

MINNEAPOLIS PLASTIC SURGERY, LTD.

763-545-0443 (24 hours)

If answering service does not pick up call 952-653-0784, In an EMERGENCY call 911

AFTER SURGERY INSTRUCTIONS UPPER ARM LIFT (BRACHIOPLASTY)

- Take your medications as prescribed. See separate sheet.
- Call your doctor if you notice progressive swelling (some swelling is to be expected), bleeding, or soreness, particularly if you notice the difference only on one arm.
- You may drink liquids. Gatorade or other drinks containing electrolytes are recommended. If you are not nauseated, you may eat a light meal such as soup, crackers, toast, etc.
- Keep your arms elevated (above heart level). Minimize bending arms at elbows; this will help decrease soreness and swelling. Stay quiet as excessive activity may cause bleeding to occur.
- Sleep with your upper body and arms elevated for 3 weeks. A sofa cushion under the mattress works better than trying to sleep on several pillows.
- Keep the dressings on your arms intact until you see your doctor. You may need to re-wrap the elastic bandages.
- Sponge bathe only. **DO NOT** remove compression.
- **DO NOT** lift any objects greater than five (5) pounds for 2 weeks.
- **DO NOT smoke** (including second-hand smoke) or use any nicotine products of any kind for 2 weeks before and after surgery.
- **DO NOT** engage in any strenuous activity that involves the use of your arms such as vacuuming, heavy lifting, or stretching your arms above your head for 2-3 weeks.
- **DO NOT** drink any alcoholic beverages (beer and wine included) for 5 days or while taking pain medication. Alcohol, medications and/or anesthetic drugs may interfere with good judgment.
- **DO NOT** drive a car or operate machinery for the next 48 hours or while using pain pills.
- Someone from Minneapolis Plastic Surgery will call you this evening to inquire about your condition and answer any questions you may have.
- Do not hesitate to call the doctor's office if you have any questions about your recovery.
PHONE: 763-545-0443

I acknowledge receipt of these after-surgery instructions.

_____ (signature)

_____ (date and time)