



Achieving Quicker Recovery After Breast Augmentation

Joe Gryskiewicz, MD, FACS

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BACKGROUND

What surgeon would allow a breast augmentation (BA) patient to return to normal activity on the first day after surgery? In this article, the author reviews his BA population with respect to postoperative recovery. The goal was to determine whether certain adopted practices would predictably return BA patients to full normal activities within 24 hours of surgery, thus sparing them a slow, painful recovery.

MY EXPERIENCE

The quicker-recovery principles and practices described in this article have been used for 2871 cosmetic BA patients since 2002 and are based on 3 time points (Table 1). These preoperative, intraoperative, and postoperative methods were thoroughly discussed with each patient during the initial preoperative consultation.

PREOPERATIVE CONSULTATION

Patient expectations were carefully managed. We reviewed our outcomes data with patients preoperatively so they could be confident about returning to normal daily activities by the morning after surgery. We shared our book of testimonials in which our previous patients described how quickly they recovered; these testimonials included detailed descriptions of household and social activities pursued on the actual evening of the surgery. We also maintain a voluntary referral list of former patients (which includes first name and telephone number) so that new patients can contact them to discuss how quickly their recovery progressed.

INTRAOPERATIVE MODIFICATIONS

Multiple techniques described previously, as well as additional practices of the author, were implemented to enable quicker recovery.¹⁻⁴ Care was taken to maintain gentle traction on the breast throughout the augmentation procedure (Table 1). Only the surgeon's fingers or the implants were allowed to touch the ribs, because contact by metal

instruments can cause multiple periosteal or perichondrial hematomas or bruising, which result in pain. Prospective hemostasis was maintained during the dissection whenever possible. Ultimately, complete hemostasis was achieved. Instillation of bupivacaine 0.25% with epinephrine 1:200 000 (Sensorcaine; APP Pharmaceutical, Schaumburg, Illinois) was performed before closure.

POSTOPERATIVE INSTRUCTIONS

Patients were instructed to raise their arms over their head, beginning 6 to 8 hours after surgery (Figures 1 and 2). Three arm raises are done slowly, every hour, before going to bed on the first postoperative night. These hourly exercises are continued throughout the next 3 weeks while the patient is awake. Two brief video demonstrations are available at www.aestheticsurgeryjournal.com (Videos 1 and 2). (You may scan the code on the first page of this article with any smartphone to be taken directly to the videos on www.YouTube.com.)

If the closure was felt to be very secure, the patient was instructed to lie on her breasts for 15 minutes every day, starting the evening of surgery. Patients lie face down, with their breasts against a hard surface (such as a carpeted floor or a cutting board in bed) for 15 minutes daily. The breasts are not in a bra (or other support garment) during this activity. If this is too uncomfortable for the patient

Dr Gryskiewicz is an Adjunct Professor at the University of Minnesota Academic Health Center, School of Dentistry Cleft Palate/Craniofacial Clinics, Minneapolis, Minnesota.

Corresponding Author:

Dr Joe Gryskiewicz, 303 E Nicollet Blvd, #330, Burnsville, MN 55337, USA.

E-mail: drjoe@tcplasticsurgery.com



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Table 1. Protocol to Minimize Pain and Suffering After Breast Augmentation

Preoperative Consultation • Discuss postoperative activity goals • Carefully review expectations • Review the testimonial book • Speak with former patients (as needed) Intraoperative Techniques • Gentle traction on tissue • Prospective hemostasis • Never touch ribs with metal • Touch ribs only with gloves and/or implant • Instill anesthetic into pocket • Avoid bras, drains, and wraps Postoperative Instructions • Raise arms above head; perform 3 raises every waking hour throughout the first 3 postoperative weeks • Lie on breasts for 15 minutes daily, beginning the evening of surgery, for 2 years to help prevent capsules • Resume your normal daily activities, including walking and moving normally around the house and at work, and do not lift more than 30 pounds for the first 3 postoperative weeks
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and/or if there is any concern about the closure, the patient may kneel at the bedside and gently lean into the mattress, or at least gently massage the breasts in all directions except against the incision.

All patients were contacted by a recovery room nurse via telephone on the first postoperative day to ascertain the progress of recovery. Patients were allowed to lift up to 30 pounds until 3 weeks postsurgery, at which time vigorous exercise could be pursued. Immediately postoperatively, patients were encouraged to resume their normal daily activities, including keeping active by walking and moving (Table 1).

