

## Your Breast Augmentation Folder

### List of Contents

Your Breast Augmentation Folder has been assembled to provide you with important information. Please take the time to look through all the items carefully and do not hesitate to contact our office if you have any questions.

Your folder contains the following:

*Your quotation for breast augmentation surgery*

Your quotation has an itemized list of the financial responsibilities for breast augmentation.

*Quotation letter*

This letter explains the quotation for you including what is and what is not covered.

*Preparing for Surgery*

You'll find a list of the do's and don'ts in preparing for your surgery.

*Medications, Products and Foods to Avoid Before Surgery*

There are many products and foods that can affect your healing from surgery. Please look these over carefully.

*Risks associated with Breast Augmentation: What you should know*

Breast augmentation is a safe and reliable procedure. Like all surgeries however, there are risks you should review carefully.

*Postoperative Instructions*

Once you return home from your procedure, please follow these simple guidelines to help ensure an uneventful recovery.

*Allergan Canada Booklets*

Allergan Canada supplies the Natrelle breast prostheses used for your procedure. Their booklets provide essential information regarding their products and guarantees.

## Breast Augmentation

### Your Quotation for Surgery

You will be given a quotation outlining your financial responsibilities for your upcoming breast augmentation procedure.

#### What is included in your quotation

The quotation for your coming surgery will include the following items:

- Surgical fees
- Anesthesia fees and clinic fees
- Any special garments required for your procedure
- Your breast implants
- All applicable taxes

Please have your fees payable to Ronald G. Zelt, M.D. Inc. Payments may be made by cash or certified cheque and must be received in our offices 10 (ten) days prior to surgery. If your fees are not paid by this time, your surgery will be rescheduled at your convenience once full payment is received.

Your quotation also includes the following

- All postoperative visits with Dr. Zelt
- The surgical fee for one revisional surgery should it be necessary to achieve the desired results.

#### What is not included in your quotation

Should a revisional or touch-up surgery be required to achieve the desired goals of the original surgery, then the surgical fee is waived and patients are required to cover only the fixed costs of the surgery including anesthesia fees (if any), clinic fees, breast implants if a volume change is desired and applicable taxes. Revisions covered by this quotation must be performed within 12 months following the date of surgery. Surgical fees will be applied to all revisions performed more than 12 months following the date of surgery.

Revision under local anesthesia	\$689.85 (does not include implants)
Revision under general anesthesia	\$2242.01 (does not include implants)

Postoperative **infection** following breast augmentation is very rare. Should it occur and not respond to oral antibiotics, the implant may have to be removed to ensure proper healing. Under these circumstances, a new implant must be purchased by the patient that can be reinserted approximately 3 to 4 months later. There is no surgical fee for this procedure and patients will be required to cover only the fixed costs of the surgery.

- Total fees for reinsertion of an implant(s) following an infection are \$2644.43 (one) and \$4541.51 (both)

In some cases, a **capsular contracture** may form around your implant leaving your breast feeling firm and sometimes uncomfortable. If this does not soften with aggressive massaging, a short outpatient

procedure called an open capsulotomy may be required. This is not considered a revision or a touch-up to the original breast augmentation procedure. The patient will be required to cover the fixed costs of surgery including a small surgical fee.

- Total fees for an open capsulotomy procedure is \$2069.55 for one breast and \$2644.43 for both breasts.

**How long is the quotation valid?**

All quotations are valid for 6 months from the date printed on the invoice.

