

INFORMATION AND POSTOPERATIVE CARE

CHEST MASCULINIZATION AND THE JACKSON-PRATT DRAIN



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Infection Prevention

Research has shown that infections are caused mainly by poor hand hygiene.

You and your visitors should wash your hands in the following manner:

Washing hands, simple and effective!



Important upcoming dates:

Treatment	Date
Removal of the Jackson-Pratt drain	
Removal of the <i>Primapore</i> dressings covering the former Jackson-Pratt sites	
If you had a nipple graft, removal of the dressings covering the nipples	
Postoperative shower permitted	

THE JACKSON-PRATT DRAIN

The Jackson-Pratt drain is a tube equipped with a bulb that provides constant suction. It is inserted in a closed wound during surgery.

It is installed to:

- prevent the accumulation of fluid in the wound and reduces the risk of infection;
- permit the measurement of the amount of fluid draining from the wound.

If your drains were inserted during your surgery, they will be removed by your doctor or by a nurse once the amount of fluid drained is less than 30 ml per day, as prescribed by your surgeon. You will be provided with the prescription for the removal of your drains before you are discharged from the hospital.

Hygiene	Wash your hands before and after each manipulation of your drains or your dressings.
	Do not take any baths or showers as long as the drains are in place.

When do I empty the receptacle?

- You have to, at minimum, empty the receptacle every morning, afternoon and at bedtime, or as soon as it is half-filled;
- The drained liquid can be red, yellowish-pink or yellow. Do not worry if the liquid remains tinted with blood.

How do I empty the receptacle?

1. Prepare your material :
 - a clean towel;
 - the graduated measuring cup that the nurse gave you.
2. Wash your hands with soap and water for 40-60 seconds;
3. Sit next to a table or a counter;
4. Detach the receptacle from your clothes and place the towel on your lap;
5. Remove the cap from the receptacle ([Figure 1](#));
6. Empty the contents of the receptacle completely into the graduated measuring cup ([Figure 2](#));
7. Try not to touch the graduated container with the top of the receptacle or the cap to prevent contamination;

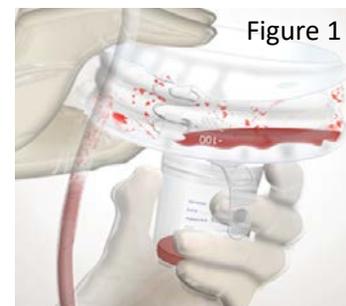
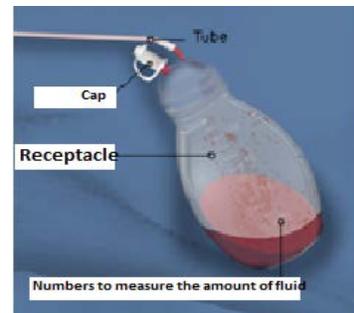


Figure 2

How do I remove clots or debris from the tube?

1. Hold the tube firmly at the edge of the dressing with your thumb and forefinger of one hand by pinching the tube. Be sure to hold the tube firmly to prevent it from tearing from the wound. If these actions cause you too much pain, seek help from a relative or friend;
2. Place the thumb and forefinger of the other hand close to the fingers already in place on the tube;
3. Keeping the tube pinched with the fingers of the second hand, drag your fingers along the tube for about 15 cm;
4. Keep the tube pinched and stop the pulling by keeping your fingers of the two hands in place;
5. Move the fingers of your first hand close the fingers of the second hand and repeat steps 2, 3, and 4 until the blood clots reach the receptacle;
6. To empty the receptacle, refer to steps 1 to 12 on the previous page.

Contact us if...

- You have swelling or redness around the drain;
- Your dressing is soaked and the receptacle does not fill;
- The receptacle inflates as soon as you close the cap;
- The receptacle quickly fills with blood;
- The liquid drained is cloudy, greenish or smelly;

The amount of liquid should decrease over time and become less red.
You should bring your report with the amounts of liquid drained to give to your doctor at the appointment for the removal of your drains.

Drain removal

Once the Jackson-Pratt drains are removed, it is normal that a small amount of clear, yellowish liquid continues to drain lightly from your wounds. You can cover your wounds with a sterile compress. If there is no drainage from the wounds, leave them in the open air.

The 2 small incision sites will close and heal on their own.

GENERAL INFORMATION

Healing

Healing is a complex process involving a series of successive steps that lead eventually to complete recovery.

