

Medical

Information on medicine,
procedures, and what to expect.





It is **UNSAFE** to take the following medications before surgery because they can cause bleeding problems:

Anti-platelet medications generally need to be stopped one week prior to surgery (Plavix, Effient, Coumadin, Enoxaparin/Lovenox). Your surgeon will advise you specifically.

Medicines Containing Aspirin: Stop **10 Days** Before Surgery

- | | | |
|--|--|--|
| A A/D® | Epromate® | Percodan® Tablets |
| Alka Seltzer® | Equagesic Tablets | Persistan® |
| Anacin® | Equazine® | Pravigard® |
| Analgesic Caplets® | Excedrin® Extra-Strength Analgesic Tablets and Caplets | R Rhinocaps® |
| Arthritis Foundation Pain Reliever® | Excedrin® Migraine | Robaxisal® Tablets |
| Arthritis Pain Formula | | Roxiprim® |
| Arthritis Strength Bufferin | F Fiogestic® | S Saletto® |
| ASA Enseals® | Fiorgen PF® | Salocol® |
| ASA Suppositories® | Fiorinal® (most formulations) | Sine-Off® Sinus Medicine Tablets-Aspirin Formula |
| Ascriptin | Fiortal® | Sodal® |
| Aspergum® | G Gelpirin® | Soma® Compound Tablets |
| Aspirin | Genprin® | Soma® Compound with Codeine Tablets |
| Aspirin Norwich Regular Strength | Gensan® | St. Joseph® Adult Chewable Aspirin |
| Asprimox® | H Headrin® | Supac® |
| Axotal® | Heartline® | Suprin® |
| Azdone® | I Isollyl® | Synalgos® —DC Capsules |
| B Bayer® (most formulations) | L Lanoprial® | T Talwin® Compound |
| BC® Powder and Cold Formulations | Lortab® ASA Tablets | Tenol-Plus® |
| Bufferin® (most formulations) | M Macrainin® | Trigesic® |
| Bufferts II® | Magnaprin® | Tri-pain® |
| Buffex® | Marnal® | U Un-aspirin® |
| C Cama® Arthritis Pain Reliever | Maximum Strength Arthritis Pain Formula Momentum® | Ursinus® |
| COPE® | N Norgestic Forte® (most formulations) | V Vanquish™ Analgesic Caplets |
| D Darvon® Compound 65 | O Orphengesic® | W Wesprin™ Buffered |
| Dasin® | P Painaid® | Z Zee-Seltzer® |
| Dolprin®3 | Panasal® | ZORprin® |
| E Easprin® | | |
| Ecotrin (most formulations) | | |
| Empirin® Aspirin (most formulations) | | |



Medicines Containing Vitamin E: Stop **10 Days** Before Surgery

- All Multivitamins
- Amino-Opt-E
- Aquasol E
- Aquavit
- d'alpha E
- E-1000IU Softgels
- E-400 IU
- E-complex-600
- Vita-Plus E

Herbal Supplements, Powders and Pills: Stop **7 Days** Before Surgery

Herbal supplements can interact with other medications by increasing or lowering your blood pressure, causing bleeding problems, or altering the effects of anesthesia or sedatives. *This is not a complete list. ALL herbal medications and dietary supplements should be stopped 7 days before surgery.

Examples of these medications are:

- Acai Berry
- Garlic
- Ginseng
- Turmeric
- Echinacea
- Ginkgo Biloba
- St. John's Wort
- Valerian
- Fish Oils
- Omega 3's
- Omega 6's

Non-steroidal Anti-inflammatory Medications: Stop **2 Days** Before Surgery

A Actron Caplets Advil Migraine® Advil® Aleve® Altran® Anaprox DS® Ansaid® Arthrotec®	D Daypro® Diclofenac	L Lodine®	O Orudis®KT Oxaprozin
B Bayer® Select Pain Relief Formula Caplets	E Etodolac®	M Meclofenamate Mefenamic Acid Meloxicam Menadol® Midol® IB Mobic® Motrin® 1B	P PediaCare Fever® Piroxicam Ponstel®
C Children's Motrin® ClinorilV	F Feldene® Flurbiprofen	N Nabumetone Nalfon® Naprosyn® Naproxen Nuprin®	R Relafen®
	G Genpril®		S Saleto200® Sulindac
	I Ibuprin® Ibuprofen Indocin® Indomethacin		T Toradol®
	K Ketoprofen Ketorolac		V Voltaren®

None of the above medications should be taken during the immediate post op phase. Your health care provider will instruct you when it's safe to resume these medications. This is usually after your post op visit or 7-14 days after surgery.