OUTCOMES

It is our clinical impression that BA patients have recovered more quickly and with less pain since the implementation of this program. In the 18 years prior, many BA patients experienced a painful recovery. With the recently adopted practices, more than 90% of our BA patients have returned to full normal daily activities within 24 hours of surgery. This quick progress also has been observed by recovery room nurses, anesthesiologists, and anesthesiologists. For example, recovery room staff noted that dosages of narcotics were lower for these patients than for patients whose BA was performed by other surgeons at the same surgical center.

On postoperative day 1, many of our patients were able to return home for meals, entertainment, or shopping. Many returned to their desk job the day after surgery. It appears that the quicker-recovery program provides patients with a more comfortable postoperative experience and less downtime. The author compares this experience with that of a marathoner the day following a race. The

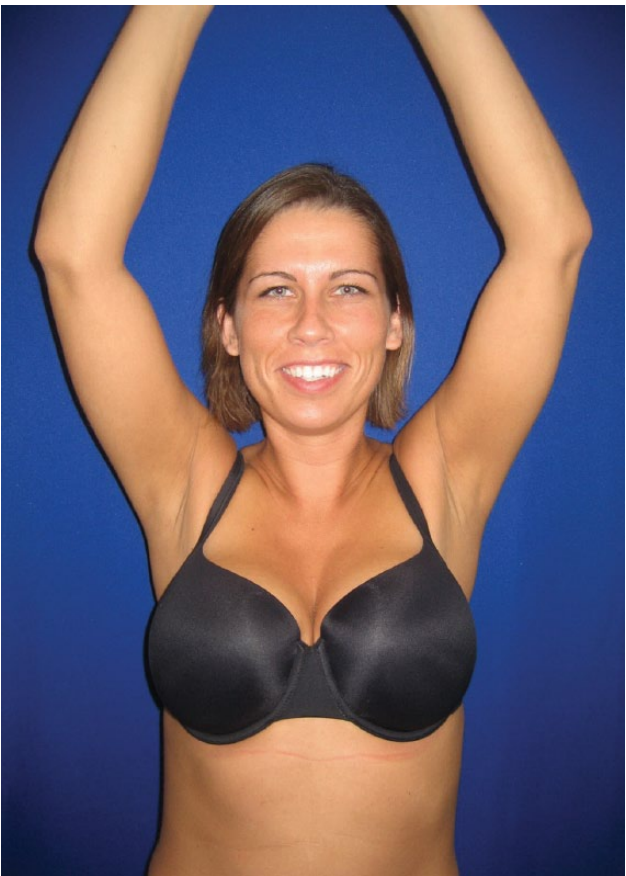


Figure 1. This 26-year-old woman (5'5" tall, 128 pounds) appeared satisfied when seen in the office 24 hours after inframammary dual-plane breast augmentation with 304-cc silicone implants (Natrelle; Allergan, Inc, Irvine, California). She was pain free and not taking medication. She is demonstrating her routine quick-recovery arm exercises ("the wave").



Figure 2. This 22-year-old woman (5'5" tall, 106 pounds) appeared satisfied when seen in the office 24 hours after axillary breast augmentation with 420-cc (left) and 415-cc (right) saline implants (Saline Breast Implant; Mentor Worldwide LLC, Santa Barbara, California). She was pain free and not taking medication. She is demonstrating her routine quick-recovery arm exercises ("the wave").

worst thing the marathoner could do at this point is lie in bed and rest. Stretching and walking are needed for rapid recovery of the leg muscles. The same holds true for the pectoralis major muscles. Prospective hemostasis is important because blood in the pocket acts as an irritant, which contributes to postoperative pain. However, this research is anecdotal. The major limitation is the lack of a tool to quantify pain, although this has been done for these methods

in the past.^{1,2} In 1 study, 96% of patients reportedly returned to normal activities within 24 hours.¹ The second limitation is the lack of a control group. A prospective, randomized, institutional review board–approved study is planned, in which bupivacaine will be instilled into only 1 pocket (independent variable) to assess its effect on postoperative recovery.

COSTS

There were no costs associated with this program.

CONCLUSIONS

A quick-recovery program such as this can provide BA patients with a more comfortable postoperative experience and less downtime. These methods are easily reproducible and adaptable. The author plans to continue his successful program.

Disclosures

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