## Conditions Of Payment

Ronald G. Zelt, MD

Patient's Name \_\_\_\_\_  
Date of Surgery \_\_\_\_\_  
Reserved \_\_\_\_\_  
Total Surgical Fees \_\_\_\_\_  
Deposit \_\_\_\_\_  
Balance Due \_\_\_\_\_  
Due Date \_\_\_\_\_

Please check boxes

- A deposit equal to 50% of the surgery fees is required in order to reserve the date of the surgery. The deposit is **non-refundable within 14 days of the surgery date** (except under extenuating circumstances).
- Once deposit has been received, you can only change the date of surgery once and only if the surgery is over two weeks away.
- Unless otherwise indicated, the balance of payment is due no later than 10 days prior to your surgery day.
- Dr. Zelt is the only person who can cancel your surgery due to a medical condition. If Dr. Zelt cancels the surgery, then the surgery can be rescheduled without penalty. If surgery is impossible to reschedule, then all funds will be refunded.
- Please be advised that this policy is in effect in order to allow our staff to efficiently administer the operating room time for the benefit of all our patients.
- It is **very important that you arrive on time 1 hour prior to your procedure**. There will be an additional fee of \$750 charged to you if you arrive more than 30 minutes later than the time given to you. Thereafter, there is a charge of \$750 per 30 minutes you are late. PLEASE BE ON TIME!

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Natalie Gordon  
Office Manager, Ronald G. Zelt MD Inc

Patient's Signature

## Patient Agreement

Ronald G. Zelt, MD

Patient's Name \_\_\_\_\_  
Date of Surgery \_\_\_\_\_  
Reserved \_\_\_\_\_

Please check boxes

- I have seen Dr. Ronald Zelt in consultation. I was able to explain to him my desires and the goals I hope to attain from the proposed procedure. After being evaluated, he explained to me the details of my procedure. I was informed that additional information could be obtained online from his specialty website.
- Dr. Zelt reviewed my operative timeline to show me the average number of visits required postoperatively and what I might expect during the healing process.
- I have been given a handout which includes information regarding my quotation, how to prepare for surgery, medications and foods to avoid prior to surgery, a list of the risks associated with my procedure, a sheet with postoperative instructions and information regarding financing.
- I have been made aware of the detailed list of risks and complications associated with my procedure within the handout and online on Dr. Zelt's website. Dr. Zelt encouraged me to review this list prior to my procedure and to ask any questions I might have regarding these risks.
- I understand that Dr. Zelt cannot guarantee that I will be satisfied with the results of my procedure. He has explained that, should a revision (touch-up) be required, there will be no surgical fee paid to Dr. Zelt for this procedure and I would only be required to pay the fixed costs associated with this procedure (rental of operating room, replacement of implant).
- I was given every opportunity to ask questions regarding my procedure. Should I have more questions in the future, I can call (514-933-3449) or e-mail (nataliegordon@rgzelt.com) Natalie Gordon or return another time to see Dr. Zelt with no additional fees.
- I have been given Dr. Zelt's cell phone number (514-983-1556) should I have any questions or concerns following my procedure. I was encouraged to call or text message him if required.

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Natalie Gordon  
Office Manager, Ronald G. Zelt MD Inc

Patient's Signature

# Breast Augmentation

## Preparing for Your Surgery

### Months Before

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#### **Stop Smoking**

Smoking reduces circulation to the skin and impedes healing so please stop! This is important. You must stop 3 months prior to the date of your procedure.

#### **Take Multivitamins**

Once you have the date for your procedure, start taking multivitamins twice daily to maintain or improve your general health once you have scheduled your surgery.

#### **Take Vitamin C**

Start taking 500 mg of Vitamin C twice daily to promote healing once you have the date for your procedure.

#### **Do Not Take Aspirin or Ibuprofen**

Stop taking any medication containing Aspirin or Ibuprofen 10 days prior to the date of your procedure. You will be given a list of medications, natural products and foods to avoid prior to your surgery. They all contain substances that may interfere with healing or cause bleeding problems during and after surgery. If you have minor pain prior to your surgery, use medications containing acetaminophen (such as Tylenol).

#### **Limit Vitamin E**

Limit your intake of Vitamin E to less than 400 mg per day beginning two weeks prior to the date of your procedure.

