

Top Surgery Information

This document is very important, please do read it thoroughly!

Thank you for choosing our practice for your surgical needs. We aim to provide you with comprehensive information to guide you through the process of surgery and your recovery period. Should you have any questions or require clarification on any aspect of this document, please do not hesitate to contact our practice directly.

Before Surgery

- Upon signing your consent for surgery and paying the deposit, we will proceed to register your procedure with the hospital to secure an operating theatre slot.
- Representatives from the hospital and the anaesthetist will reach out to discuss their procedures and associated costs with you a few days before your surgery. An estimated quote for the surgeon will be given at the time of signing your consent. If you require them to call earlier, please let us know.
- The surgeon's fee is due two weeks before your scheduled surgery date. Hospital fees will be due on or just before the day of your surgery. Additional expenses, such as anaesthetist, surgical assistant, pathology testing and other optional services, will be invoiced separately.
- After surgery, we will submit the invoice for the surgeon's fee to Medicare for the rebate on your behalf. If you have private insurance, you will need to contact them after you have obtained your Medicare rebate and they will then be able to process your claim.
- Invoices for other associated fees (**ESTIMATES ONLY**) will come either before or after surgery. Fees will vary depending on the exact surgery you are having, whether you have insurance and the type of cover you have.
 - If you have insurance:
 - ~ \$500 Insurance's hospital excess
 - ~ \$1,000 - \$2,500 for anaesthetist (who will contact you prior to give you an estimate)

- ~ \$0 - \$600 for surgical assistant
- ~ \$0 - \$550 for Pathologist (It's mandatory the we send the specimen for pathology testing. Even if your pre-surgery radiological scans are normal, small lesions may only be identified by microscope. This cost may increase if they have identified cancers as more specialised tests will be required)
- If you don't have insurance:
 - ~ \$8,000 for the hospital
 - ~ \$3,000 for anaesthetist (who will contact you during the week prior to give you an estimate)
 - ~ \$600 for surgical assistant
 - ~ \$550 for Pathologist (It's mandatory the we send the specimen for pathology testing. Even if your pre-surgery radiological scans are normal, small lesions may only be identified by microscope. This cost may increase if they have identified cancers as more specialised tests will be required)
 - ~ \$200 for post surgery nurse-led dressing clinic (if required), this includes extra dressings to take home.
- **It is imperative to inform your surgeon and anaesthetist of all medications you are taking**, allergies you may have, and any relevant medical history. Special attention should be given to conditions such as:
 - Diabetes: Medication adjustments may be necessary due to fasting requirements on the day of surgery.
 - Weight loss medication e.g. Ozempic will cause delayed stomach processing food, therefore increases anaesthetic risk. You need to stop one week prior to your surgery.
 - Smoking (including cannabis and vape): We strongly advise refraining from smoking or having any nicotine product for at least eight weeks before and after surgery.
 - Alcoholism: Special considerations are needed for patients dependent on alcohol, as it can interfere with anaesthesia.

- Bleeding disorders or tendencies: Additional tests or medications may be required.
- Anticoagulation drugs (blood thinners): Specific protocols apply to various medications before surgery, such as:
 - Clopidogrel (e.g., Plavix): Cease for 7 days.
 - Rivaroxaban (Xarelto), Apixaban (Eliquis): Discontinue for 2 days.
 - Aspirin: Unless otherwise directed, you may continue up to 100mg daily.
 - Warfarin, Heparin, or Clexane: Individualised plans will be formulated.
- Malignant Hyperthermia is a genetic condition that may lead to lethal reaction to anaesthetics. If you or any of your family members have this condition, you **MUST** let the surgeon & anaesthetist know.
- After surgery, we will place either an elastic compression bandage (Tubigrip) or a chest binder on you. You may wish to prepare an extra set at home so you can change.
- The hospital will contact you a day before your surgery to confirm the arrival time, typically 6:30am for early morning surgeries and 12 pm for afternoon procedures. However, exact timing may vary due to operational factors.
- Arrange for transportation home after surgery, as you will be unable to drive following general anaesthesia.
- You must have someone who can look after you at home after surgery.
- Stay hydrated by drinking plenty of fluid the day before surgery (see below).

On the Day of Surgery & Fasting Instructions

- Do not consume any solid food for at least 6 hours before your assigned arrival time at the hospital.
- Hydrate with transparent sports drinks like Gatorade or Powerade, aiming to finish at least one 600ml bottle before arriving at the hospital. **Diabetic patients should opt for sugar-free versions.** If your surgery is in the afternoon, have an early morning breakfast before 6am and consume at least 1 bottles of sports drinks before arriving at the hospital. Keep well-hydrated can reduce nausea after surgery.
- Take your regular medications as instructed during pre-operative discussion with your anaesthetist.

- For any last-minute queries, you can reach your surgeon by contacting the hospital and request redirection to the Operating Theatre Reception.
- Ensure your next-of-kin keeps their phone accessible, as the hospital will contact them after the operation. The call will be coming from an unknown or a private number.
- We will contact the next-of-kin you provided in your “New Patient Registration Form” for our practice. If you would like us to contact an alternative person, please make sure this has been communicated with us in writing at least 24 hours before your surgery.

