

Travelling Hours following Breast augmentation

How safe is it?

Background: Safety, early recovery and minimal complications are some of the most important contributing factors to the decision for aesthetic surgery.. In our quest for the most well tolerated breast augmentation(BA) technique in order for the patient to be able to travel hours following surgery we introduced a combination of three protocols related to a bloodless and quick surgical technique, to non-nausea anaesthesia and an antithrombotic management of the patients.

Methods and Material: 1425 patient had a primary BA from September 2003 to September 2013. We review the files of all of them in order to identify patients who travelled the first 24 hours after the procedures. All patients all these years had been provided with a form to evaluate: the exact time they travel immediately after the operation, the type of transport, the exact duration of travelling, the postoperative nausea and vomiting the first five days, the postoperative pain in a scale from 0 to 10, the level of satisfaction, the surgical time was recorded.

Surgical technique:

All the operations were performed under general anesthesia

The scalpel was used to cut the epidermis and the dermis, then the dissection was performed using a unipolar foot-switching needlepoint electrocautery forceps in the coagulation mode.

No drains, bandages, or straps were used

Anaesthetic Protocol

Induction with propofol IV.

Intra operative medications: Propofol, Fentanyl, Remifentanyl, Specifically for antiemetic protection were administered Ondansetron 8 mgr IV (2mgr at the induction and 6mgr slowly delivered for 30'.

Metoclopramide 10mgr at the induction. In high risk patients (young women, obese, non smoker, with previous history of nausea and vomiting) we administered dexamethasone 8mgr at the induction. Post operatively Ondansetron 4 mgr IV were delivered 4-6 hours after the operation.

Antithrombotic protocol

Graded compression stocking and intermittent pneumatic compression devices were used in all patients. Patients were discharged 4-6 hours after the operation.

For Flights that would last for more than an hour we advised the patient to walk for 5-10 minutes every hour in the plane.

Results

We identified 282 patients who travelled in less than 24 hours after the operation. All patients travel safe to their home town. The mean time of travelling after the end of the operation was 10.5 hours. The mean time of travelling was 5 hours. The mean surgical time was 43 minutes (65-22min). The reports for nausea and vomiting were in only 5 patients. The mean postoperative pain score was 4. 95% stated that they were very pleased with their recovery and their results. The mean age of the patients was 25 years old (35-18). 148 patients traveled by air, 143 by car, 22 by train and 5 by

boat. The longest flight was 5 hours and shortest flight was 20 minutes. No infection, bleeding or Deep Venous Thrombosis were observed.

Conclusions: We believe that the atraumatic and quick surgical technique in combination with an anaesthetic protocol which reduces the post-op vomiting and nausea and a standard antithrombotic protocol are the most important factors to allow a patient to travel safely back to their home, within hours following breast augmentation.

Background

If we can applied first a surgical technique which is bloodless and quick with no need for tubes and tight compression of the breast so we can reduce postoperative hematoma to zero and reduce the post op pain andan anaesthetic protocol reducing the postoperative nausea and vomiting to almost zero.....

Methods and Materials

Surgical technique

Anaesthetic protocol

Induction with propofol.

Pain control with Fentanyl and Remifentanyl

Antiemetic Ondansetron and Metoclopramide

Patients with high risk for vomiting (eg. non smokers, history of dizziness) we use Dexamethasone

Postoperative-prophylactic dose of Ondansetron 4-6 hours.