arm fully
- A sudden snapping or popping sensation in the armpit or inner arm with movement
- Cording that is worsening rather than improving after 4-6 weeks of physical therapy

>> FAMILY HELPER TIPS

- Attend at least the first physical therapy appointment with the patient to learn the prescribed exercise protocol and how to support the home exercise routine.
- Gently encourage daily range-of-motion exercises -- cording worsens rapidly when patients avoid using the arm due to pain. Consistent gentle movement is protective.
- Visually check the armpit and inner arm area for new cord formation at each dressing change or skin check during the first month.

13. Surgical Drain Care

Applicable to: *Mastectomy, Reconstruction (DIEP / Autologous / Implant), Reduction, Explant / Capsulectomy -- procedures where significant tissue removal creates drainage space*

Surgical drains are thin, flexible tubes placed at your incision during surgery to remove the fluid your body produces during healing -- fluid that would otherwise accumulate as a seroma or become an infection risk. Breast surgery patients going home with drains typically have 1-2 drains in place for 1-3 weeks depending on the procedure. Proper drain management is one of the highest-impact things you can do for your final result and for surgical site safety.

Daily Drain Care Routine (Every 4-8 Hours)

- Wash hands thoroughly with soap and water before handling any part of the drain system -- every time.
- Milk (strip) the drain tube before emptying: pinch the tube firmly near the skin exit site and slide your fingers downward toward the bulb to clear any clots or debris. Repeat 2-3 times.
- Open the bulb stopper and pour the contents into a measuring cup or marked container. Note the volume in milliliters and the color of the fluid, then squeeze the bulb flat, reseal it, and release to restore suction.
- Log every emptying with date, time, total volume, and fluid color. Your surgeon uses this data to decide when drains can safely be removed. Accurate records mean timely removal.
- Observe fluid progression: output normally transitions from dark red or burgundy to pink to pale yellow or straw-colored over days. Bright red blood, a sudden volume increase, or foul-smelling drainage should be reported promptly.
- Clean the drain exit site with saline solution or as directed. Apply fresh gauze or foam dressing. Pat -- do not rub -- completely dry.
- Secure drain bulbs to your compression bra or clothing with safety pins or a small lanyard bag. Many patients find a small cloth bag pinned inside their compression bra keeps drains secure and discreet throughout the day.

- Doctor Trick: Mark the drain output log with a simple daily trend notation (up, flat, or down). Drain output should decrease each day. If output plateaus for more than 2 days after initially decreasing, notify your surgeon -- premature stasis can indicate a developing seroma.

! Contact Your Surgeon If:

- Output suddenly increases after several days of decrease -- this may signal new fluid accumulation
- The drain becomes clogged and cannot be cleared with repeated milking
- The drain exit site develops increasing redness, warmth, thickening skin, or unusual discharge
- The drain tube partially dislodges or pulls -- stabilize it with tape and call your surgeon immediately
- You are unable to manage drain care alone and have no caregiver available to assist

>> FAMILY HELPER TIPS

- Take primary responsibility for drain emptying and milking during the first week. The positioning required is difficult with limited arm mobility and risks accidental tube displacement.
- Maintain the drain output log with times and measurements. Track whether daily totals are trending downward and flag plateau or increasing output to the surgical team.
- At night, secure drain bulbs in a small cloth pouch pinned to the patient's pajama top to prevent accidental tugging during sleep.
- When the patient transitions between positions, garments, or during bathing -- hold the drain tubes actively to prevent any tugging or catching.

BREAST SURGERY RECOVERY PREPARATION CHECKLIST

Prepare these items before your surgery date so everything is in place the moment you arrive home.

☐ **Surgical Compression Bra (Minimum Two):** Purchase at least two front-closure, wire-free surgical or compression bras before surgery. You will wear one while the other is laundered. Your surgeon may provide one for immediate post-op, but having your own backups prevents any compression-free gap during recovery. Confirm the garment style and compression level with your surgeon at your pre-op appointment.

☐ **Elevated Sleeping Setup:** Prepare a wedge pillow, recliner, or stacked pillow arrangement that keeps your upper body at 30-45 degrees during sleep. Most breast surgery patients need to sleep elevated for the first 2-4 weeks. Add a body pillow on either side to prevent unconscious rolling. Belly sleeping is typically restricted for at least 6 weeks.

☐ **Front-Opening Clothing Station:** Prepare a full wardrobe of front-closure clothing for the first 3-4 weeks: button-down shirts, zip-up hoodies, loose-fit robes, and front-hook loungewear. You will not be able to raise your arms overhead comfortably to pull clothing over your head or reach behind your back to clasp a bra. Slip-on shoes eliminate the need to bend and tie laces. Set out everything at bedside height before surgery day.

☐ **Prescription Fill Station:** Fill all prescriptions before surgery day and organize them on a labeled tray at your recovery spot. Write medication name, dose, and scheduled time on each container. Set individual phone alarms for every dose time. Having everything pre-organized means you are never searching for medications while post-anesthesia and fatigued.

☐ **Wound Care Kit:** Stock sterile gauze pads, saline wound wash, medical tape, and clean gloves before surgery. Change dressings exactly as directed -- gentle patting only, never rubbing, and always pat completely dry. If you are going home with drains, also prepare a drain output log, measuring cup, and safety pins to secure bulbs to your compression bra throughout the day.

☐ **Hydration Station:** Fill a large water bottle with a flexible straw and keep it within arm's reach at your recovery spot at all times. Standard drinking glasses require more wrist and shoulder movement than most breast surgery patients can manage comfortably in the first 48 hours. Consistent hydration supports lymphatic clearance, reduces swelling, assists bowel function, and supports tissue perfusion -- particularly important for DIEP and reconstruction patients.