### One Week Before

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#### **Fill Your Prescriptions**

You will be given prescriptions for medications. Please have them filled **before** the day of your surgery and bring them with you.

### The Day Before

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#### **Prescriptions**

Make sure that you have filled the prescriptions you were given and set the medications out to bring with you tomorrow.

#### **Cleansing**

The night before surgery, shower and wash the surgical areas with soap that does not contain perfumes or moisturizers.

#### **Eating and Drinking**

Do not eat or drink anything after 12:00 (24:00) midnight. This includes water.

## The Morning of Your Surgery

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### Special Information

Do not eat or drink anything. If you normally take a daily medication, you may take it with a small sip of water in the early morning.

### Oral Hygiene

You may brush your teeth but do not swallow the water.

### Cleansing

Shower and wash the surgical areas again with a soap that does not contain perfumes or moisturizers.

### Make-up

Please do not wear moisturizers, creams, lotions or make-up. Do not use underarm deodorant the morning of surgery.

### Clothing

Wear only comfortable loose fitting clothing that does not go over your head. Remove hairpins, wigs and leave all your jewelry at home. Please do not bring any valuables with you.

## Procedure Day

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You may wonder what happens on the day of your procedure.

### Arrival at the Clinic

Your procedure will be performed at the RocklandMD Surgery Centre located across the hallway from our offices or at the Centre Métropolitain de Chirurgie on rue de Salaberry.

After entering the clinic, you'll be greeted by the clinic's manager or one of their nurses. There is a comfortable waiting room for you and your support team. When the time of your surgery approaches, the nurses will help you prepare for your procedure. There is a changing room with lockers where you can leave your clothes. Each locker has a key which you or whomever is with you can keep during your stay at the clinic. You will change into your gown and be directed into a comfortable room to relax as best you can before your surgery.

### Preoperative Visits

Before your surgery, you will be seen by three people. Dr. Zelt will meet with you to review your procedure with you and make any markings that are required.

Your anesthetist will speak with you about the anesthetic you'll be receiving. He or she will also ask you some general health questions, if you have any allergies and if you've had any problems with general anesthesia in the past.

The nurses will also meet with you to prepare you for your procedure. You may be given Tylenol before your surgery.

Although the three visits just mentioned are brief, please feel free to ask any last minute questions you have before your surgery.

### **Your Operation**

When the time comes for your surgery, your nurse will lead you into the operating room and you'll lie on the operating room table while the anesthetist starts a small intravenous on your hand or forearm. The atmosphere in the operating room is very relaxed so if you are a little nervous, feel free to talk with the people around you. They are all friendly and very supportive. Within a few minutes of entering the room, the anesthetist will give you some oxygen to breath and you'll drift off to sleep.

### **In the Recovery Room**

In what feels like mere seconds, you'll be waking up in the recovery room. There will be a nurse by your side attending to your every need. She'll make sure you are comfortable in your bed and you receive your pain medication. You may have an oxygen mask on when you wake up to help you breathe easier.

### **Returning Home**

When you are able to walk and have been able to go to the washroom following your surgery, the nurses will review with you a list of instructions to follow in days following your surgery. The nurses will also help you get dressed and escort you with your support team to your car. You'll need a ride home from your surgery from your family, friends or by taxi in some circumstances.

***You must be accompanied by a friend or family member when you leave the clinic. You cannot return home alone.***

Your dressings will consist of a small gauze over your incisions covered by a thin plastic dressing. This is fairly waterproof and allows you to begin showering the following day.

At home please **relax** as much as possible and avoid any strenuous activities. You may shower normally. Take your medications for pain as directed by Dr. Zelt.

## Medications, Products and Foods to Avoid Before Surgery

The following list of medications, foods and health food products have been found to contain substances that prolong bleeding and may increase your chances of having an intra-operative or postoperative bleeding problem. Please avoid these medications and products in the preoperative period.