After Surgery Care & Instructions

- **You will be staying in the hospital for one night after surgery.** If you live far from the hospital or there is special medical reasons, longer stay can be arranged for you. Please discuss with your surgeon as early as possible.
- Although your surgeon will visit you post-surgery, you may not recall due to lingering anaesthetic effects. Specific instructions will be relayed to your next-of-kin if not already discussed with you pre-surgery.
- Theatre staff will notify your next-of-kin when you are fully awake. If an overnight stay is required, they will guide them to your ward.
- If you have drain tubes and/or pressure dressings, nurses will provide instructions for home care. Please also refer to this information sheet.
- Expect some pain and discomfort post-surgery despite local anaesthetic administration.
- Take regular paracetamol (1000mg, 4 times daily) immediately after surgery, even if pain-free, to pre-empt discomfort as local anaesthetic wears off. Continue for one week. If medically appropriate, also take 400mg of ibuprofen 3 times daily (or prescribed other anti-inflammatory medications) with food for one week.
- You will be given some stronger pain killers (e.g. Endone or similar) for breakthrough pain, to be taken as needed. Most people only need a couple in the first few days after surgery.
- To reduce pain and swelling, wear your compression vest/binder for 4 weeks, removing only during showers.
- You can shower the day after surgery.

- **Avoid driving for at least 4 weeks.** Wait until you are completely off pain medications and you are able to twist your upper body without any discomfort before you can drive.
- You can eat as normal, however abstain from alcohol, smoking, cannabis, all nicotine products and non-prescribed supplements for at least one month.
- Minimise blood clotting risks by staying mobile post-surgery. Please follow the post-surgery exercise information below.
- Attend your post-operative appointment as instructed by your surgeon.
- Most people will be able to fly (air travel) 2 weeks after surgery. If you have specific travel needs before 2 weeks, please discuss with your surgeon.

Hospital in the home (HITH) or Post op nursing clinic

- For patients with drain tubes and or vacuum dressings (Prevena), if your private health insurance covers for HITH, we will organise one for you. They will visit you regularly and remove the drain tube when it's ready (usually between 5-7 days) and vacuum dressing on day 14.
- There are many HITH providers and your insurance company will only work with one or two specific providers. Some providers have severe nursing shortages at the moment so even if your insurance covers for it, it may not be possible to provide the service to you. We never know this until 1-2 days after your surgery.
- If we can't organise HITH for you or if you don't have insurance, we will organise nursing clinic for you in one week to remove your drain and your surgeon will remove your vacuum dressings in 2 weeks.

Signs of wound infection - contact your nurse or doctor if you experience any of the following

- Increased pain or swelling around the surgical site
- Redness or warmth at the site
- Frank pus (some transparent yellow exudate is normal)
- Foul-smelling drainage
- Fever or chills

Contact Number

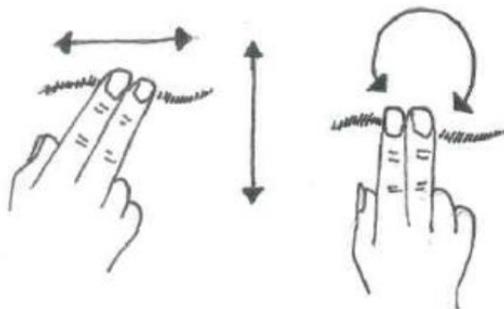
- If you have hospital in the home (HITH), they should be the first person to call if you have any concerns.
- Alternatively, call the surgical ward where you stayed. There are surgical nurses trained to help you. The number is on 24/7. Nurses will be able to talk you through its management or you can drop in for assistance. They will also be able to communicate with your surgeon if there is any concern.
- **Western Private Hospital Surgical Ward (Marion Ward) 9319 3141**
- **Warringal Private Hospital Surgical Ward (Boyd Ward) 9251 6651**
- **Epworth Richmond Private Hospital Grey Ward 9426 6666**
- **Epworth Freemasons Private Hospital (general surgical ward) 9483 3833**
- If you are a cancer patient, a Breast Care Nurse (BCN) may be assigned to you and you can communicate with them with any issues during office hours.
- If there is any concern with the **Prevena dressing (see later) please call the 24/7 helpline 1300 524 822**
- Your surgeon's room during office hours.

In the unlikely event you can't reach anyone above and you are very concerned, call the ambulance, 000 or go to your local emergency department.

Scar care

- Your scar will be covered in the first 4 weeks (2 weeks with Prevena and 2 weeks with hydrocolloid dressing e.g. Duoderm or Comfeel), during this period, you don't need to do anything to your scar apart from monitoring for signs of infection (see later). A little bit of ooze is normal and expected.
- If the hydrocolloid dressing comes off earlier, that is ok. Just put silicone tape on it.
- No nicotine products for 8 weeks after surgery.
- Avoid soaking your wound under water (e.g. swimming or bathing), you can shower and let clean water run through it.
- Avoid heavy lifting (more than 2kg) for 4-6 weeks. Heavy lifting will stretch the scar.
- Avoid over stretching your scar (gentle movement is ok, but stop if you feel pulling) - see the exercise section below for more detail.

- After 4 weeks, once all the dressings have been removed, you should apply non-scented moisturiser or silicone gel/tape after shower and wear sunscreen outdoors if you plan to take your shirt off.
- For the best result, you can apply silicone gel or tape for 6-12 months
 - For example, Strataderm is a silicone gel that's applied twice a day on the scar. Once dried, you can put sunscreen over it.
- If your scar is raised after, scar massage may help with flattening your scar. Apply some water based moisturiser or silicone gel and follow the diagram below, make sure you only do it slowly and gently over the scar. If you move too vigorously, you can disturb the healing tissue underneath.



All directions

- Side to Side
- Up and down

Free nipple grafts healing

- If you have have nipple grafts, it's normal for the top layer to slowly turn black and crust. It's not uncommon to have an ulcer on the surface which may weep for a few days before they crust. They usually look worse in the first month right after the operation.
- The underlying skin layer will grow into a new (usually smaller and flatter) nipple over the coming months. This is completely normal.
- After healing, it's possible the new nipple may change shape or lose some colours (pigments) on the surface. Wait for a year, then you can have touch up tattoo to improve the appearance.