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Medications

Medicines that are **SAFE** to take up to the day of surgery are the acetaminophen medications. These medications do not increase your risk of bleeding. Do not take more than 4,000 mg in 24 hours. Very high doses can damage your liver. (No more than 3,000 mg if you are elderly)

Medicines Containing Acetaminophen:

- | | | |
|---|---|--|
| A Acephe [®]
Aceta [®] with Codeine
Acetaminophen with Codeine
Arthritis Pain Formula [®] Aspirin-Free
Aspirin-Free Anacin [®] | F Fiorcet [®]

L Lorcet [®]
Lortab [®]

N Naldegescic [®]
Norco [®]

P Panadol [®]
Percocet [®]

R Repan
Roxicet [®] | T Talacen [®]
Temptra [®]
Tylenol [®]
Tylenol [®] with Codeine No.3

V Vanquish [®]
Vicodin [®]

W Wygesic [®]

Z Zydone [®] |
| B Bayer [®] non-aspirin | | |
| D Darvocet-N 100 [®]
Datril [®]
Di-Gesic [®] | | |
| E Esgic [®]
Excedrin P.M. [®] | | |



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Pain Control and Medication

You have been prescribed a narcotic analgesic for pain control after your surgery. Our goal is to minimize your pain so that you can heal quickly and get back to the things you enjoy. Your pain should not interfere with sleeping, eating, grooming, or taking care of yourself. We want you to be up and about, going for walks, and visiting with friends and family. Proper pain management will help you do this.

A few facts you should know about narcotic analgesics:

- You should NOT drive your car or operate dangerous machinery while taking narcotics. People are often less alert when taking this medicine.
- You should take this medicine before you have extreme pain so that it will work most effectively.
- This medication may upset your stomach or make you nauseous. This is a normal side effect and does not mean you have an allergy. It is best to take this medicine on a full stomach.
- Narcotics can constipate you. While you are taking narcotics you should increase your fruit and vegetable intake, consume eight 8-ounce glasses of fluids every 24 hours and eat 25 to 35 grams of fiber a day. Do not drink caffeinated beverages. Take a 20 minute walk twice a day. If you become constipated, contact your doctor's office and speak to the nurse.
- This medication may be habit forming. When you miss a dose do not take double doses or extra doses to make up for the missed dose. Take this medicine as prescribed.
- If your narcotic contains acetaminophen (Vicodin, Lortab, Lorcet, Percocet), avoid other forms of acetaminophen (Tylenol®) while taking this medicine. Taking more than 4 grams (4,000 mg) of acetaminophen in 24 hours is not recommended (3,000 mg if you are elderly). If you've been told not to take acetaminophen, contact your doctor's office.
- Avoid alcohol at this time.

If you feel that your pain is not well controlled, contact your doctor's office and speak to your Nurse Practitioner or Physician Assistant.



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Breast Reconstruction

As of January 1, 2011, New York State law requires that every patient undergoing breast surgery in the state of New York receive breast reconstruction and insurance information.