### Medications Containing Acetylsalicylic acid (ASA)

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Stop all medications that contain ASA **10 days before surgery**. You may begin taking them again **1 week** following surgery.

#### OVER THE COUNTER MEDICATIONS

A.C.& C.  
AC with Codeine  
Acetylsalicylic Acid  
Alka-Seltzer & related products  
Anacin  
Anacin Extra Strength  
Antidol  
Apo-ASA  
Arco Pain  
ASA  
ASA ECT  
A.S.A. Enteric Coated  
ASA Suppositories  
Asaphen  
Aser Powder  
Aspergum  
Aspirin & related products  
Astone  
Astrin  
Bexton |Pwr  
Bufferin  
CT Acetylsalicylic Acid Codeine  
& Caffeine  
C2 Buffered  
C2 with Codeine or Caffeine  
CALmine  
Centra ASA  
Coated ASA  
Coricidin, D, MD  
Coryphen  
Cunnard Casse Grippe Cap  
Dolomine 37  
Dristan Capsules  
Dry Socket Paste  
Entrophen

Equagesic 282, 282 Med or 29

Headache Tablets  
Herbopyrine  
Instantine  
Kalmex  
Madelon  
MED Tigol  
Midol  
MSD Enteric Coated ASA  
Nervine  
Nezger  
Norgesic, Forte  
Novasen  
Novo A C & C  
Pain Aid  
Robaxisal  
Tri-Buffered ASA  
217 or 222  
Upsarin Effervescent

#### PRESCRIPTION

AC with Codeine  
Asasantine  
Coryphen Codeine  
Darvon-N products  
Endodan  
Fiorinal  
Fiorinal-C  
Novo-Propoxyn  
Oxycodan  
Painex  
Percodan  
Percodan-Demi  
Phenaphen  
Robaxisal-C<sub>1/4</sub>, C<sub>1/2</sub>  
692  
Tecnal, C<sub>1/4</sub>, C<sub>1/2</sub>

## Nonsteroidal Anti-Inflammatory Drugs other than ASA

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Stop all anti-inflammatory medications **10 days before surgery**. You may begin taking them again **1 week** following surgery.

Generic Name	Common Trade Names
Cimicifuga	Artrol
Choline salicylate-magnesium Salicylate	Trilisate
Diclofenac sodium	Apo-Diclo, Apo-Diclo SR, Arthrotec, Diclofenac Ect, Novo-Difenac, Novo-Difenac SR, Nu-Diclo, Taro-Diclofenac, Voltaren, Voltaren SR
Diclofenac potassium	Volteren Rapide
Diflunisal	Apo-Diflunisal, Dolobid, Nova-Diflunisal, Nu-Diflunisal
Etodolac	Ultradol
Fenoprofen calcium	Nalfon
Floctafenine	Idarac
Flurbiprofen	Ansaid, Apo-Flurbiprofen FC, Froben, Froben SR, Novo-Flurprofen, Nu-Flurbiprofen
Ibuprofen	Actiprofen, Advil, Advil Cold & Sinus, Amersol, Apo-Ibuprofen, Excedrin IB, Medipren, Motirn, Motrin IB, Novo-Profen, Nuprin, Nu-Ibuprofen, Sinus Pr & Pain Reliever with Ibuprofen
Indomethacin	Apo-Indomethacin, Indocid, Indocid SR, Indolec, Novo-Methacin, Nu-Indo, Pro-Indo, Phodacine
Ketoprofen	Apro-Keto, Apo-Keto-E, Novo-Keto, Novo-Keto-Ec, Nu-Ketoprofen, Nu-Ketoprofen-E, Orudis, Orudis E, Orudis SR, Oruvail, PMS-Ketoprofen, PMS-Ketoprofen-E, Rhodis, Rhodis-EC
Ketorolac tromethamine	Acular, Toradol
Magnesium salicylate	Back-Ese-M, Doan's Backache Pills, Herbogesic
Mefenamic acid	Ponstan
Nabumetone Naproxen	Relafen Apo-Naproxen, Naprosyn, Naprosyn-E, Novo-Naprox, Nu-Naprox, PMS-Naproxen
Naproxen sodium	Anaprox, Anaprox DS, Apo-Napro-Na, Naproxin-Na, Novo-Naprox Sodium, Synflex, Synflex DS