1 WEEK

2 WEEKS

3 WEEKS

4 WEEKS

12 WEEKS

Source: Gender Affirming Centre

Stitch spitting / stitch abscess



After an operation, stitches (or sutures) are used to close the wound and support healing. Most of the stitches we use are dissolvable, meaning they will slowly break down over several weeks.

Occasionally, instead of fully dissolving, a stitch can cause a small pocket of pus to form (similar to a pimple). This may then open up into a small superficial ulcer. This is unfortunately quite common following Top surgery (see below). This usually happens within the first 4 weeks after surgery, but in some cases it can appear months—or even years—later.

Several factors contribute to this:

- Surgical factors – longer scars or wounds under higher tension require more stitches or thicker stitches, which can increase the chance of stitch spitting. This is common in procedures such as top surgery and breast reduction.

- Patient factors – individual differences such as skin quality, how quickly blood vessels recover, and whether you have done any activities that put extra tension on the scar.

Because of these factors, around 30% of patients may notice a small spot or two along their scars. Most of the time, these are minor and simply appear as a small break in the skin that soon closes and heals. You can manage this by:

- Gently rinsing the area with tap water in the shower
- Covering the area with silicone tape afterward
- If you can see a visible stitch, let your surgeon know to remove it for you.

Sometimes the scar in that area may look slightly stretched. Don't worry—scars naturally contract and fade over time. If it doesn't settle as expected, a small revision procedure can tidy it up if needed.

Infection is uncommon, but it can happen. Signs include increasing redness, warmth, swelling, or worsening pain. If this occurs, antibiotics may be required. Above all, if you notice anything unusual or are concerned at any stage, please contact me—I'm here to help guide you through the healing process.

Exercises Before & After Surgery

In the first couple of weeks after surgery, it's important to keep moving and do the following exercises to avoid pneumonia, blood clot and frozen shoulders. You should practice these exercises daily before surgery, so you are familiar with it.

Reduce blood clotting risk at home

- Stay hydrated by drinking plenty of water throughout the day.
- Avoid prolonged bed rest; try sitting in the chair and only lying down when sleeping.
- Wear the compression calf stocking while in bed.
- See a doctor immediately if you experience calf pain, swelling or shortness of breath.

Deep breathing exercise to avoid pneumonia (stand or sit)

- Take a slow, deep breath and feel your lung and belly expand to maximum for 5 seconds.
- Breath out slowly through your mouth for 5 seconds.
- Do 10 every waking hour.

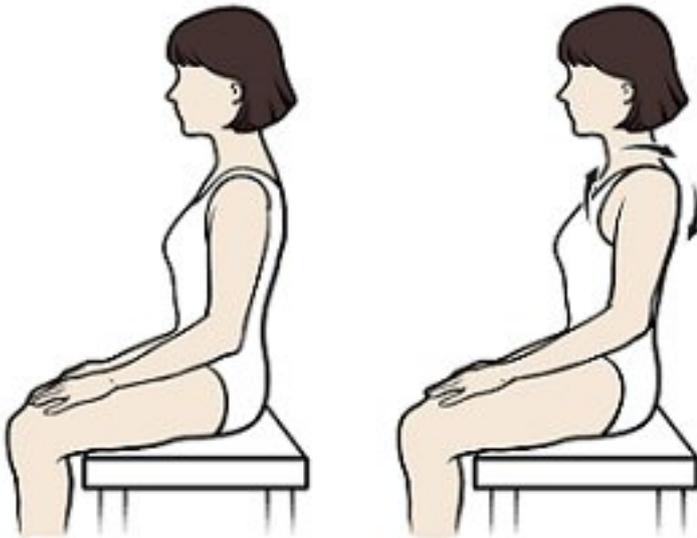
Reduce frozen shoulders

Moving your arms can cause discomfort after surgery; however, engaging in gentle, controlled exercises is crucial to prevent frozen shoulders and aid in recovery. The following 6 exercises and diagrams have been modified from Memorial Sloan Kettering Cancer Centre's patient education material. Perform these exercises at least 3 times a day.

All exercises should be done slowly & breath normally. If you feel any movement is stretching your wound, it's important to stop immediately. Do not attempt to stretch your wound. You will notice you can improve your movement at least one degree a day.

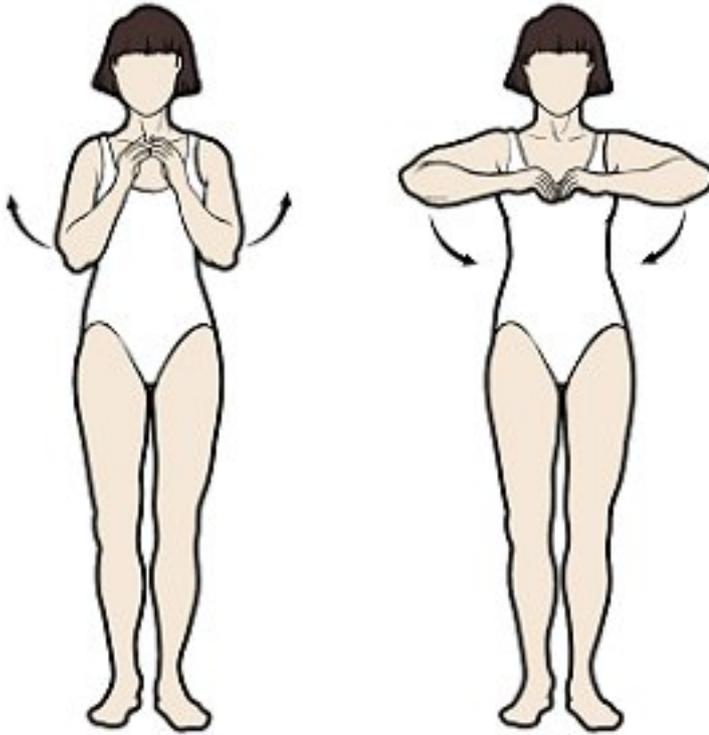
1. Shoulder Circles (standing or sitting)

- With your arms relaxed by your sides and draw circles with both shoulders together slowly. Try to make the circle as big as you can.
- Repeat this motion 10 times in one direction, then reverse the direction for another 10 repetitions.
- If you feel tightness across your incision or chest, start with smaller circles. Make them bigger as the tightness lessens. Don't try to stretch the incision.



