PRE-SURGERY INSTRUCTIONS: GYNECOMASTIA CORRECTION

Patient Name ___________________________ Date ___________________________
Surgical Facility ________________________ Surgery Date ______________________
Arrival Time ____________________________

A successful surgery requires a partnership between you and ________________________ , MD

The following instructions are essential to a safe experience and good outcome. Use this as a checklist as you approach your surgery date. If you are unable to comply with these instructions, you must notify our office as soon as possible. As a result, your surgery may have to be postponed or delayed, at the judgment of ________________________ , MD

This is essential to your health and safety.

THREE WEEKS OR MORE BEFORE SURGERY

There may be several weeks between your decision to have surgery and your actual surgical date. During that time, there are several important considerations:

Practice proper fitness: You need not engage in an aggressive or new fitness routine; however practicing good fitness habits is an important factor in your overall health and well-being. Stretching exercises and low to moderate weight strength training now, can help to enhance your strength in the weeks following surgery.

Good nutrition. Eat well during the weeks prior to surgery. Crash dieting, over-eating or high alcohol intake can greatly affect your overall health and well-being. A healthy, balanced diet is essential. Also begin taking the following supplements daily:

☐ ______________________________________________________________________
☐ ______________________________________________________________________
☐ ______________________________________________________________________

Stop smoking. Smoking can greatly impair your ability to heal. You must be nicotine and smoke-free for at least 4 weeks prior to surgery. You must also be free of any nicotine patch or nicotine-based products for a minimum of 4 weeks prior to surgery.

Lead a healthy lifestyle. In the weeks prior to surgery maintain the best of health and hygiene. A lingering cold, virus or other illness can result in your surgery being rescheduled. Make certain to address any illness immediately, and advise our office of any serious illness or change in your health.

Discontinue any marijuana use. In addition to other health problems, marijuana use can cause gynecomastia. It must be discontinued completely for at least 4 weeks prior to surgery, or surgery may be postponed or cancelled at your cost.

Prepare and plan. Schedule any time off of work, and any support you will need at home in the days following surgery, including housework, childcare, shopping and driving. Make certain a responsible adult is enlisted and confirmed to drive you to and from surgery, and that one is confirmed available to stay with you around the clock for 24 hours, at least, following surgery.

Pre-operative testing: Make certain to schedule all of the pre-operative testing and clearance you have been given. Refer to the Pre-surgical Lab and Testing Orders form. Make certain all test results are received by Dr. ________________________ as required.

Relax and enjoy life. Stress and anxiety over life's daily events, and even your planned surgery can affect you. While some anxiety is common, any serious stress, or distress over the thought of surgery is something you must discuss with our office. We are here to support you and answer all of your questions. We want your decision to be one made with confidence.
TWO to THREE WEEKS BEFORE SURGERY

This is an important planning and preparation time. Follow all of the good health habits you have begun in addition to the following:

**Prepare and plan:** Put your schedule together for the day before, day of and first few days following the surgery. Share this with all of your key support people.

**Fill your prescriptions:** Some pain medication prescriptions may need to be filled ON THE DAY these prescriptions are written. Our office will advise you accordingly. Your prescriptions include:

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<thead>
<tr>
<th>Antibiotic</th>
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<tr>
<td>Pain medication</td>
<td>mg</td>
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<tr>
<td>Muscle Relaxant</td>
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<td>Other</td>
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<td>Supplements</td>
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STOP taking the following for the duration before your surgery. Taking any of the following can increase your risk of bleeding and other complications:

- Aspirin and medications containing aspirin
- Ibuprofen and anti-inflammatory agents
- Vitamin E
- St. John's Wort
- Garlic Supplements
- Green Tea or green tea extracts
- Gingko
- All other medications indicated

**Pre-operative clearance and information:** If they have not been completed and results filed with our office make certain to undergo ALL pre-operative testing. Refer to the Pre-surgical Lab and Testing Orders form. Make certain all test results are received by Dr.________ as required. If medical clearance is required and not yet received, surgery may be cancelled at your cost.

**Vital information:** A pre-operative visit or call is essential to review your health, your goals, and any vital information including allergies and health considerations.

Your pre-operative (visit)(call) is scheduled for: ________________

**Fitness:** Don't over-do it. Avoid anything strenuous or that could potentially cause injury.

**Good nutrition:** Continue taking your supplements as directed:

**NO SMOKING:** No cigarettes, cigars, marijuana or any other smoking. Stay away from second-hand smoke, too. Your healing and health depend heavily on this.

**Lead a healthy lifestyle:** Practice good hand-washing and avoid large crowds, or individuals who are ill. Do not risk catching a virus or cold: no kissing on the mouth, sharing beverages or other high risk opportunities for contacting viral or other illnesses.

**Avoid sun exposure:** Sun damaged skin can more readily produce irregular scars or cause pigmentation irregularities following surgery.
ONE WEEK BEFORE SURGERY

Confirm your day of surgery plans. This includes your transportation and after-care. A responsible adult must pick you up following surgery, take you home and remain with you for the first 24 hours, around the clock.

Review your prescription orders and instructions.