Oxyphenbutazone	Oxybutazone
Phenylbutazone	Alka  Phenyl, Alka Phenylbutazone, Apo-Phenylbutazone, Butazolidin, Novo-Butazone, Phenylone Plus
Piroxicam	Apo-Piroxicam, Feldene, Kenral-Piroxicam, Novo-Pirocam, Nu-Pirox, PMS-Piroxicam, Pro-Piroxicam, Rho-Piroxicam
Salsalate	Disalcid
Sodium salicylate	Dodd's, Dodd's Extra-Strength
Sulindac	Apo-Sulin, Clinoril, Novo-SUNda, Nu-Sulindac, Sulindac
Tenoxicam	Mobiflex
Tiaprofenic acid	Albert Tiafen, Apo-Tiaprofenic, Surgam, Surgam SR
Tolmetin sodium	Novo-Tolmetin, Tolectin

### Foods to Avoid Prior to Your Surgery

Stop eating these foods **1 week** before surgery. You may begin again **1 week** following your surgery.

Almonds	Apples	Apricots
Blackberries	Boysenberries	Cherries
Chinese Black Beans	Cucumbers	Currants
Garlic	Ginger	Pickles
Prunes	Raspberries	Strawberries
Tomatoes	Wine and other alcohol	

### Vitamins and Herbs to Avoid Prior to Your Surgery

Stop the following vitamins and herbs **10 days before surgery**. You may begin taking them again **1 week** following surgery.

Vitamin E	St. John's Wart	Gingko Biloba
Echinacea	Garlic	Willow Bark Products

## Breast Augmentation

### Risks: What you must know

Breast enlargement is both safe and reliable. Complications, even minor, are very uncommon.

This is worth repeating...

Breast enlargement is both safe and reliable.

Complications, even minor, are very uncommon.

Every procedure has its risks however and so does breast augmentation. As our consultation draws to a close in my office, I will review all pertinent risks of breast augmentation to ensure you are well informed before proceeding.

Most surgeons will not show you the following well established risks of augmentation on their websites for reasons that are difficult to understand. All medical procedures and medications come with their known risks. To illustrate my point, you may want to search the internet for the complications of common medications – like Tylenol (acetaminophen) for example. This medication is very safe and used by millions of people yet, if you take the time to inform yourself, you'll see that even very safe products have their risks.

Well this is the same for breast augmentation. I'm not concerned that I'll scare you with the following list of accepted risks. I'm much more worried about patients who ignore them.

So what issues might you encounter following breast augmentation?

#### **Bleeding**

It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it is usually noticed in the recovery room or sometime during the first day home. If it is large or uncomfortable, a return to the operating room may be required to drain the accumulated blood (hematoma).

#### **Infection**

Infection is very unusual following breast augmentation. When it appears, it is usually in the immediate post-operative period. You may notice some redness and tenderness near your incision and surrounding breast. If this occurs, you will be treated with antibiotics. In severe cases, the implant may need to be removed under a light general anesthesia in order for the infection to heal. A new implant can then be reinserted about 3 or 4 months later and the same aesthetic results are expected.

#### **Capsular contracture**

When an implant is inserted into the breast, your body naturally forms a scar around it much like your body would form a scar around a foreign body like a sliver of wood. When it forms around a breast implant, we call this a capsule. If the capsule contracts, it can tighten and make the breast round, firm, and possibly painful. Excessive firmness of the breasts can occur soon after surgery or years later. Although the occurrence of symptomatic capsular contracture is not predictable, it generally occurs in less than 10-15 percent of patients. The incidence of symptomatic capsular contracture can be

expected to increase over time. Capsular contracture may occur on one side, both sides or not at all. Capsular contracture is minimized with a healthy regime of massaging your breasts following augmentation. In severe cases, patients may require a release of this tightness – called an open capsulotomy – under a light general anesthetic.