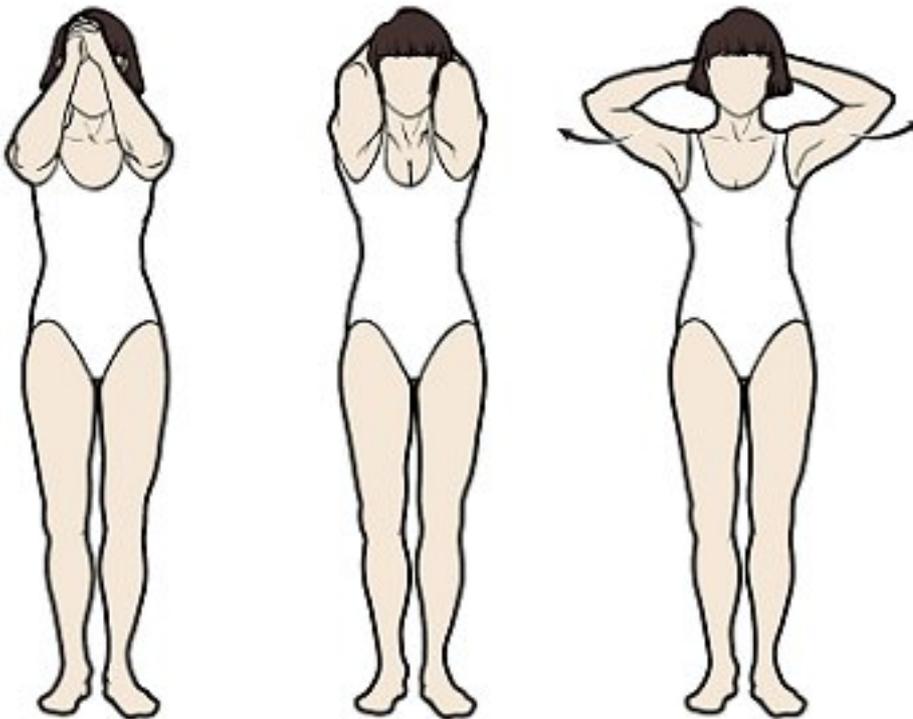
2. Shoulder Wings (stand or sit)

- Place your hands on your chest and raise your elbows out to the side, as high as you can. Hold for 2 seconds then slowly return to your sides.
- Repeat 10 times.



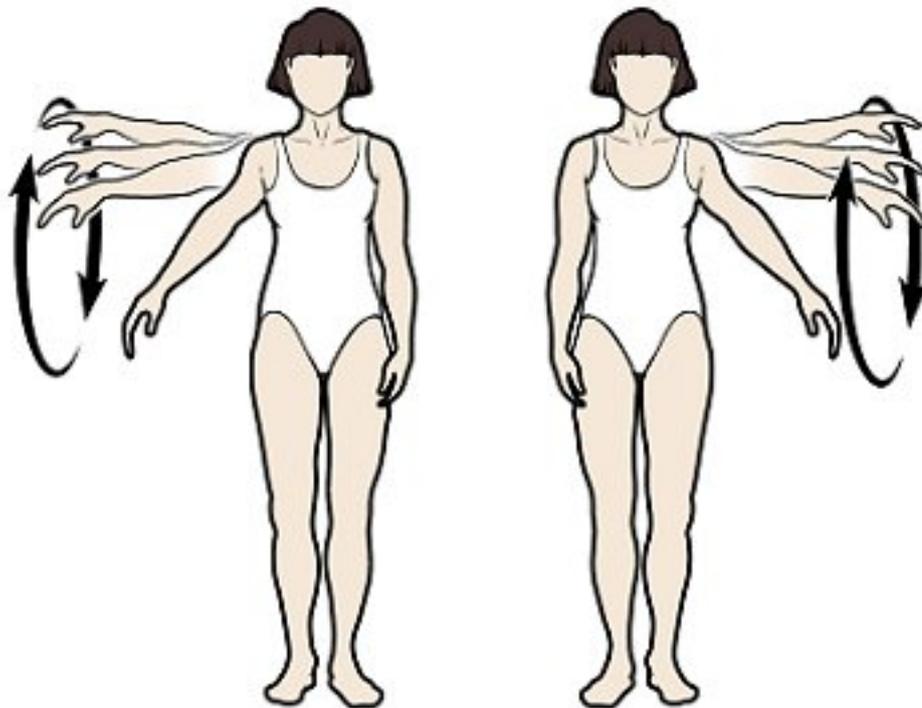
3. Elbow Raise and Chest Opening (sit or stand)

- Put your hands and elbows together in front of you and slowly arc your elbow across your face and above your head until your hands are behind your neck, then gently spread your elbows outwards.
- Maintain a stationary head position, looking straight ahead, and avoid bending your neck.
- If you are unable to go all the way because of discomfort, hold the highest position you can and do the deep breathing exercise.
- Repeat 5 times



4. Arm Circles (stand)

- Stand with your feet slightly apart for balance and keep your arms by your side.
- Raise your arm as high as you can and keep your elbow straight.
- Very slowly, draw circles as big as you can in one direction. Repeat 5 times, then circle in the opposite direction 5 times.
- If discomfort is limiting the size of your circle, don't push it, just aim to draw the circle bigger next time you repeat this exercise.