Discharge from the wound area is normal during the first 3 weeks following surgery. Swelling is normal during the first 4 to 6 months after surgery.

Until your wounds are completely healed, check your incisions daily for infection.



Discharge that contains pus or has a foul odour is likely a sign of infection of the wound. For more information, please see the section entitled "Contact your doctor if ..." on page 11 of this document.

Dressings and wound care

1. Dressings

If you had a mastectomy with a graft of the nipple and areola (region surrounding the nipple), the dressings covering the graft site will be removed 6 days after surgery. The wounds may have a blackish colour. These scabs will fall off by itself in 1 to 2 weeks, allowing the new skin to appear.

2. Sutures

Your surgical incisions have been closed with "dissolvable sutures" which may take 30 to 90 days to completely dissolve. There is therefore no need to be concerned about their removal.

Never pull at your sutures.

Steri-Strips will be found under the bandage. They will most likely fall off on their own in the shower. If not, you can remove them 3 weeks after surgery.

3. Hygiene

24 hours after your drains are removed (or 24 hours after the removal of the dressing covering the nipples if you had a graft of the nipple and areola):

1. Take a shower every day;
2. Remove the dressings when they are wet to avoid tearing the scabs that have formed on your wounds;
3. Use mild, unscented and alcohol-free soap like Dove or Ivory to clean your torso;

4. Thoroughly rinse excess soap. Be careful not to let the water from the shower hit your incisions directly;
 5. Carefully pat-dry (never rub your nipples) your wounds with a clean towel and let it dry in the open air for about 15 minutes;
 6. Never vigorously rub your incision sites;
 7. Redo your dressing as instructed by the nursing staff.
- **To increase comfort:** Cover unhealed wounds with a gauze dressing. If you had a mastectomy with a graft of the nipple and areola and the dressing sticks to the nipple or the drainage areas, apply Adaptic to facilitate the removal of the dressings.

4. The elastic band

The bandage must remain in place 24 hours a day for a period of 1 month following surgery.

After your drains have been removed:

- ☞ Only remove the elastic band when taking a shower;
- ☞ It is possible to wear a personal elastic band if it is fitted with a Velcro strip in the front. Otherwise, continue using the elastic that you were provided with following your surgery.

5. Massaging the incisions

In order to stimulate blood circulation and improve the flexibility of the tissue surrounding the surgical site, it is important to begin massaging your scars once they are closed.

Massage in the direction of the incision with a vitamin E-based cream or a silicone gel. This type of cream is available at a drug store.

Never apply oils to your incisions.

6. Swimming and Exposure to the sun

- Wait 6 weeks or until your wounds have completely healed before going swimming in a pool, hot tub, or lake.
- Avoid exposing your wounds to sunlight for the first year after surgery.

Pain and medication

The pain one feels varies from one person to another. Relieving pain upon waking up helps you go about your daily activities; relieving pain when you go to bed helps you sleep.

- Apply **ice** to the sore area as frequently as possible for 10 minutes. Ice should not be applied directly to skin. Wait at least 1 hour between each ice application;
- Rest. **Rest** maximizes the effects of medication, reduces stress, and facilitates healing;
- Find other, **non-medical methods** to relieve pain like relaxation, music, the presence of a loved one, etc.
- **Take acetaminophen** (Tylenol) regularly for a maximum period of two weeks. Follow your prescription and consult your pharmacist or attending physician to ensure safe use of acetaminophen;
- **Take the narcotic analgesics** prescribed by your surgeon if your pain becomes a nuisance. Do not hesitate to take your prescribed painkillers even if you are taking Tylenol. Remember that the more intense your pain is, the more difficult it is to relieve it. Follow your prescription and contact your physician if the pain does not improve.

Do not take acetylsalicylic acid (Aspirin or ASA) for 2 weeks following surgery.

You may only take an anti-inflammatory like Advil or Motrin once you have stopped taking Celebrex.



For more information, please see the document entitled “Opioid Analgesics Guide.” If you have not already received it, ask your nurse. If you feel too much pain or if it becomes uncontrollable, contact your nurse.

Diet

In order to prevent nausea, begin with a light diet consisting mainly of broths or soup, crackers, and Jell-O. You can resume a regular, balanced diet as soon as you feel comfortable to do.

Don't forget to add fibre to your daily diet to help prevent constipation.

We strongly advise you to consult *Canada's Food Guide*, found in the annexe to this document.

