

ABDOMINOPLASTY POST-OP CARE INSTRUCTIONS

Abdominoplasty surgery is performed under general anesthesia. Standard abdominoplasty usually takes 2 to 5 hours and you may be asked to stay overnight in the hospital depending on what other surgeries are performed along with the abdominoplasty. You will need someone to drive you home after and help you out for a few days.

Initially, your abdomen will probably be swollen and feel sore. You will need to wear a compression garment for the first few weeks to minimize swelling and encourage a smooth, compact abdominal shape. You are encouraged to walk around as soon as you can to promote blood flow and healing.

Your recovery time will depend on the extent of your surgery and the condition you were in before the surgery; if you are physically fit, you are able to enjoy a faster recovery time. Some patients are able to return to light activity, including work, after about 2 weeks, while others might take 3 to 4 weeks.

Dr. Lee and his team in Nuveau Plastic Surgery are here to support you after your abdominoplasty procedure. The following instructions and guidelines will help your recovery process:

ITEMS YOU WILL NEED BEFORE SURGERY:

1. **ABD pads, surgical pads, or large maxi pads:** These will help to absorb any fluid that may drain from the incisions or the drain sites and can be purchased from CVS, Walgreens, or most drug stores. Please keep in mind that drainage from drain insertion sites is typical for the first 72 hours following surgery.
2. **Compression garments:** These are very important after your surgery.
3. **Compression stockings:** We recommend wearing a pair of compression stockings immediately after surgery and for 5 days postoperatively.
4. **Oral Thermometer:** It is important to monitor your temperature after surgery in the event that you feel "feverish" or hot. You have a fever if you have a temperature above 101.5.

HAVE SOMEONE WITH YOU:

- After surgery, have an adult available to stay with you for the first 24 – 48 hours, as you will be weak and drowsy.

ACTIVITIES:

- It is important to get out of bed early and often after your surgery (with assistance) to prevent postoperative problems. It is good to walk for 15 – 20 minutes 6 times per day or get up every hour to walk to the restroom and back. This encourages blood flow throughout your legs to reduce the chance of blood clot development.
- Because abdominoplasty involves removal of extra abdominal skin and tightening of abdominal muscles, you may experience some difficulty standing up straight for the first 1-2 weeks after surgery. It is important to walk slightly "stooped over" (bent at the hips) for 7 – 10 days to release tension on the suture lines. Eventually you will notice you can stand straighter each day. Please

do not make any special attempts to stretch or stand up straight during the first 3 weeks of healing. The tightness will gradually soften as you heal and progressively use your body muscles.

- No overheating for the first 3 weeks (spas, exercising in the sun, etc).
- At 4 weeks, you can consider passive or less vigorous sexual activity that will not cause abdominal movement.
- Cardiovascular exercise may resume at about 4 weeks following surgery.
- Do not lift anything heavier than 10 lbs. for the first 6 weeks.
- Abdominal muscle exercises are discouraged for 3 months after surgery to protect the abdominal wall plication suture.

COMPRESSION BINDER/GARMENT:

- You will be placed in a compression garment (white surgical binder) after surgery to provide stability and reduce swelling. You will be transitioned from the abdominal binder to abdominal compression garment when drains come out.
- The garment is to be worn 24/7 for the first 4 weeks following surgery.
- After 4 weeks, the garment is to be worn for 16 – 24 hr./day for an additional 8 weeks.
- The garment may be taken off temporarily to launder the garment and/or when you are sitting or lying down.

SLEEPING POSITION:

- While resting in bed or lying down, keep a pillow under your legs and at least 2 – 3 pillows behind your back. This position (reclining chair position) minimizes the tension upon your new abdominal closure. Many patients will use recliners in the first few days..
- When getting up from bed, please be mindful not to straighten up all the way. Also move and get up with your belly bent over.
- Sleep on your back with your hips flexed in a reclining chair position. Keep your head elevated about 30 degrees and leave your knees slightly flexed. These instructions aid in the quality of your scar. Sleep in this position for 3 weeks. After 3 weeks, you may sleep flat on your back. You may resume side sleeping after 6 weeks.

DIET:

- Begin with a clear liquid diet and progress to soups or Jell-O. Usually you may advance to a regular diet the next day or when you are tolerating a liquid diet.
- Nausea/vomiting is common after anesthesia and should improve in the first 24-48 hours.
- Abdominal gas accumulation and bloating after surgery is common, but there are a few things you can do to improve it. Eat and drink slowly, chew thoroughly and avoid carbonated drinks. It is helpful to take a stool-softener like colace, especially when taking prescription pain medication, to avoid constipation.

DRAIN CARE:

- During surgery, drains may be placed to help remove fluid that collects after surgery, allowing you to heal faster. These drains have bulbs at the ends which collect the fluid. When the drain is first placed, the bulbs will be compressed to create a gentle suction. As the fluid collects in the bulb, it

will expand. Whenever the bulb fills 50% or more, you must empty the bulb by opening the plug at the top and pour out the contents. Please measure the amount of fluid before discarding it and keep a log of how much fluid you empty for each drain. Squeeze the bulb to recompress it and put the plug back into the hole at the top of the bulb, in order to maintain the vacuum.