Purchase Polysporin or other ointment as recommended, and 4 x 4 gauze squares.

Purchase any compression garments or ace wraps as required. You may wish to purchase more than one garment or multiple ace wraps for laundering purposes.

Confirm that all lab results and paperwork have been received by Dr. if you have not already done so.

Continue to practice healthy habits, nutrition and fitness. No strenuous exercise. No saunas, hot tubs, steam baths or mud wraps. No smoking, marijuana or alcohol.

Find your comfort zone. Locate the most comfortable place where you can gently recline and recover. You don’t want to be testing locations or pillows the day of surgery. Shop for magazines, books and other things to keep you busy and entertained in the day or two following surgery.

Wax or shave your chest. Your chest may be shaved at the time of surgery.

Relax. Call our office with any unusual anxiety or concerns. Get plenty of rest. If you have trouble sleeping, call our office.

ONE DAY BEFORE SURGERY

Pack your bag for the day of surgery. This should include:

☐ All paperwork
☐ Your identification
☐ All prescription medications
☐ Reading Glasses
☐ Warm, clean cotton socks
☐ Saltines or other crackers in case of nausea during your ride home

Expect a pre-anesthesia call to review your state of health and anesthesia for surgery.

Confirm your route to and from surgery or the recovery center, with the responsible adult who will drive you. Also confirm plans with your 24-hour support person and make certain he or she has all of your post-operative instructions.

Shower as directed. Use an anti-bacterial, fragrance-free soap. Shampoo your hair. Do not use any hair gel or other styling products, scented skin creams or moisturizers. Do not use any deodorant, hair spray, after shave or cologne.

Do not eat or drink anything after 12 midnight. No candy, gum or mints. Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel surgery. This includes candy, gum and mints.

RELAX! Get plenty of rest and avoid unnecessary stress.
THE DAY OF SURGERY

NOTHING by mouth. Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel surgery. This includes candy, gum, mints.

Dress appropriately.

- Do not wear cosmetics, jewelry of any kind, contact lenses, body piercing: If there is something you cannot remove, let the admitting nurse know right away.

- Wear comfortable, clean, loose-fitting clothing: Do not wear jeans or any tight-fitting bottom; rather have a pair of loose, drawstring sweatpants to wear home. You may wear a robe. Wear slip on, flat shoes with a slip proof sole; no heels. Wear clean cotton socks, as the operating room can feel cool. For your comfort, wear a zip or button front top. No turtlenecks.

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask my doctor and his or her staff any questions I have related to these instructions or about my procedure, health and healing.

Patient Signature ___________________________ Date ___________________________

Printed Name of Patient ___________________________

Signature of Practice Representative and Witness ___________________________
POST-SURGERY INSTRUCTIONS: GYNECOMASTIA CORRECTION

Patient Name ___________________________ Date ______________________
Surgery Date ________________________

Once your surgery is completed, you must follow all the instructions given to you in order to heal properly and have a good outcome.

The following instructions are your obligation. Use this as a checklist of progress as you heal. Included are normal post-surgical experiences and key health considerations that may be a cause of concern.

TYPICAL POST-OPERATIVE SYMPTOMS

Typical symptoms and signs to watch for after surgical correction of gynecomastia include the following:

Tightness and stiffness in treated areas: Bruising, swelling and redness: Tingling, burning, numbness or intermittent shooting pain. These are normal experiences as the skin, tissues and sensory nerves heal. Pain medication will help you cope with any discomfort. If you have drains, you may experience additional localized discomfort. Consistent sharp pain should be reported to our office immediately.

Skin firmness, hypersensitivity or lack of sensitivity: This is normal and will gradually resolve over time.

Shiny skin or any itchy feeling: Swelling can cause the skin in treated areas to appear shiny. As the healing process advances, you may also find a mild to severe itchy feeling. An antihistamine like Benadryl can help to alleviate severe, constant itchiness. If the skin becomes red and hot to the touch, contact our office immediately.

Asymmetry: both sides of your body heal differently. One side of your body may look or feel quite different from the other in the days following surgery. This is normal.

CALL THE OFFICE IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- A high fever, (over 101°) severe nausea and vomiting, continued dizziness or incoherent behavior, such as hallucinations.
- Any pain that cannot be controlled by your pain medication.
- Shortness of breath.
- Bright red skin that is hot to the touch.
- Excessive bleeding or fluid seeping through the incisions.
- A severely misshapen appearance localized to one area of the chest.

To alleviate any discomfort, and to reduce swelling, you may apply cool, not cold compresses to the treated region. Crushed ice or ice packs must be wrapped in a towel before being applied to the skin. Do not apply ice or anything frozen directly to the skin. Apply cool compresses for no longer than 20-minute intervals.

Do not apply heat.
DAY OF SURGERY INSTRUCTIONS

Whether you are released after surgery or after an overnight stay in a recovery center or hospital, you will only be released to the care of a responsible adult. All of these instructions must be clear to the adult who will monitor your health and support you, around the clock in the first 24 hours following surgery.

**Rest, but not bed rest.** While rest is important in the early stages of healing, equally important is that you are ambulatory, meaning that you are walking under your own strength.

