

1020 N MASON RD STE #110 SAINT LOUIS MO 63141

Office of Dr. Terence Myckatyn & Dr. Marissa Tenenbaum

<b>Surgery Scheduling Assistant for Dr. Tenenbaum</b>	<b>Carol – 314-996-3040</b>
<b>Surgery Scheduling Assistant for Dr. Myckatyn</b>	<b>Michelle - 314-996-3028</b>
<b>Cosmetic Patient Concierge</b>	<b>Kristi – 314-996-8133</b>
<b>West County Plastic Surgeons Nursing Line</b>	<b>314-996-3201</b>
<b>General Questions and Office Appointments</b>	<b>Front Desk – 314-996-8800, opt. 2</b>

Surgery DAY/TIME : \_\_\_\_\_ PLACE: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_

During office hours, questions can be answered by our office staff at **314-996-8800**.

After hours, please call Central Page for the Plastic Surgery Resident ON CALL at **314-362-1242**

Please note that our website ([www.westcountyplasticsurgeons.wustl.edu](http://www.westcountyplasticsurgeons.wustl.edu)) has detailed descriptions of most procedures.

## **ONCOPLASTIC LUMPECTOMY**

### **WHAT IS ONCOPLASTIC SURGERY?**

**Oncoplastic surgery** is a relatively new form of breast reconstruction that combines removal of the breast cancer with either an immediate or delayed reconstruction. During the same operation, we can often perform a procedure on the healthy breast to improve symmetry (how closely the appearance of the breasts match one another) between both breasts. In moderate to large breasted women, this usually means a breast reduction operation – on one side to remove the breast cancer and on the other side as a matching procedure. But, smaller breasted women may also be candidates through other procedures including fat transfers, breast implants, or flap surgery. The timing of oncoplastic surgery may be at the time of lumpectomy and before radiation. Otherwise it is performed at least one year after radiation therapy is finished and your oncology team is comfortable that you proceed with a reconstruction. Several factors will determine whether you are a candidate for oncoplastic surgery, when it should be performed,

and what type of procedure is recommended. This will be determined by your plastic surgeon and referring breast cancer surgeon.

## SIX WEEKS BEFORE SURGERY

1. **Smoking affects healing.** Please **stop smoking or ANY nicotine products for as long as possible before and after surgery.** If needed, we can prescribe Chantix to help you quit. Our office may perform a **urine nicotine test** at any time before your surgery to confirm that you have quit smoking.

## TWO WEEKS BEFORE SURGERY

1. Some medications can interfere with anesthesia and cause undesirable side effects that could affect your surgery. Please read over the enclosed **“Medication and Supplement Alert List”** and let us know if you take any of them. Aspirin should not be taken 2 weeks before or after surgery. Tylenol is a good medicine to take for any aches or pains you may have prior to your surgery.
2. If you develop a cold, urinary tract infection, fever or any other illness prior to surgery, please notify us.

## EVENING BEFORE SURGERY

1. Drink 24 oz of a clear carbohydrate beverage (Gatorade/power aid) or water
2. Eat a late dinner of your choosing
3. Have some jello and/or soup available for after surgery.
4. Get a good night’s rest.

## MORNING OF SURGERY

1. Drink 12 oz of water 4 hours before your scheduled surgery- *Do not drink milk, juice with pulp, cream, or sugar the morning of surgery*
2. Do not wear contact lenses, wigs, hairpins, hairpieces or jewelry. Dress in old, loose, comfortable clothes. Do not wear pullover tops or pantyhose. Remove all body piercing jewelry from all locations. Wear slip-on shoes.
3. Have someone drive you to your surgery and make certain someone will be available to take you home and stay with you for 24 hours. Put a pillow and blanket in the car for the trip home. A vehicle that allows you to recline is best.
4. When in the hospital, you will be given the following oral medicines (we will give these to you at the hospital – there is no need to obtain or take these beforehand). These may include : Tylenol, Gabapentin, Celecoxib, and Oxycontin.
5. **DO NOT SMOKE**