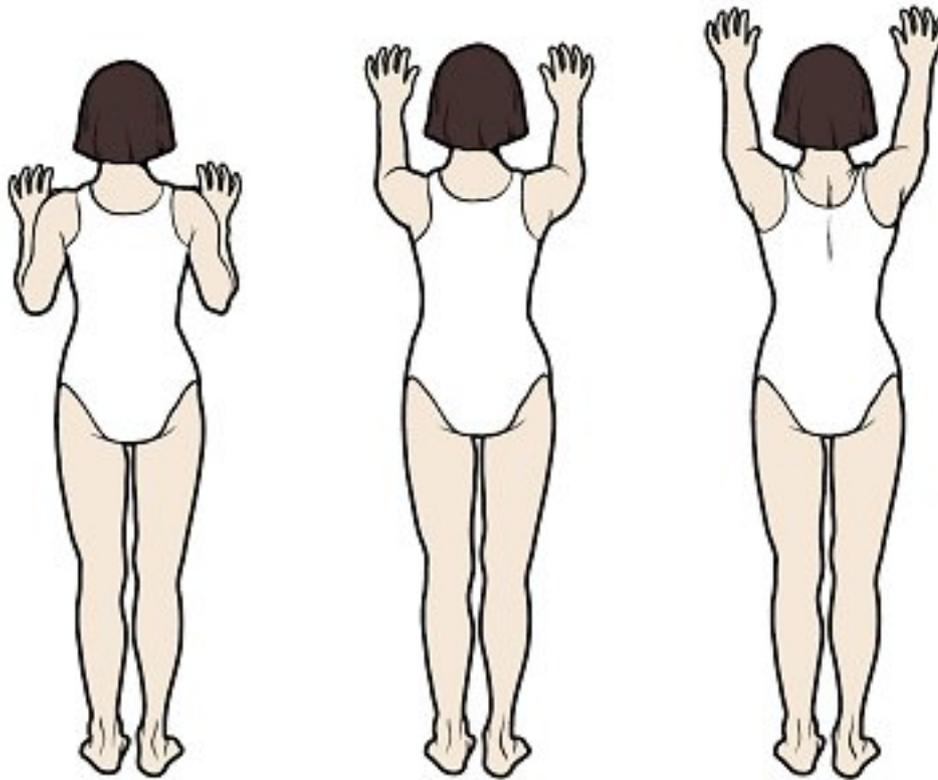
5. Side Wall Crawls (stand)

- Stand 30cm next to a wall with your feet slightly apart for balance.
- Crawl your fingers up the wall as far as you can. Mark that point on the wall. The pre-surgery marking is where you should aim post-surgery.
- Stop when you feel it's stretching the wound.
- Repeat 5 times and then repeat the exercise on the other arm.



6. Front Wall Crawls (stand)

- Stand 15cm in front of the wall with your feet slightly apart for balance.
- Crawl both hands upwards as far as you can. Mark that point on the wall. The pre-surgery marking is where you should aim post-surgery.
- Stop when you feel it's stretching the wound.
- Repeat 5 times.



The following two sections provide information about surgical drain tubes and vacuum dressings (Prevena). Your surgeon will inform you during the surgical consent process whether these are applicable to your procedure.

Drain Tube Management



Bellovac ABT drainage system

A surgical drain is a thin, flexible plastic tube that links the wound to a lightweight plastic container, designed to prevent fluid build-up and reduce swelling. The container is vacuum-sealed and applies a constant negative pressure, drawing excess fluid away from the wound. Because it's a closed vacuum drainage system, it will work in any position when you are carrying it with you. Surgical drains play a crucial role in the healing process following certain breast surgeries, particularly where fluid accumulation (seroma) is a concern. Seromas have the potential to distort wounds, causing discomfort and impeding healing. Moreover, they can become infected, necessitating further interventions. A drain tube helps mitigate these risks. Common procedures where drain tubes may be required are mastectomy, complete lymph node removal in the armpit (axillary clearance), breast reconstruction, and post-breast implant removal.

Before you go home, our nurses will provide comprehensive instructions to you and your caregiver on managing the drain at home. Generally, the drain remains in place for around 7 days post-surgery. If your insurance includes Hospital-In-The-Home (HITH) coverage, a nurse will visit you at home to assist with drain care. Alternatively, we will make you an appointment for drain and dressing change in 7 days.

How should I look after my drain at home?

- You can shower with the drain, just wipe the whole system dry after. The dressing is waterproof. If it gets wet underneath, remove it, dry the skin then apply new dressings. We will give you extra dressings to go home with.
- Take care not to let the drain drag or pull as this may cause discomfort. You can put the bottle into a small over the shoulder bag to help carrying with you.
- Check regularly that the bellow is compressed. If it's fully expanded and filled with fluid, you will need to empty it into the collection bag. Make sure you empty the bellow at least once a day before you measure the fluid volume in the bag. (See instruction below)
- Check the colour of the fluid in the drain tube (not in the bottle). Colour varies from dark pink to yellow straw colour. If it's dark red or if the drain is blocked by blood clot, call the surgical ward and speak to a nurse.
- Check the dressing, sometimes there can be leaking of fluid around the drain, we will give you extra dressing to take home. Call the surgical ward if unsure.
- Measure the drainage in the bottle at the same time every day. This helps us to assess how much fluid your body is producing. Record the fluid in the chart at the end of this document. (See the last page of this document for the chart)
- This YouTube video will go through the management step-by-step: <https://www.youtube.com/watch?v=9RmiUTQ3A14>

When can the drain be removed?

