CHRYSALIS COSMETICS

Instructions for Gynecomastia

1. No bending, lifting, or straining for the first 2 weeks. REST AND RELAX! Sleep elevated by propping yourself up with pillows for the first week to keep swelling down. After the 2 weeks, slowly ease back into physical activity.
2. Swelling and discoloration of the chest is normal and usually disappears within the first 2 weeks. You may apply ice packs to outer rib and upper chest areas for a maximum of 20 minutes an hour.
3. Take your prescribed medications as directed to remain comfortable.
4. Do not take Aspirin, Ibuprofen, Aleve, Fish oils, Vitamin E, Herbal supplements, etc. as these are blood thinning and may increase bruising for a minimum of 2 weeks after procedure.
5. Drink plenty of fluid. Avoid alcohol and caffeine.
6. Shower is okay day 2-3. You will have Steri Strips (tape) AND/OR White mesh tape over incisions, these will remain in place until your one week appointment. Do not remove them. Once out of the shower, please ensure that the Steri Strips AND/OR White mesh tape over the incisions are dry before putting compression garment or clothes on. If not dry, use a blow dryer on low to dry them, or let air dry further.
7. The compression garment should be worn at all times for the first week. After the first week, you may switch out the compression garment to a more comfortable support garment. You will want something that buttons or zips up the front. From weeks 2-4 wear this compression garment 12 hours a day, either during the day or at night.
8. Driving or operating machinery is not recommended for the first few days, and while taking any narcotic pain medication.
9. Do NOT submerge yourself in water, such as a bathtub, pool, hot tub, etc. for 4-6 weeks or until you've received clearance from Dr. Perry.
10. Your chest is expected to be firm for a few weeks following surgery. If applicable to you, massage instructions will be given at your one week post-op appointment.

***If you have a life-threatening emergency, call 911**.

Patient Name (Print):_____

Patient Signature: _____ Date: _____

Witness Name (Print):_____

Witness Signature: _____ Date: _____

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