- Keep your drainage bulbs collapsed and record time and amounts of drainage over a 24-hour period. Empty drains on a schedule. You can choose to empty the drains and record the value 3x a day (every 8 hours), 4x a day (every 12 hours), or if not producing too much fluid, once a day at the same time. Generally, the drains will be removed when the drainage is 30 cc or less in a 24-hour period, which usually occurs in 5 – 10 days after surgery. **Please bring your drain log with you to every visit** as we use this guide in deciding if the drains are ready to be removed.
- 24 hours before your 1-week appointment, please do not empty your drains so that we may see how much fluid you have collected in a 24-hour period.
- It is normal for your drain sites to leak fluid for the first few days. Do not be alarmed if this happens. You can place ABD pads or maxi pads at the drain site to collect draining fluid.
- “Milking your drains” must also be done to ensure that the tubes do not become obstructed. First, secure the tube to the body using your thumb and pointer finger of one hand. Using the other hand, squeeze the tube while sliding your fingers away from your body towards the bulb; you will not be able to slide your fingers down the entire tube in one stroke. Work your way slowly down the tube, remembering to always keep the tube secured with your other hand. After, the tube may appear collapsed; this is normal and means that you have gotten all the fluid from the tube into the bulb. You can do this 3 – 4 times per day to encourage drainage.
- The color of the drainage will be a bright red immediately after surgery; in the days following it will become a lighter, pink color. It is normal for the drain site to sting or ache a bit or for one drain to drain more or less than the other. It is normal for over-activity to result in more drainage and for stringy clots to appear in your drain bulb.

SHOWERING:

- You may shower (but **not** bathe) 2- 3 days after surgery, even if the drains remain in place. Please be mindful of drains while showering to ensure that they are not pulled out.
- It is okay for water to run over the incisions and wash the area with a mild soap and water.
- Remove all your garments and dressings when showering. When out of the shower, gently pat the incisions dry before you apply new dressings (ABD pads along surgical area to cover incisions) and usual compression garments.
- If you find that the binder is making you itchy, you may wear a fitted camisole shirt underneath.
- Do **NOT** bathe (immerse incisions under water) for 2 weeks after surgery. You may be dizzy or light headed immediately after surgery, so be sure to watch where you are going, get up slowly, and brace yourself if you feel light headed.

INCISION CARE:

- There will be glue and tape over your incisions. The glue and tape will eventually fall off by themselves over the next few weeks. Do NOT pull or rip the tape off unless instructed to do so by Dr. Lee. There may be some blood or drainage around the tape. It is okay if it is small amounts. However, if it continues to drain or if the drainage increases, please contact Dr. Lee.

- All incisions will be extremely sensitive to sunlight during the healing phase. Direct sun contact or tanning booths are to be avoided for at least 6 months. Use sunscreen with SPF of 30 or higher with UVA and UVB protection for at least 6 months.
- You may begin using scar cream as soon as the skin is fully closed, all sutures are removed, and all scabs have fallen off. This is usually as early as 7 days after surgery.

MEDICATIONS:

- You will be prescribed a course of antibiotics and pain medication. Please take the medications as directed.
- Take pain medication with food and only as directed:
 - Mild to moderate pain: 1 tablet every 4 – 6 hours as needed
 - Severe pain: 2 tablets every 4 – 6 hours as needed
 - If your pain is mild, or if you do not like the effects of the narcotics, you can take Tylenol® (Acetaminophen) 1000mg every 8 hours (2 tablets of the Extra Strength Tylenol®). Please do not exceed 3000mg in a 24-hour period.
- Take a stool softener with pain medication to prevent constipation.
- **Do not drive or drink alcohol while taking prescription pain medications.**
- The quicker you can wean off of the pain medication, the better you will feel and heal.
- Do not take aspirin or Ibuprofen (Advil®, Motrin®, Midol®) for 3 weeks after surgery.
- Do not begin herbal supplements until 3 weeks after surgery.
 - Arnica, Bromelin, and Vitamin C are okay to take.

GENERAL HEALING EXPECTATIONS:

- Moderate swelling of your abdomen is normal. You may find that your clothes may not fit as easily as before. Be patient. The swelling will gradually subside and you will be back to normal in 3 – 6 months. Swelling is generally at its worst between 3 – 5 days and starts to subside at 6 weeks, but it may take 6 months to fully resolve.
- Bruising is a normal expectation following surgery and may last as long as 3-4 weeks
- A feeling of abdominal tightness is expected and will slowly relax within 6 months.
- Infrequently after surgery, you may have fluid build-up in the abdomen after the drains are removed. If this happens, please contact our office.
- It takes up to **6 months for final results to appear** as the surgical site settles and your body heals. In the interim, you may notice:
 - Incision, abdominal, or umbilical asymmetry
 - Pleating along incisions
 - Swelling that changes from day-to-day
 - Temporary fullness in the lower abdomen/pubis area
- Be patient please and allow your body to heal during this period.
- A burning sensation, numbness, or sharp shooting pains may occur along the abdomen/incision line. This is temporary and will usually resolve by 9 months.



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FINAL WORDS:

Slight fever after surgery is expected. However, if it persists, please let us know. In addition, please let us know if you have a sudden increase in pain, drainage or swelling (especially if it is more on one side versus the other).

Your first post-operative follow-up visit will be in 5-7 days after surgery. In the meantime, please do not hesitate to contact us for any questions or concerns.