☐ **Bowel Support Supplies:** Stock stool softeners before surgery and plan to begin them from day one. Opioid medications reliably slow bowel function, and straining after breast surgery elevates intrathoracic pressure that stresses incisions. Pre-stock high-fiber snacks: prunes, pears, applesauce, oatmeal. Prevention must be proactive, not reactive.

☐ **High-Protein Nutrition Prep:** Batch-cook or arrange meal delivery before surgery. Your body's primary building block for tissue repair is protein. Stock easy high-protein options that require no cooking: Greek yogurt, hard-boiled eggs, rotisserie chicken, string cheese, protein shakes, nut butter. Avoid excess sodium during recovery -- salt worsens post-surgical swelling. You will be fatigued for the first 3-5 days, and cooking will not be realistic.

☐ **Cold Therapy Supplies:** Prepare soft gel ice packs or frozen peas wrapped in cloth for swelling management. Cold is most effective in the first 72 hours. Always apply over your compression bra or a cloth layer -- never directly against skin or incisions. Set 20-minutes-on, 20-minutes-off intervals to prevent tissue damage. A small cooler at your recovery station keeps ice packs accessible without needing to return to the kitchen.

☐ **Temperature Monitoring:** Place a digital thermometer on your nightstand and check your temperature at least twice daily for the first two weeks. A fever above 101 degrees F warrants an immediate call to your surgeon's office -- fever is often the earliest detectable sign of infection, and early intervention is far simpler than late-stage treatment. Log each reading with the date and time.

☐ **Scar Care Products:** Ask your surgeon at your first post-op appointment when to begin scar gel or silicone sheeting -- typically once incisions have fully closed, around 3-4 weeks post-op. Consistent early application produces measurably better long-term scar outcomes. Apply SPF to any scar that will be exposed to sunlight once healed -- UV exposure on maturing scars causes permanent hyperpigmentation that topical products cannot reverse.

☐ **Entertainment and Distraction Station:** Pre-load your tablet, phone, or e-reader with shows, podcasts, audiobooks, and playlists before surgery. Set up a hands-free stand or lap desk at your recovery position so you stay comfortably occupied without reaching, straining, or repositioning. Boredom is a significant driver of early activity restriction violations -- having engaging, effortless entertainment ready reduces this risk.

☐ **Home Safety Preparation:** Move everyday items to counter height or lower shelves before surgery: plates, cups, snacks, medications, phone chargers. Clear all floor-level tripping hazards from every path you will use: rugs, power cords, pet toys, shoes. Install a nightlight between your bed and bathroom. Nighttime bathroom trips in the first week are a fall risk. Prepare the bathroom with non-slip mats and consider a shower chair for the first few days.

☐ **Lymphatic Drainage Therapy (if applicable):** If your procedure involves axillary lymph node involvement -- mastectomy, lumpectomy with node biopsy, or reconstruction -- ask your surgeon for a certified lymphedema therapist referral before surgery. Schedule your first lymphatic drainage therapy appointment for the appropriate window post-surgery (typically days 5-14 depending on procedure). Early engagement with lymphatic care significantly reduces swelling, lowers seroma risk, and can meaningfully reduce long-term lymphedema severity.

VITAL RECOVERY SERVICES

Preserve your Investment
VITAL RECOVERY SERVICES, INC. www.vitalrecoveryservicesinc.com

DISCLAIMER & LIMITATION OF LIABILITY

Vital Recovery Services, Inc. provides non-medical in-home post-operative caregiving support. The services rendered by Vital Recovery Services, Inc., its owners, employees, agents, and independent contractors are not a substitute for professional medical care, licensed nursing services, or physician oversight, and are not intended to replace the medical judgment or prescribed treatment of any licensed healthcare provider.

The self-care information and guidance contained in this document are provided for general educational purposes only and do not constitute medical advice, diagnosis, or treatment recommendations. Individual recovery experiences vary. Clients and their families are advised to maintain all scheduled follow-up appointments with their surgeon and healthcare providers throughout the recovery period and to adhere to all medically prescribed treatment protocols as directed.

Vital Recovery Services, Inc. caregivers are trained post-operative support providers. They are not licensed physicians, registered nurses, licensed practical nurses, or any other category of licensed medical professional. In the event of any medical emergency, call 911 immediately.

By engaging the services of Vital Recovery Services, Inc., clients and their authorized representatives acknowledge and accept the inherent risks associated with surgical recovery, including but not limited to swelling,

bruising, infection, wound complications, seroma, hematoma, deep vein thrombosis, pulmonary embolism, skin necrosis, capsular contracture, lymphedema, nerve damage, and other adverse medical outcomes. Vital Recovery Services, Inc., its owners, officers, shareholders, employees, and affiliates expressly disclaim liability for any medical decisions made by clients, family members, or their representatives during or following the provision of care.

Clients are responsible for communicating all relevant medical history, current medications, surgical details, and surgeon-specific post-operative protocols to their Vital Recovery Services, Inc. caregiver prior to the commencement of services. Failure to provide complete and accurate medical information may limit the effectiveness of the care provided and may affect the safety of the service.

This document does not establish a patient-provider relationship between Vital Recovery Services, Inc. and any client or prospective client. Any post-operative concerns, symptoms, or complications should be directed first and without delay to your surgical team and licensed healthcare providers.

www.vitalrecoveryservicesinc.com

(801) 725-6337 | helena@vitalrecoveryservicesinc.com