- It depends on the output volume.
- We want less than 50ml in 24hrs. (We don't count the volume in the first 24hrs after surgery)
- Usually, the drain will be ready to be removed between day 5 to 7 days.
- Sometimes we need to leave it for longer because of high volume output. We rarely leave it more than 7 days unless it is draining a lot of fluid.

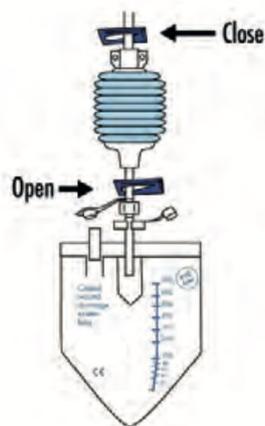
What to do if the drain accidentally falls out?

- It's NOT an emergency!
- If the drain has completely fallen out, simply put a dressing/band-aid over the wound on your body. The wound will close by itself. If there is bleeding, put

pressure on it for 5 minutes, longer if required. Bleeding from the drain site will always stop with pressure.

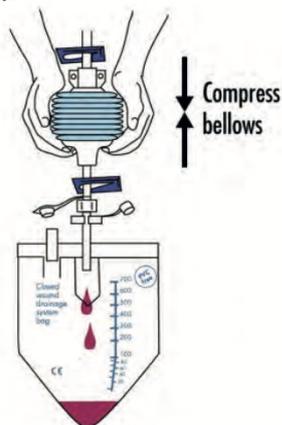
- Put on the compression binder or the fitted sports bra you have after surgery. These will provide compression and decrease the risk of fluid re-accumulate.
- Call the surgical ward or your surgeon in the morning.
- Majority of the time, you can safely wait until your next scheduled appointment.
- If there is excess fluid accumulating in the wound. In most cases, we don't need to do anything, and the body will absorb the fluid. If there is significant amount of fluid, we can simply insert a needle to drain it.

Step 1:



Step 2:

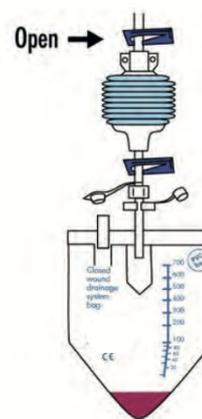
Close the inlet clamp. (Ensure outlet clamp is open).



Compress the bellows fully.

- ✓ This can be done slowly and in stages. The bellows will not re-expand due to the one-way outlet valve.

Step 3:



Re-open the inlet clamp.

- ✓ Due to the addition of a 3rd one-way valve, outlet clamp is to remain open during wound drainage.
- ✓ Closing of the outlet clamp is required prior to bag change to prevent spillage.

When do you need to call someone immediately?

These situations are rare.

- When the dressing is heavily soaked with blood or if the bottle is full of frank blood.
- If you experience excessive pain, blood oozing through the wound or skin redness.
- If the drain is blocked. Sometimes there can be a blood clot blocking the drain. Normally there will always be some fluid draining into the bottle. If you have zero output after 24 hours with the bottle under vacuum, the drain maybe blocked.

Contact Number

- Any concern with your wound or drain tube, call the surgical ward where you stayed first. There are surgical nurses trained to troubleshoot all concerns with the wound. If you have hospital in the home (HITH), call them instead.
- **Western Private Hospital Surgical Ward (Marion Ward) 9319 3141**
- **Warringal Private Hospital Surgical Ward (Boyd Ward) 9251 6651**
- **Epworth Private Hospital (Grey Ward) 9426 6666**
- **Epworth Freemasons Private Hospital (general surgical ward) 9483 3833**
- The number is on 24/7. Nurses will be able to talk you through its management or you can drop in for assistance.
- Your surgeon's room during office hours.
- In the unlikely event you can't reach anyone above and you are very concerned, call the ambulance, 000.

Drainage Chart

Day	Time	Fluid Level	Daily Volume
0			
1			
2			
3			
4			
5			
6			
7			

Most drains are removed by the 7th day after surgery. However, some patients may need longer. Your surgeon will let you know if we need to extend this period.

Prevena System Management



- Prevena is a negative pressure wound therapy device designed to help promote healing, reduce swelling, improve graft survival and reduce the risk of infection after surgery. It works by creating a gentle vacuum around the surgical site, which can enhance blood flow and help your body heal.
- There are several different shapes. Yours may look different to the image above.
- The device needs to be worn continuously for 14 days. There are indications where you might need them for shorter or longer and your surgeon will notify you if that's the case. They usually don't need changing within the 14 days.
- Prevena comes in different shapes for different conditions, so yours may not look the same as the picture above.
- **Some patients will experience itch under the dressing, this is due to a dressing is in constant contact with your skin. You can take some anti-histamines or rub bio oil around the tapes to help.**
- An common side effect of wearing the Prevena is acne (or folliculitis) under the dressing. It will settle once the dressing has been removed.
- Do not disconnect the Prevena to shower, simply hang it on the outside of the shower and only lightly shower.

Prevena 24/7 helpline

- Any questions regarding to the device, please call **1300 524 822**

Contact your nurse or doctor if you experience any of the following:

- Increased pain or swelling around the surgical site
- Redness or warmth at the site
- Foul-smelling drainage

Meet your **PREVENA RESTOR™** System



The PREVENA RESTOR™ System contains these components:



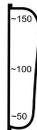
A therapy unit that provides negative pressure to the dressing



A dressing that is placed over your incision



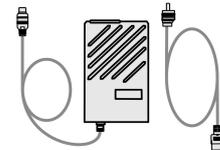
A connection tube



A canister where fluid may collect



A carrying case with an adjustable strap



A charger for the system's rechargeable battery

- Fever or chills

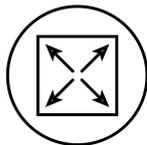
The PREVENA RESTOR™ Incision Management System helps make the recovery process easier for you

Surgery can be a difficult, emotional experience, and it's normal to worry about whether your incision is healing properly.

