

Post-Operative Discharge Instructions
Abdominoplasty

Diet:

Resume your regular diet. Start slow and bland (crackers, toast), then work up to normal foods.

It is important to drink plenty of fluids so that you do not become dehydrated.

You may get full early as your abdominal muscles are much tighter in your immediate recovery period.

A higher protein intake is recommended to help your body heal. Consider adding protein bars, powder, or shakes to your daily intake.

Wound Care:

You have dissolvable sutures under your skin and a medical glue/tape on top. Leave this in place until it falls off on its own. This usually takes 3-4 weeks. It is okay to trim any edges that start to peel up.

It is okay to remove any other bandages and shower in 48 hours with indirect water onto your incision (soap and water can lightly run over area, but do not soak area or submerge under water). Drains can get wet – hang from a lanyard or string while showering. After your shower, pat areas dry and reapply absorbent padding or foam over the incisions, then your binder.

If you had liposuction as well, you may have a few small open incisions (upper buttock, outer thighs, and anywhere else liposuction performed). These are left open to allow the liposuction fluid and medications to drain out so you swell less. This fluid is often watery and bloody. Sometimes only a little fluid will leak out, but other times this can be a lot of fluid. This is all *normal*. We want as much fluid out as possible. This will usually stop in 3-4 days. Wear absorbent pads (chux pads, puppy pads, towel, etc) over these areas and under your binder until this leaking stops. Change as needed.

Leave the clear dressing over your belly button until follow-up. If this comes off prior to that time, place antibiotic ointment (polysporin or bacitracin) over your belly button twice daily and cover with a band aid.

Make sure your abdominal binder is on and gently snug. This should cover the lower two-thirds of your abdomen. Wear the binder and foam at all times other than brief showering.

Clean drain sites with peroxide on a Q-tip twice daily. This includes the skin and the drain within 1 inch of the skin site.

Do NOT smoke or use tobacco products. It WILL impair your healing and increase your complications. Avoid second-hand smoke as well.

Drain Care:

Empty all drains at least daily, and/or when the bulb gets more than half full (50mL). Initially you may need to do this several times per day, but it will lessen as your body begins to heal. Have someone help you with this.

Note how much fluid is in the drain bulb prior to emptying. Record these drain outputs each time (recommend using log sheet provided). Bring recording of daily totals to your follow-up office visit.

To begin, wash your hands with soap and water

Use one hand to hold the tubing tightly near your body (to prevent pulling out the tube). Put a small drop of water or soap on the thumb & index finger of your other hand, pinch the tubing and squeeze the fluid through the tubing toward the bulb.

Open drain bulb cap, record volume, and pour out drainage into a clean measuring cup.

Flush drainage down toilet.

Squeeze the bulb tight to remove the air and replace the cap to restart suction.

Secure the bulb(s) to clothing, bra, or binder so there is no tugging on the drain tubing.

Anticipate the color to slowly change from a deep red, to a lighter pink/red, and finally a yellowish watery color. It is normal for several large pieces of bloody clot to make their way through the tubing throughout your drain course.

- *If drainage becomes heavy (more than 200mL per drain in one day) or has redness or swelling at the incision or drain site(s), notify your surgeon's office as soon as possible.*

Activity:

Make sure you get out of bed and take frequent, short walks around the house. This will help you be less sore, and help prevent blood clots from forming in your legs.

Flex and point your toes (step on the gas) 100 times per day. This muscular pumping action of your calves will also help prevent blood clots from forming in your legs.

No strenuous activity or straining until cleared by your surgeon at follow-up.

Do not lift anything heavier than ~5 pounds for the first 2 weeks (1/2 gallon of milk for reference). Your surgeon will likely progress lifting restrictions to ~10 pounds from 2-4 weeks postop, and ~15 pounds from 4-6 weeks postop.

It is normal to have some abdominal soreness. You may not be able to stand or walk fully upright for a few days to weeks after surgery as you heal. Do not over-do it and stop if you sense pulling or pain. No back bends. You will gradually and slowly return to the upright position.

Avoid activities that may risk injury to your surgical site.

No driving while taking narcotic pain medications.

Medications: See Patient Visit Summary for list of medications. Do not take pain medications on an empty stomach as this may increase nausea. Avoid Aspirin and NSAIDs (motrin, advil, ibuprofen, aleve) for the first week after surgery, then okay to start taking.

Pain medication: You may be prescribed Percocet or Norco for postoperative pain unless allergic or intolerant.

Muscle Relaxant: Valium may be prescribed to help ease tightness in your abdomen.

Antibiotic: You will likely have an antibiotic for 1 week after surgery.

If you are taking narcotic pain medications you may experience some constipation. Drink plenty of water and eat plenty of fiber in your diet. Consider a fiber supplement such as Metamucil®, FiberCon®, or Citrucel®. It is okay to take over the counter stool softeners once or twice daily such as Docusate or Colace® found at your local drug store. It is also okay and recommended to take MiraLAX® to help relieve postop constipation for the first 1-2 weeks until you feel regular again. Milk of Magnesia and Magnesium Citrate are additional over the counter items that can help with temporary constipation.

Follow up: Your surgeon in 7-10 days. Call office for specific appointment date and time if you do not already have one.

Office contact number: 314-501-9100

Other Instructions:

Should you experience any of these symptoms call the office:

- Fever of 102 degrees Fahrenheit or greater
- Persistent pain, nausea, or vomiting.
- Persistent bleeding.
- Shortness of breath.
- Significant redness or drainage from your incision.
- Significant leg swelling or calf pain
- Any other questions or concerns.

During business hours (9am – 4:30pm) call:

Chesterfield Plastic Surgery Office: 314-501-9100

On nights or weekends call:

Hospital exchange: 866-830-0636

General Postsurgical Instructions

You may expect to feel dizzy, weak, and drowsy for as long as 24 hours after receiving the medicine that made you sleep (*anesthetic*). The following information pertains to your recovery period for the first 24 hours following surgery.

Do not drive a car, ride a bicycle, participate in physical activities, or take public transportation until you are done taking narcotic pain medicines or as directed by your caregiver.

Do not drink alcohol or take tranquilizers.

Do not take medicine that has not been prescribed by your caregiver.

Do not sign important papers or make important decisions while on narcotic pain medicines. Have a responsible person with you.