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**NIPPLE RECONSTRUCTION WITH MICROPIGMENTATION**

**POST-OP INSTRUCTIONS:**

Your nipple may look discolored or depressed after the dressings are removed. This is normal and should resolve in a few weeks. The pigmented area will fade to the desired shade in two to four weeks.

**ACTIVITY:**

* You may maintain your normal activities, but no strenuous or vigorous activities for one week.
* Do not sleep or lie on your breasts for two weeks.
* You may drive when comfortable, provided you are not taking any prescription pain medications.
* Avoid smoking and being around anyone smoking for one month.
* Sexual activity may be resumed when YOU feel comfortable.
* You may return to work within one to two days, depending on your recovery and what type of work you do.
* Avoid direct sun exposure to the nipple area for a minimum of one year. Use a sunscreen with an SPF of at least #15. Tanning beds should be avoided.
* No swimming for one week.
* Bathing: You may shower after 24 hours, but only wet the area. Do not scrub or use soap directly on the pigmented area; pat it dry.

**DIET:**

* Resume regular diet.

**DRESSINGS:**

* It is normal to have a blood tinged dressing the first day, and a crusted or rough area while the area is healing.
* Itching is also normal. Do not scratch or pick at the area. This may change the final outcome.
* Keep the area moist by applying “Hustle Butter Deluxe” to the nipple twice a day. This can be purchased online from Amazon or Ulta.
* Continue to wear the foam padding around your nipple. Only remove it to shower or apply tattoo balm.

**MEDICATIONS:**

* Do not take medications on an empty stomach, it may cause nausea.
* Take Tylenol or Extra-Strength Tylenol for pain. Do not take aspirin or any medication containing aspirin, unless specified by your doctor.

Notify our office immediately if you develop FEVER GREATER THAN 100 DEGREES, SEVERE PAIN, INCREASED SWELLING, REDNESS, BLEEDING, NAUSEA OR VOMITING. Call our office at (540)722-2280 if you should have any problems.

I acknowledge that I have read and understand the instructions stated above.

Patient Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_