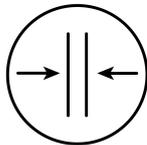
With the PREVENA RESTOR™ System, you can have more confidence on your healing journey. It covers the entire area impacted by your surgery and uses state-of-the-art technology to remove infectious materials.

The PREVENA RESTOR™ System helps you start your recovery off right.

With your incision site protected, you can continue with many normal day-to-day activities, which can help you feel more like yourself again.



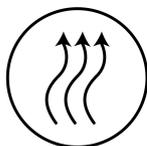
Fully covers the incision and surrounding soft tissue



Helps hold incision edges together¹



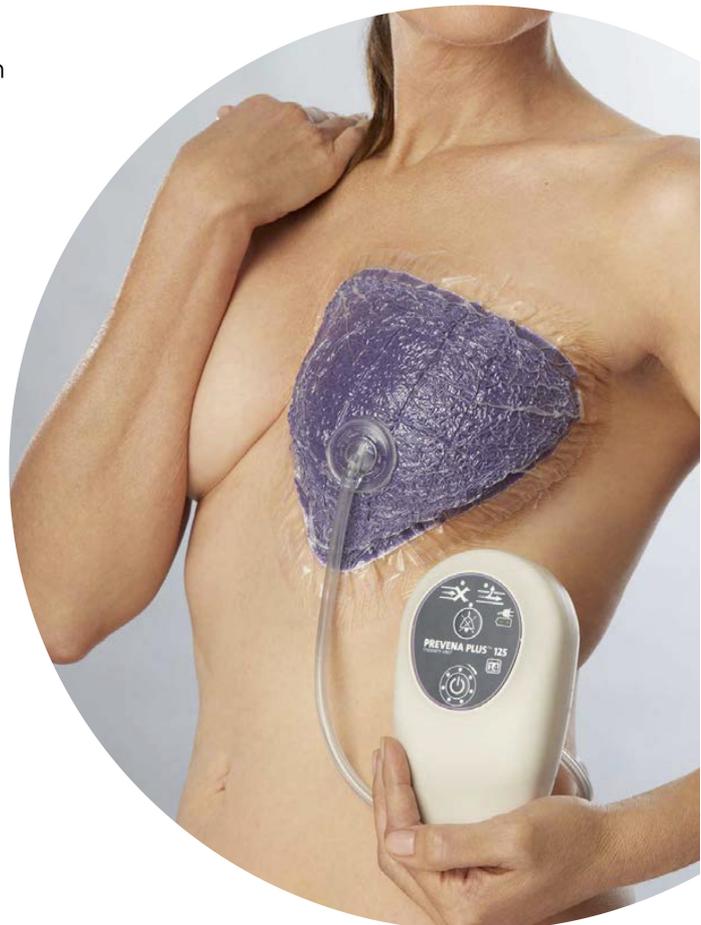
Provides protection from outside sources of infection²



Removes fluid from the incision site³



Reduces swelling⁴



Caring for your Therapy Unit.



After surgery, you will be provided with the 3M™ Prevena™ 125 Therapy or 3M™ Prevena™ Plus 125 Therapy Unit. Both Prevena therapy units work similarly with just a few differences.

3M™ Prevena™ 125 Therapy Unit or 3M™ Prevena™ Plus 125 Therapy Unit

	<p>Keep the therapy unit turned on. The therapy unit will automatically shut off after either 7 or 14 days, as determined by your medical professional.</p>	
	<p>Keep your therapy unit safe and dry. Do not drop the therapy unit or allow the tubing to become bent, twisted or pinched. You should always strive to keep the therapy unit dry, but light showering while wearing your dressing is okay if approved by your medical professional.</p>	
	<p>You may or may not see fluid collect in the canister. Some incisions drain more than others. Some don't drain at all. If the canister becomes completely full, turn off the unit and contact your medical professional for instructions.</p>	
	<p>3M™ Prevena™ 125 Therapy Unit The system comes with three AA size batteries and cannot be recharged. It is recommended that you keep extra batteries on hand. If the batteries run out, consult your 3M™ Prevena™ Therapy Patient Guide on how to replace the batteries.</p>	<p>3M™ Prevena™ Plus 125 Therapy Unit The system comes with a rechargeable battery and a charger.</p> <ul style="list-style-type: none"> • When fully charged, the battery lasts approximately nine hours • Bring your charger with you if you are gone for extended periods of time • For convenience, consider charging your therapy unit battery while you are sleeping
	<p>Sleeping with the Therapy Unit Place the dressing and pump in a position where the tubing will not become bent, twisted or pinched. Keep the therapy unit near your body so it doesn't fall off a table or bed onto the floor.</p>	
	<p>Showering with the Therapy Unit If your medical professional agrees, light showering is usually fine. However, do not take a bath with the system.</p> <p>Therapy Unit:</p> <ul style="list-style-type: none"> • Before showering, turn off the therapy unit by holding down the On/Off button for three seconds • Once therapy stops, disconnect the unit from the dressing and store it in a safe place away from any water <p>Dressing:</p> <ul style="list-style-type: none"> • A little water or shower soap won't affect the dressing — it's okay to rinse lightly • When towel drying, don't disturb or damage the dressing 	



WARNING

If the therapy unit falls into the tub, shower or sink, unplug the unit immediately (if plugged into an electrical source) and disconnect the unit from the dressing. Then contact your medical professional or caregiver.

