

## AFTER SURGERY INSTRUCTIONS FOR ABDOMINOPLASTY SURGERY

### 1 General

- a The following instructions were created to guide you to a safe surgical experience and a rapid, satisfactory convalescence. It is important that you read these instructions over and over again before your surgery so you will know exactly what to do following surgery.
- b The single most important rule is “take it easy.”
- c Remember no aspirin, smoking, alcohol, herbal medications, vitamins, nutritional supplements, or anti-inflammatory medications for 2 weeks.
- d Remember that healing takes time. There will be swelling and bruising. You will look “bad” before your look “good.”
  - i. Abdominoplasty surgery is not typically associated with much discomfort following surgery. You will be “very sore,” and many patients relate the feeling to “doing 100 sit-ups.” Be assured that we will provide you with all the pain medication you need to be comfortable.
  - ii. Recovery from surgery is a “process” and will largely depend on the amount of surgery that you had done, your motivation for success, and your dedication in precisely following these instructions.
  - iii. In most cases, you will look “OK” at one week, “good” at two weeks, “very good” at four weeks, and “great” at eight weeks.
  - iv. In summary, it usually takes 6-8 weeks to recover from this surgery.

### 2 Activity

- a During the first 24 hours following surgery it is best to remain quiet, preferably in bed.
- b You will need to recover on your back, with your back elevated 35-45 degrees and two pillows under your knees at all times. This will be your “key” position for the entire first week following surgery. It is imperative that you stay “bent” at all times during the first week in order to minimize unnecessary tension on the incision line.
- c Beginning on the first morning following surgery, you should begin walking. Start with short walks [to the bathroom and back], and then increase your walking distance as tolerated. It is very important that you begin walking right away to prevent blood clots from forming in your legs.
- d As soon as you are able to ambulate to the bathroom without difficulty, you may remove the bladder catheter.
- e During the first week after surgery and up until your first office visit, you must walk bent over to minimize tension on the incision line.

- f You will be sent home wearing leg compression stockings. They are to reduce the risk of blood clots in the legs. As soon as you are up and walking without difficulty, you may remove them.
- g As early as the third day following surgery [the day of surgery is “day #1”], you may sit in a chair.
- h You may drive in 7-9 days, depending on how you are doing and the amount of surgery that you had done.
- i You may resume light housework [no lifting] after two weeks. Remember that you are not as healed as you think you are at this time. It is essential to resist the temptation to overdo; it simply isn’t worth the risks involved.
- j You may resume all housework at 3 weeks.
- k You may resume sex at 3 weeks.
- l You may resume light exercise at 3 weeks.
- m You may return to work in 3-4 weeks depending on the amount of surgery that you had done.
- n You may resume full and unlimited activities, including weight lifting, after six weeks.
- o At the first office visit we will typically remove the drains. We will also start having you wear a foam pad underneath your compression garment. This foam pad intensifies the pressure of the garment and really drives the swelling out of the abdomen.
  - i. You will have a “love-hate” relationship with the foam. You will “hate” wearing it because it is bulky, but you will “love” the way it makes you look when you remove the garment.
  - ii. It is best to place a terry cloth hand towel over your skin before you insert the foam. This will help minimize perspiration and rashes on the skin from the foam.
- p On the morning of the fifth day following surgery you may shower and shampoo.
  - i. You will still have your drains at this time. We advise patients to tie an old terry cloth bathrobe belt around their waist and secure the drains from the belt.
- q You may not fly in a commercial airplane for 2-3 weeks, depending on the amount of surgery that has been done.

### 3 Drains and Tubes

- a You will go home from surgery with a small tube placed into your bladder. This tube empties into a “urine bag.” The reason for this tube is that during surgery the anesthesiologist will often give you lots and lots of fluids through your IV, and on the evening of surgery, your body will want to eliminate that fluid as urine. If you did not have a “urine bag,” you will likely be up to the bathroom many times throughout the night. With this tube in place, you will enjoy a comfortable night’s sleep. The catheter is usually easily removed on

the morning of the second or third day following surgery [remember the day of surgery is day #1].

- b You will need to open your compression garment and change the absorbent dressings once daily.
- c You will notice that all of the incision lines are covered with a special tape. Do not disturb the tape dressing. You do not need to clean the tape dressing or put anything over them. We want the tape dressings to come off by themselves [usually in 1-2 weeks].
- d You will also have two drains, one on each side of the abdomen.
  - i. You should empty them every two hours until you go to bed on the actual night of surgery.
  - ii. Beginning on the next morning [second day following surgery], you will empty the drains four times daily: breakfast, lunch, dinner, and bedtime. Record the output on the drainage sheet log form we provided you. Be sure to bring these log forms to your first office visit following surgery.
  - iii. The drains only work when the drain bulbs are compressed, so be sure they are “squashed” flat at all times.
  - iv. Each time you empty the drains you should “strip” the drains by squeezing the fluid out of them using an alcohol pad [we will provide this for you]. Stripping the drains helps move any small clots within the drain tubes into the drain bulbs.
  - v. Since the drain sites are not covered with tape, it is a good idea to clean the drain sites [where the drain comes through the skin] every 12 hours [i.e., breakfast and dinnertime] with hydrogen peroxide and then apply an antibiotic ointment [Polysporin].
  - vi. The abdominal drains are usually painlessly removed at the first office visit.