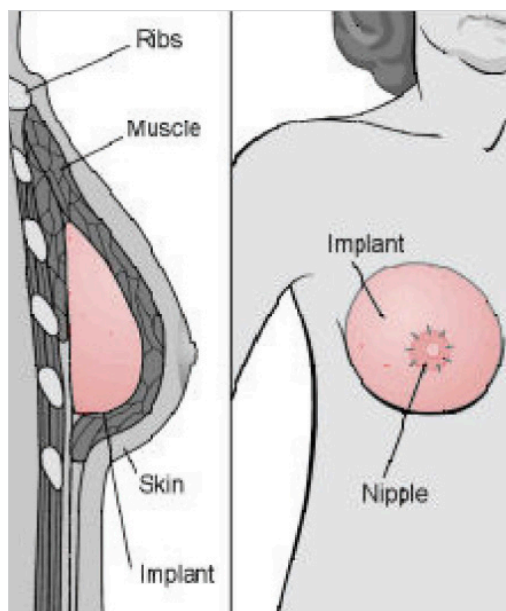
Breast Reconstruction

After a mastectomy, a woman might choose to wear a breast form (**prosthesis**) that fits in her bra or a specially designed bra with a breast form built into it, have her breast reconstructed by a plastic surgeon, or do neither. Some women choose to get body art tattooed over their mastectomy scars. Others opt not to have a breast form, tattoo, or reconstructed breast. This is a highly personal decision. Discuss your options with your plastic surgeon to help you decide the best option for your comfort and appearance.

If you have a mastectomy, there are different types of breast reconstruction available. It is important to know that a rebuilt breast will not have natural feelings or functions; but the surgery can give you a result that looks like a breast. If you think that you want breast reconstruction, it is important to discuss reconstruction with your surgeon before your mastectomy and ask for a referral to an experienced plastic surgeon. Many women start reconstruction at the same time as their mastectomy; some wait several months or even years.

Breast reconstruction—surgery to “rebuild” a breast—is an option for anyone who has lost a breast because of cancer. New York State law requires health insurance policies that provide medical and surgical coverage to pay for reconstruction and for surgery to the other breast to achieve a good match. Required payment for breast reconstruction does not apply to self-insured health plans or to some plans paid for by out-of-state employers. If you have questions about legislation on breast reconstruction or other insurance legislation, call the New York State Insurance Department at 1-800-342-3736.

If you are considering breast reconstruction surgery, this section gives information on the types of surgeries available.



Reconstruction with Implants

Implants are plastic sacs filled with **silicone** (a type of liquid plastic) or **saline** (salt water). The sacs are placed under your skin behind your chest muscle. Implants may not last a lifetime, and you may need more surgery to replace them later. Sometimes saline implants “crinkle” at the top, or can shift with time, but many women don’t find these changes troubling enough to have the implant replaced.

The Food and Drug Administration (FDA) has studied the safety of silicone breast implants and the immune system for several years; the most recent research shows that these implants do not cause immune system problems. The FDA approved two kinds of silicone implants for breast reconstruction surgery in 2006. If you are thinking about having silicone implants, you may want to talk with your surgeon about the FDA findings and whether silicone implants are an option for you.



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Breast Reconstruction

Breast Reconstruction with Implants

Possible Side Effects of Reconstruction with Implants

People who have had reconstruction with implants sometimes have pain, infection, or rupture (breaking) of the implant. Additionally, some people may not be happy with how the results look, or scarring could form around the implant over time, making the reconstructed breast look less attractive.

Reconstruction with Tissue Flaps

Tissue flap surgeries use muscle, fat, skin, and blood vessels moved from another part of the body to rebuild the breast. This tissue can be taken from the:

- Lower stomach area (known as **TRAM Flap** or **DIEP Flap**)
- Back
- Buttocks

These surgeries also sometimes use an implant to make the new breast match the opposite breast. A woman starting this process should know that it often requires more than one surgery. Extra steps may include adding a nipple, surgery on the opposite breast to create a good match, and perfecting the shape of the rebuilt breast.

Breast Reconstruction with Tissue Flaps

Possible Side Effects of Reconstruction with Tissue Flaps

These surgeries leave scars in two places: one where the tissue was taken from and one on the new breast. The scars may fade over time and may never go away completely. There also might be muscle weakness where the tissue was taken, differences in the size and shape of the breasts, or poor blood supply to the new breast. Choosing a plastic surgeon that has been trained in this surgery and has performed it successfully on many other women can reduce the risks.