Basic Operations and Indicators

3M™ Prevena™ Plus 125 Therapy Unit

Alert Mute Button

Press and hold centre of the alert mute button for three seconds during an alert condition to silence the audible alert for two minutes. When pressed, the alert mute button will illuminate to indicate mute has been selected. The alert will reoccur after two minutes unless the alert condition has been corrected.

On/Off Button

To turn the unit on or off, press and hold the On/Off button for three seconds. You should turn the unit off only when you're ready to shower. Refer to showering instructions on page 7.



Blockage Alert

Leak Alert

Power Connected
See details below.

Battery Level
See details below.

Device Lifespan

Therapy Life Indicator
See details below.

Therapy Life Indicator

The therapy unit has a fixed lifespan.

Caution: This lifespan will start after the unit has run for one hour, non-stop. The lifespan will continue to count down even if the unit is turned off. The LEDs around the On/Off button show how many days are left in the lifespan. If the unit is a 7 day device each LED will represent one day of therapy, on a 14 day device each LED will represent two days of therapy.



6 days left



3 days left



1 day left



8 hours left



Therapy ended.
Therapy will shut off.

Battery Level Indicator



Full Charge



Medium Charge



Low Charge

Power Connected Indicator

When the therapy unit is plugged into a power source, the Power Connected icon turns yellow, indicating the power is connected, and the system is charging. The icon turns green when fully charged.



Power Connected



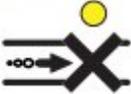
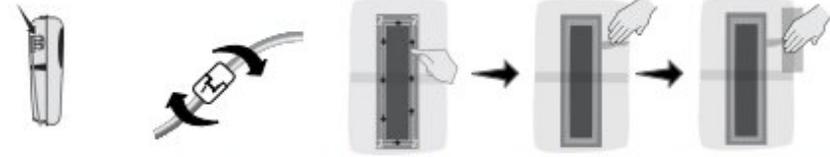
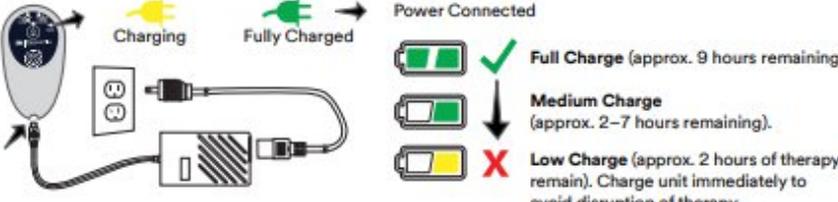
Fully Charged

Indicators and Alerts

3M™ Prevena™ Plus 125 Therapy Unit



This is a quick guide, further details are in the 3M™ Prevena™ Therapy Patient Guide.

Alert Type	How to Fix
<p>Blockage Alert</p>  <p>Audible blockage alert will sound two beeps repeating every 15 seconds.</p>	 <p>Check for a full canister</p> <p>Check for kinked tubing</p> <p>Ensure tubing clamp is open</p>
<p>Leak Alert</p>  <p>Leak alert will sound two beeps repeating every 15 seconds.</p>	 <p>Ensure canister is security locked onto the therapy unit. When canister is installed, a distinct click will be heard.</p> <p>Check tubing connectors to ensure they are fully engaged and locked.</p> <p>Press down through drape onto the adhesive seal all the way around to ensure seal.</p> <p>Use fingers to smooth out any creases or wrinkles.</p> <p>Use 3M™ Prevena™ Patch Strips or excess drape along the outer edge of drape to seal leaks.</p>
<p>Low Battery Alert</p>  <p>Alert will sound two beeps repeating every 4 minutes.</p>	 <p>Power Connected</p> <p>Charging</p> <p>Fully Charged</p> <p>Full Charge (approx. 9 hours remaining).</p> <p>Medium Charge (approx. 2-7 hours remaining).</p> <p>Low Charge (approx. 2 hours of therapy remain). Charge unit immediately to avoid disruption of therapy.</p>
<p>System Fault Alert</p>  <p>All LEDs flashing and two beeps every 15 seconds.</p>	<p>Turn therapy unit off then on.</p>  <p>Off</p> <p>On</p> <p>Continue therapy</p> <p>Call 1300 524 822</p>
<p>Alert Mute Button</p> 	<p>Press and hold centre of the alert mute button for three seconds during an alert condition to silence the audible alert for two minutes. When pressed, the alert mute button will illuminate to indicate mute has been selected. The alert will re-occur after two minutes unless the alert condition has been corrected.</p>
<p>Therapy Ended</p>  <p>Therapy ended. Therapy will shut off.</p>	<p>Note: When therapy begins, all seven green LEDs are illuminated. During the last six days of therapy, after each 24-hour period, an indicator will turn off. A solid yellow LED at the top of the Therapy Life Indicator will turn on.</p>  <ul style="list-style-type: none"> The therapy unit will sound eight beeps, followed by a continuous beep for five seconds, then the therapy unit will turn off Notify the treating physician or caregiver: If the therapy unit has completed the seven day therapy and has timed out, and an attempt is made to turn the therapy on, the therapy unit will sound an alert for three seconds then shut off

Key points to remember.



Do not try to adjust or remove your dressing.

Keep your dressing on for as long as your medical professional instructs you to. Only your medical professional should remove the Incision Management System.



Keep the therapy unit turned on.

The therapy unit will automatically shut off after either 7 or 14 days, as determined by your medical professional.



Contact your medical professional

if you have any questions or concerns about your surgery or recovery issues.



Products are not indicated for use in children.

**Contact your doctor with any medical questions.
In the case of an emergency, call 000.**

3M™ Prevena™ Therapy System Specialists are here to support you. Call **1300 524 822** with questions or to speak to a therapy specialist trained on your Prevena Therapy System.