### **Change in nipple and skin sensation**

Some change in nipple sensation is not unusual right after surgery. After several months, most patients have normal sensation. Partial or permanent loss of nipple and skin sensation may occur occasionally.

### **Skin scarring**

Excessive scarring is uncommon. In rare cases, abnormal scars may result. Scars may be unattractive and of different color than surrounding skin. A revision of your scars may be required and is usually performed under local anesthesia.

### **Implants**

Breast implants, similar to other medical devices, can fail. Implants can break or leak. When a saline-filled implant deflates, its salt water filling will be absorbed by the body. When a silicone implant ruptures, the silicone gel will accumulate in the space between the implant and the capsule around it. This may lead to a capsular contracture resulting in firmness of the implant. Should such a problem occur, it is recommended the implant and its capsule be removed and replaced.

Rupture can occur as a result of an injury, from no apparent cause, or during mammography. It is possible to damage an implant at the time of surgery. Damaged or broken implants cannot be repaired. Ruptured or deflated implants require replacement or removal. While the implants we use are guaranteed for life, many surgeons feel that breast implants cannot be expected to last forever. You should expect that perhaps once in your lifetime you will need to have them replaced. I do not feel that you need to schedule a change of implants in 10-15 years following surgery as some surgeons suggest.

### **Implant extrusion**

Lack of adequate tissue coverage or infection may result in exposure and extrusion of the implant. Skin breakdown has been reported with the use of steroid drugs or after radiation therapy to breast tissue. If tissue breakdown occurs and the implant becomes exposed, implant removal may be necessary. Once the area is healed, a new implant can usually be reinserted 3 to 4 months later.

### **Mammography**

Breast implants may make mammography more difficult and may obscure the detection of breast cancer. Implant rupture can occur from breast compression during mammography but this is very rare. You will need to inform your mammography technologist of the presence of breast implants so that appropriate mammogram studies may be obtained. Patients with capsular contracture may find mammogram techniques painful and the difficulty of breast imaging will increase with the extent of contracture. Ultrasound, specialized mammography and MRI studies may be of benefit to evaluate breast lumps and the condition of the implant(s).

### **Skin wrinkling and rippling**

Visible and palpable wrinkling of implants can occur. Some wrinkling is normal and expected. This may be more pronounced in patients who have saline-filled implants or thin breast tissue. It may be possible to feel the implant valve on saline implants. Some patients may find palpable valve and

wrinkles cosmetically undesirable.

### **Pregnancy and breast feeding**

Although many women with breast implants have successfully breast fed their babies, it is not known if there are increased risks in nursing for a woman with breast implants or if the children of women with breast implants are more likely to have health problems. There is insufficient evidence regarding the absolute safety of breast implants in relation of fertility, pregnancy or breast feeding. Very limited research has been conducted in this area and at this time there is no scientific evidence that this is a problem.

### **Calcification**

Calcium deposits can form in the scar tissue surrounding the implant and may cause pain, firmness, and can be visible on mammography. This issue was more commonly seen with older silicone implants that were known to slowly leak small amounts of silicone gel into the space between the implant and the capsule. In some cases these deposits should be investigated to differentiate them from the calcium deposits sometimes seen with breast cancer. Should this occur, additional surgery may be necessary to remove and examine the calcifications.

### **Implant displacement**

Displacement or migration of a breast implant may occur from its initial placement and can be accompanied by discomfort and/or distortion in breast shape. If this is noticeable, another surgery may be necessary to correct this problem.

