1. Please follow drain care instructions on reverse of this page. Do not shower or tub bathe until drains are removed.

2. **ACTIVITY** - Gradually increase your activity daily. No lifting over 10lbs. (a gallon of milk). At your first postoperative appointment you will be advised on increasing your activities.

3. **DO NOT USE TOBACCO PRODUCTS** - Nicotine causes a decrease in circulating oxygen and is proven to cause slow wound healing and may lead to skin loss.

4. **PAIN MANAGEMENT** - You have been given a prescription for pain. This will likely be required for the first few days. Take as directed when needed. Following this a nonprescription analgesic (Tylenol) will likely be sufficient for discomfort. Do not take Aspirin or Ibuprofen unless advised by your physician.

5. **WOUND CARE** - You may remove any bulky gauze dressing the day after surgery. You will likely have a “mesh” tape dressing directly over the incision. Leave this on until it comes off on its own. You may shower when the drains are removed (no tub baths.)

6. **SINGNS OF INFECTION** - These can include increasing pain (not relieved by medication), redness, and elevated body temperature (over 101 degrees), or foul smelling drainage from your incision. If you note any of these signs, please call the number listed below immediately.

7. **SIGNS OF BLEEDING** - These can include severe and increasing pain, redness and significant enlargement of breast area usually one side only. This is a possible early complication, and if noted please call the number listed below immediately.

8. An appointment has been made for you ________________________________ at the ________________________________________________________________.

**FOR ANY QUESTIONS:**
Between the hours of 8:00am and 5:00pm please call the RN Clinician at 254-791-3223 or 1-800-722-0138

After hours or on weekends-please call 254-724-2111 (1-800-792-3710) and ask to speak with the PLASTIC SURGERY RESIDENT –ON CALL.
DRAIN CARE AFTER SURGERY

Your surgeon has placed one or more drains (soft plastic tubes) in the area of your operation. Drains are used to remove fluid. Each drain is attached to a suction evacuator, which will hold the fluid collected. The amount of drainage will gradually decrease and the fluid color will change from red to reddish yellow to yellow.

Drains are usually left in place until the drainage amount is less than 30cc in a 24-hour period. You will need to empty the suction evacuator at regular intervals, twice daily and record the amount each time. Keep a total of the amount in each drain over each 24-hour period. Call Dixie McRae at 791-3223 once a day to report the 24-hour total to her.

HOW TO EMPTY AND RECORD THE DRAINAGE

DA VOL 100CC EVACUATOR
1. Wash hands with soap and water and dry well.
2. Lift the stopper from the bottom of the bulb, allowing air to enter the bulb. Using the calibrations on the side of the bulb, measure the amount of drainage.
3. Pour the drainage in the toilet.
4. Now return the bulb to suction by compressing the bulb, holding, and replacing the stopper. The bulb should be collapsed for the suction to function properly.
5. Record the amount of drainage on chart below.
6. Wash your hands.

DA VOL 400CC EVACUATOR
1. Wash hands with soap and water and dry well.
2. Remove stopper from pour spout, allowing balloon to collapse and pour drain contents into measuring cup. Note amount, then pour drainage in the toilet.
3. Record amount on chart below.
4. Pump up evacuator until balloon almost fills canister then replace stopper. Suction is produced as balloon tries to collapse.
5. Wash hands.

<table>
<thead>
<tr>
<th>Day and Time</th>
<th>Drain #1 amt.</th>
<th>Drain #2 amt.</th>
<th>Drain #3 amt.</th>
<th>Drain #4 amt.</th>
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FOR ANY QUESTIONS – TELEPHONE 254-791-3223 AND ASK TO SPEAK TO THE NURSE CLINICIAN.

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