#### 4 Diet

- a Advance your diet slowly. On the day of surgery, begin with 7-UP or Ginger Ale and soda or graham crackers. Do not progress further until you can easily tolerate these items.
- b Next progress to soft foods (jell-o, scrambled eggs, clear soups).
- c After 24 hours, if you do not have any nausea issues, you may advance your diet gradually to normal.

#### 5 Medications

- a Medications that you should obtain yourself before surgery:
  - i. Colace: a stool softener. It is available over the counter. Take a 200 mg tablet once per day. Begin this immediately and continue for at least 3 weeks.
  - ii. Miralax: a mild laxative. It is also available over the counter. Take 1 teaspoon in a full glass of water every day. Begin this immediately and continue for at least 3 weeks.
  - iii. Hydrogen Peroxide

- iv. Polysporin Ointment
- v. Tylenol
- b Medication that you can obtain from our office:
  - i. Anti-bruising/Swelling: Bromelain and Arnica Montana. It has been our experience that this homeopathic medication significantly reduces bruising and swelling after surgery. Instructions are on the box.
- c Medications we typically prescribe for you:
  - i. Pain pill: usually Norco 5 mg. See directions for use below under “pain control.”
  - ii. Antibiotic pill: usually Keflex 750 mg. You will take one every 12 hours for 1 week. Keflex is related to Penicillin. If you are allergic to Penicillin, we will select another antibiotic for you.
  - iii. Anti-nausea suppository: usually Phenergan 25 mg. Insert per rectum every 6 hours for nausea. If you have a history of nausea or severe motion sickness, we will prescribe Zofran-ODT 8 mg tablets. You will dissolve the tablet under your tongue every 6 hours as needed for nausea.
  - iv. Sleeping pill: Ambien 5 mg. Take one each night as needed for sleep.
  - v. Anti-anxiety pill: Ativan 1 mg. Take over every 8 hours as needed.
- d Both pain pills and the antibiotic medications tend to lead to an upset stomach after surgery. If nausea is a problem for you immediately following surgery, it is best to discontinue both the pain pills and the antibiotic medication. For pain, you may take Tylenol instead [1-2 tablets every 4 hours]. As soon as the nausea passes, you may resume your prescribed pain and antibiotic pills.
- e Pain control. It is best to regulate your pain pills according to the degree of pain that you are experiencing.
  - i. For MILD pain: take 1-2 Tylenol every 4 hours.
  - ii. For MODERATE pain: take 1 Tylenol and 1 pain pill every 4 hours.
  - iii. For SEVERE pain: take 2 pain pills every 4 hours. If you should need something stronger, do not hesitate to call our office .
- f For “spasm” like pain, or “breakthrough” pain that comes in-between doses of your pain medication, take the Ativan 1-2 mg by mouth. It is OK to take this medication along with your pain medication. It is usually very effective.

## 6 Constipation Care

- a Constipation following abdominoplasty surgery is very common due to the anesthesia and narcotic pain medications. We do not want you to become constipated, nor do we want you to strain for bowel movements. Therefore it is imperative that you immediately begin the Colace and Miralax medication and take them faithfully each day for three weeks.

- b If, despite the Colace and Miralax, you are having a problem with constipation, obtain some Mineral Oil which is available over the counter. Take 4 tablespoons every 12 hours until effective.

7 Be Sure To Call Our Office If You Experience Any Of The Following Symptoms Or Problems:

- a Severe pain anywhere in the surgical area that is much worse on one side than the other side.
- b Substantial swelling that is much worse on one side than the other side.
- c Substantial bruising that is much worse on one side than the other side.
- d Any elevated temperature greater than 101 degrees.
- e Any significant bleeding from an incision line that does not respond to a full 10 minutes (by the clock) of pressure.
- f Any suspicious redness and/or warmth suggestive of an infection.
- g Persistent nausea or vomiting.
- h Increased shortness of breath or chest pain.
- i If you have tried everything and you are still constipated.
- j If your pain medicine appears to be ineffective.

8 Reminder about Heat Intolerance to the Sun After Abdominoplasty Surgery.

- a It is very important for you to understand that for a period of about 6 months following abdominoplasty surgery that the abdominal skin loses it's ability to dissipate heat. This means that the skin can dangerously overheat and cause significant problems [blistering, pigmentation color changes in the skin, scarring, and even skin death]. The greatest risk occurs when patients engage in sunbathing. Note that it is not the sun itself that is the problem, it is the conversion of the sun's light on the abdomen into heat energy which can cause problems. For this reason, it is very important that patients protect themselves while sunbathing for the first 6 months following surgery.
- b To protect yourself while sunbathing, you should do the following:
  - i Cover the entire abdomen with a white towel [reflects light], and then pour cool water over the towel every 10- 15 minutes to keep the abdomen cool.
  - ii. Take frequent dips into the water [pool] to keep the abdomen cool.

9 A Final Word

- a Our goal is to provide you with the finest plastic surgery services possible. What makes our office unique is our commitment to excellence and dedication to patient care.

- b If, after reading this booklet, you should have any questions, please do not hesitate to call our office.