# AFTER SURGERY

## HOSPITAL CARE AFTER SURGERY:

1. **Diet.** Your diet will be slowly advanced after surgery with clear fluids and then light foods. Please be sure to consume a diet rich in protein once you are discharged home after surgery. This will encourage wound healing and may reduce your risk of post-operative seromas (collections of fluid that drain tubes may otherwise have to deal with).
2. **Blood Clot Prevention.** To reduce the risk of blood clots after surgery you may be treated with a drug called *Lovanox*. This drug, also known as *low molecular weight heparin* is injected under the skin of the abdomen daily for up to 5 days after surgery. You will also have specialized stockings on your lower legs that intermittently massage your ankles. These also reduce the risks of blood clots.
3. **Pain Control after Surgery.** You are given an Enhanced Recovery After Surgery or ERAS protocol. This is a protocol that incorporates best medical practices to optimize your comfort and speed up recovery. The ERAS protocol may include :
  - Celecoxib (Celebrex) – a selective cox-2 inhibitor, this is an anti-inflammatory medicine
  - Gabapentin (Neurontin) – this medicine dulls nerve-related pain
  - Oxycontin – narcotic medicine for pain control
  - Acetaminophen (Tylenol) – for pain control
  - Hydromorphone (Morphine) – for pain control when oral medicines are not enough
  - Zofran – a powerful anti-nausea medicine
  - Colace – a stool softener to prevent constipation due to the narcotic medicines
4. **Preventing Infections after Surgery.** A limited course of antibiotics are typically prescribed after surgery. The type of antibiotic depends on several factors including which allergies you have.
5. **Drains** are occasionally used with breast reduction surgery and serve to draw off any accumulating fluid after surgery. The bulb should be kept collapsed at all times. Please keep a record of *when* and *how much* fluid is emptied from the bulb in *milliliters*. Record the output from each drain separately. Bring this record with you to any office appointment where you still have drains. Usually, drains are removed when they make less than 30 cc within a 24 hour period. On average, they will stay in for up to 1 week. Drains may be cumbersome. To avoid having them dangle or tug you may wish to purchase a “fanny pack” that is worn round the waist and can function as a receptacle for your drains or a belt to which you can safety pin your drains.

We may use an antiseptic-impregnated disk or “biopatch” around your drain where it exits the skin to reduce bacterial contamination.

6. **Wound Glue.** The wounds have been sealed with surgical glue. No wound care except cleaning is required. Do not use ointment over the surgical glue as it will dissolve.
7. **Showering.** You may shower as soon as you are discharged home. The incisions can get soapy and wet, but avoid soaking them or applying full showerhead pressure to them.  
**If you have free nipple grafts, please keep the nipple area dry until after your first follow-up appointment 5 days after surgery.**
8. **Bras.** Your surgeon will provide you with a surgical bra. Please avoid wearing underwire bras until approved by your surgeon, usually 2 to 3 months after surgery.  
**We have access to additional bras specifically designed for woman following breast plastic surgery. These bras are more expensive than typical bras and are not covered by insurance. However, if you are interested in these, please let us know and we can provide more information.**

#### **OTHER POST-OPERATIVE INSTRUCTIONS**

1. If the reconstruction is performed at the same time as the lumpectomy, your breast cancer surgeon will provide you with the final pathology report typically within 5-10 days. On rare occasions, if further cancer cells remain in the breast, then additional surgery to remove more breast tissue may be performed. Otherwise, radiation therapy will be initiated per the discretion of your radiation oncologist usually within 6 to 8 weeks.
2. You may gradually resume normal daily activities once you are discharged home, being careful to avoid any activity that causes pain or discomfort. Strenuous or sexual activities and exercises are to be avoided for 2 to 3 weeks – your doctor will guide you on when to advance your activity. If it hurts, back off. Start slow and progress as tolerated.
3. Driving may be resumed when a sharp turn of the steering wheel will not cause pain and when you are off regular narcotic pain medicine.
4. Bruising and swelling are normal. This will disappear with time.
5. Unusual sensations like numbness, sharpness, and burning are common during the healing process. These sensations may last several weeks to months and will gradually disappear.
6. **If you have any questions, sudden onset of extreme pain, fever, or redness, or a new wound, please call Dr. Myckatyn or Dr. Tenenbaum’s office at 314-996-8800 or the exchange 314-362-1242.**

## RETURNING TO WORK:

1. Working from home : 2 weeks
2. Desk job : 3 to 4 weeks
3. Up on your feet a lot : 4 to 5 weeks
4. Manual labor : 6 to 8 weeks (depends on need for radiation therapy)

## GENERAL INFORMATION:

1. Strenuous activity/heavy lifting of objects greater than 10 lbs should be avoided for 4 weeks.
2. All incisions will be extremely sensitive to sunlight for one year. Direct sun contact is to be avoided and use a sunscreen with SPF 30 or greater for the first 6 months and at least SPF 15 for the next 6 months. Excellent sunscreen options are offered through our various skin care lines.
3. Please take all medication carefully and as directed.
4. If you have nausea, vomiting, rash, shortness of breath, or diarrhea after taking your medications, please call the office.
5. If you develop a fever (oral temperature greater than 101), redness or increased pain at the surgical incisions, please call us immediately.

## FOLLOW-UP:

Follow-up after surgery varies based on the extent of the procedure, any pre-existing health conditions you may have, how far away you live, and in the unusual event where there is a complication. For many patients follow-up includes:

- a) Follow-up within 5 to 14 days with our Nurses to pull drains, check wounds, and to address any minor questions or concerns
- b) Physician follow-up at 3 weeks, and per physician discretion thereafter.