### **Allergic reactions**

In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

### **Breast disease**

Current medical information does not demonstrate an increased risk of breast disease or breast cancer in women who have breast implant surgery for either cosmetic or reconstructive purposes. Breast disease can occur independently of breast implants. It is recommended that all women perform periodic self examination of their breasts, have mammography according to Canadian Cancer Society guidelines, and seek professional care should they notice a breast lump. There are no published studies showing that women with breast implants have more breast cancer, more aggressive breast cancer or more advanced breast cancer at the time of detection as compared to the normal population.

### **Seroma**

Fluid may accumulate around the implant following surgery, trauma or vigorous exercise. Additional treatment may be necessary to drain fluid accumulation around breast implants.

**Long term results**

Subsequent alterations in breast shape may occur as the result of aging, weight loss or gain, pregnancy, or other circumstances not related to augmentation mammoplasty. Having implants does not mean your breasts will not droop or sag with age.

**Thrombosed veins**

Thrombosed veins, which resemble cords occasionally develop in the area of the breast and resolve without medical or surgical treatment.

**Immune system diseases and unknown risks**

Some women with breast implants have reported symptoms similar to those of known diseases of the immune system, such as systemic lupus erythematosus, rheumatoid arthritis, scleroderma, and other arthritis-like conditions. To date, there is **no scientific evidence** that women with either silicone gel-filled or saline-filled breast implants have an increased risk of these diseases.

**Unsatisfactory result**

You may be disappointed with the results of surgery. Asymmetry in implant placement, breast shape and size may occur after surgery. Unsatisfactory surgical scar location or displacement of the implant may occur. Pain may occur following surgery. It may be necessary to perform additional surgery to improve your results.

**Removal/replacement of breast implants**

Future removal or replacement of breast implants and the surrounding scar tissue envelope involves a surgical procedure with risks and potential complications.

**Additional surgery necessary**

Should complications occur, additional surgery or other treatments may be necessary.

Even though risks and complications occur infrequently, the risks I have just listed above are particularly associated with breast augmentation. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained from having breast augmentation.

## Breast Augmentation

### Postoperative Instructions

1. Rest and relax as much as possible for the first week. Good healing depends on it.
2. You may wear a bra if you want but it is not necessary. Do not wear a bra that lifts your breasts too much but rather one that provides only comfortable support for the first 3 months following your augmentation.
3. You may take normal showers with the small plastic dressings you have on your breasts. Please be gentle.
4. You may remove your dressings 3 days following your augmentation but leave the short tapes on your skin (Steri-Strips) for at least 10 days. After 10 days, your Steri-Strips are easily removed when they are moist in the shower.
5. Take your medication as indicated on the prescription. The best method of managing postoperative discomfort during the first 24 hours following your augmentation is by taking 1 or 2 pills every 3 to 4 hours. By doing this, you are preventing pain from occurring rather than trying to decrease it once it has started bothering you. After 24 hours, please take your pain medication only as needed. Try to switch yourself over to Tylenol (acetaminophen) as the intensity of your discomfort decreases.
6. Do not take aspirin, vitamin E supplements or ibuprofen. Review the list of medications, supplements and foods given to you during your consultation visit and avoid them for 2 weeks postoperatively.
7. Avoid smoking and alcohol. They both delay healing and raise your risks of hematoma and infection. Avoid exercising and sporting activities until instructed to do so by Dr. Zelt.

#### If you have a problem

If you feel something is not right during your healing period, please call one of the following numbers:

Dr. Zelt's office	before 16h00	514-933-3449
Dr. Zelt's cell phone	after 16h00	514-983-1556

In case of an emergency, please go directly to the emergency department of St. Mary's Hospital or Hôpital du Sacré-Coeur de Montréal and have the attending physician page me.

#### Postoperative Visit with Dr. Zelt

Please call my office at 514-933-3449 to make arrangements to see me within 5 to 7 days following your surgery or if you have any questions regarding your care.