Constipation

Taking analgesic narcotics and the reduction of physical activity can lead to constipation which, in turn, may cause, among other things, bleeding from your surgical wound when passing a bowel movement.

We recommend re-establishing regularity as soon as possible. In order to do so:

- Drink at least 2 to 3 litres of water per day;
- Increase your daily intake of fibre: fresh or dried prunes or prune juice, All-Bran Buds-type cereal, fruits and vegetables, etc.;
- Reduce consumption of foods high in fat and sugar;
- Reduce consumption of caffeinated beverages like coffee, tea, and soft drinks;
- Avoid alcohol as it contributes to dehydration;
- Establish a regular routine of physical activity;
- Take acetaminophen (Tylenol) regularly in order help reduce your consumption of narcotics;
- Take Senokot, a natural laxative, as prescribed by your surgeon.



If constipation persists, consult your pharmacist.

Rest and daily activities

A balance between rest and activity is essential. Rest and resume your daily activities as soon as possible and according to your tolerance.

Important:

- Until the 4th week, do not lift objects weighing more than 4.5 kg (10 lbs). Plan to have help upon your return home (cleaning, doing the groceries, laundry, etc.);
- Gradually resume your daily activities that require the use of your arms, avoiding large, sweeping movements;
- It is possible to go back to work 3 weeks after your surgery;
- Wait until the 6th week after your surgery before participating in intense physical activity.

Walk as much as possible and according to your schedule and tolerance.

Walking helps to relieve pain, stimulate blood circulation in the legs, and prevents the stagnation of blood in your veins, which can cause blood clots (thrombophlebitis).

Driving a motor vehicle

If you are taking narcotics, plan to have someone else take the wheel when getting around by car.

It is prohibited to drive a motor vehicle when taking analgesic narcotics.

We recommend waiting 2 weeks after your surgery before driving a motor vehicle in order to be able to perform unimpeded movements.



Consult your auto insurance company for more information.

Alcohol and tobacco

Avoid consuming alcohol for 2 weeks following surgery.

- Mixing alcohol and medications can cause unpredictable and undesirable reactions.

We strongly advise you not to smoke during the 6 weeks that follow your surgery. Toxic substances in tobacco can:

- Tighten small blood vessels, adversely affecting your wounds' healing process;
- Cause, when getting up, nausea, vomiting, and excessive coughing that increase the risk of bleeding after surgery.



Nicotine substitutes (Nicorette, etc.) have the same harmful effects on blood circulation as cigarettes and are therefore also inadvisable during this period

CONTACT YOUR DOCTOR IF...

If you suspect or experience one of the following complications, contact us by email at asclepiade@cmcmontreal.com. In order to facilitate a follow-up, attach a photograph of your wounds and describe your symptoms.

If you see a doctor, advise us of the doctor's diagnosis and treatment prescribed.

Infection of the wound

Upon your return home, check your incisions every day for infection and continue to do so until your wounds have completely healed.

<u>Signs of infection</u>	<ul style="list-style-type: none">• Redness;• Sensation of heat;• Sensitivity;• Swelling;• Foul-smelling pus discharge;• Increased pain at the surgery site;• Chills and fever of over 38.5°C or 101°F for more than 24 hours. <p style="text-align: right;">} At the surgery site and its perimeter</p>
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WHO TO CONTACT IN CASE OF NEED

Asclépiade at 514-333-1572 extension 200 or by email at asclepiade@cmcmontreal.com

Your attending physician

**A health consultation service in your area
(In Quebec, Info-Santé: 811)**

**Emergency services in your area
(In Canada: 911)**

MEDICAL FOLLOW-UPS

Asclépiade

After your return home, we will make 2 follow-ups by email or telephone in order to verify that your convalescence is going smoothly. You will receive an email or telephone call during the first and second weeks following your departure from the Centre Métropolitain de Chirurgie or from Asclépiade.



If you do not receive our emails or telephone calls, contact us to let us know.

With your surgeon

If you live in or near Quebec, the first follow-up (1 month postoperative) will be done with your surgeon. It is important to go to your appointment as it represents an opportune time to, if necessary, discuss with your surgeon any persistent worries or unease.

Prior to leaving the Centre Métropolitain de Chirurgie

Contact 514-288-2097 to make your appointment.

Please make an appointment the _____ with:

- The doctor
- The nurse

☞ Date of next appointment: _____

With your family doctor

Continue your annual visits with your family doctor.