

Nipple Inversion Surgery- Instructions

Pre-operative

- Do not wear jewelry, make-up, body lotions, nail polish or bring valuables. Remove all piercings.
- Bring carrying case for eyeglasses or contact lenses.
- No aspirin or aspirin containing compounds for at least 2 weeks prior to and after surgery.
Please refer to medication list for medicines and foods to avoid. Stop all herbal preparations.
- Shower the night before and morning of surgery with Dial or other antibacterial soap.
- Wear loose comfortable clothing with flat/ low heeled shoes. No over-the-head clothing.
- Fill all prescriptions within 3 days and bring them with you on your surgery date.
- Arrive at the Kole Plastic Surgery Center ½ hour before surgery start time.
- Lab tests need to be drawn and faxed to this office no later than:_____.
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Post-operative

- After dismissal after the surgery center, return home and go directly to bed.
- Do not raise your arms over your head and do not attempt to lift anything over 10 pounds.
- Remain at bed rest for 24 hours and leave your bed only to use the bathroom.
- Sleep only on your back. Do not lie on your stomach, breasts or sides at any time.
- Diet may consist of liquids or regular food as desired and as tolerated.
- Take pain medicine and antibiotics as prescribed. Avoid alcohol intake.
- Return to your surgeon for all follow up visits as directed.
- Contact Doctor Kole for any unusual or special problems (excessive pain, swelling or bleeding)
- Call to confirm appointment for first post operative visit.
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Call Dr. Kole immediately if:

- Fever over 101 degrees, rash or shaking chills.
- Inability to tolerate antibiotics or pain medicine.
- Persistent nausea or vomiting lasting 24 hours after surgery.
- Excessive bleeding on the dressing.
- Increase in pain occurring 72 hours after surgery.
- Redness around or discharge from incision sites.

If you have any questions or problems, call the office anytime at (215) 354-1010

I have received this instruction sheet, understand the information presented, have had my questions answered satisfactorily and agree to carry out the instructions as explained above.

Patient signature _____ Date _____ Surgeon _____