Spend 10 minutes every 2 hours engaged in light walking indoors as you recover.

**Recline, do not lie down.** This will be more comfortable for you, and can reduce swelling.

Always keep your head elevated. Do not bend forward or over.

**Good nutrition.** Fluids are critical following surgery. Stick to non-carbonated, non-alcoholic, caffeine-free and green tea-free beverages including fruit juices and water, milk and yogurt drinks. You must consume at least 8 ounces of fluid every 2 hours. Stick with soft, bland, nutritious food for the first 24 hours.

**Take all medication, exactly as prescribed.** If you have a pain pump, follow the instructions specifically for your pain pump. Oral pain medication, antibiotics and other medications you must take include:

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**Change your incision dressings.** Your incisions will seep fluid and some blood for a short time after surgery. Keep dressings clean and dry. A cotton swab with peroxide is appropriate for cleansing incisions. Do not remove any steri-strips even if they are over stitches. Apply anti-bacterial ointment over the steri-strips. Place a gauze square over your incisions and replace any compressions garments. If you have a drain placed in your incisions, carefully follow the instructions for drain care and record drained fluid on the Drain Care Instructions and Log.

**Wear your compression or elastic wraps around the clock.** Follow the instructions specifically removing any compression wraps only to cleanse your incision or to empty any drains.

**Do not smoke.** Smoking can greatly impair your safety prior to surgery and your ability to heal following surgery. You must not smoke.

**Relax.** Do not engage in any stressful activities. Do not lift, push, or pull anything. Take care of no one, and let others tend to you.
TWO TO SEVEN DAYS FOLLOWING SURGERY

During this time you will progress as each day passes. Ease into your daily activities. You will receive clearance to begin driving or return to work at your post-operative visit, or within _________ days.

Your post-operative visit is scheduled for: ____________________

• **Continue to cleanse wounds as directed; you may shower.** Take a warm, not hot shower. Do not take a bath. Limit your shower to 10 minutes. Avoid getting your incisions wet. Do not remove any steri-strips. Do not rub your incisions. Apply a fragrance free moisturizer to the surrounding skin, however not on your incisions.

• **Take antibiotic medications and supplements as directed.** Take pain medication and muscle relaxants only as needed. You may wish to switch from prescriptive pain medication to acetaminophen or ibuprofen.

• **Continue to wear your elastic wraps or compression garment around the clock.**

• **Do not resume any exercise other than regular walking.** Walking is essential every day to prevent the formation of blood clots.

• **No sun exposure.** If you plan to go outdoors for any reason, use sun protection including wearing protective clothing. Avoid any direct sun exposure.

• **Maintain a healthy diet. Do not smoke. Do not consume alcohol.**

ONE TO FOUR WEEKS FOLLOWING SURGERY

As you resume your normal daily activities, you must continue proper care and healing.

• **Continue your wound care as directed.**

• **Refrain from weight-bearing exercise.** You may begin range of motion exercises but not with any weight, pressure or resistance of any kind. Continue walking. A daily, brisk 20-minute walk is recommended.

• **Do not smoke.** While incisions may have healed, smoking deprives your body of necessary oxygen that can result in poorly healed, wide, raised scars.

• **Continue to wear your elastic wrap or compression garment as directed.** This is essential for your skin to conform to new contours. If your skin does not conform, revision procedures to reduce excess skin may be recommended.

• **Practice good sun protection.** Do not expose skin in the treated region to direct sunlight. If you are outdoors, apply at least an SPF 30 to the treated region at least 30 minutes prior to sun exposure and wear protective clothing. The skin in treated areas is highly susceptible to sunburn or the formation of irregular, darkened pigmentation.

**Follow-up as directed.** Your second post-operative visit is scheduled for: ____________________
SIX WEEKS FOLLOWING SURGERY

Healing will progress and your chest settles into a more final shape and position.

- You may ease into your regular fitness routine. However realize that your body may require some time to return to previous strength.
- Discomfort or tightness and tingling of the skin will resolve.
- No need to resume smoking. You have now gone 10 weeks (4 weeks prior to surgery and 6 weeks following) without a cigarette. For your long-term health, there is no need to resume smoking. This includes marijuana use, which may have contributed to your gynecomastia.

YOUR FIRST YEAR

- Continue healthy nutrition, fitness and sun protection.
- Your scars will continue to refine. If they become raised, red or thickened, or appear to widen, contact our office. Early intervention is important to achieving well-healed scars. Scars are generally refined to fine incision lines one year after surgery.
- A one-year post surgery follow-up is recommended. However you may call our office at any time with your concerns or for needed follow-up.

Your body will change with age. The appearance of your chest will change too. Although surgical correction of gynecomastia is generally permanent, any significant weight gain or loss, the use of steroids, hormones or marijuana, as well as the normal influences of aging can cause changes to your appearance. You may wish to undergo revision surgery at a later date to help maintain your appearance throughout life. Contact our office with any of your questions or concerns, at any time.

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask my doctor and his or her staff any questions I have related to these instructions or about my procedure, health and healing.

_________________________  ________________________
Patient Signature            Date

_________________________
Printed Name of Patient

_________________________
Signature of Practice Representative and Witness