



NORTHEAST PLASTIC SURGERY
CENTER

5 Davis Road East
Old Lyme, CT 06371

info@northeastpsc.com
www.northeastpsc.com

Tel 860.390.6000
Fax 860-215-8150

Vinod V. Pathy, MD, FACS

Charles Karcutskie, MD

Megan Phillips, PA-C

Hannah Chalmers, PA-C

Abdominoplasty

Post-operative Instructions

- ▶ Your post-operative appointment is scheduled for _____.
- ▶ Do not remove your dressings. Your dressings will be removed at your first post-operative appointment. Please keep your abdominal binder in place at all times. If liposuction was also performed, please also keep your compression garment in place beneath your binder. The abdominal binder, with or without the garment, will be worn for 4-6 weeks. If you choose to purchase a second abdominal binder, we can assist you in obtaining the appropriate one.
- ▶ Keep your dressings dry. Sponge bathe only until further instructed. Do not shower until your first postoperative visit. At that visit, you will be provided additional instructions on further care and drain management if the drains remain in place beyond the first office visit.
- ▶ Empty your drains every 12 hours and record the measurements for each drain, separately and labeled by side, on your chart. Please bring the chart with you to your office visits. The amounts that are draining from each drain will determine when each drain may be removed. The drains are usually removed within 5 to 10 days, but a number of factors can influence the duration. Once each drain is removed, you should keep a dry gauze dressing over the former sites on the skin to prevent drainage onto your clothing.
- ▶ After your first post-operative visit, apply a thin layer of antibiotic ointment (Bacitracin, Triple Antibiotic Ointment, Neosporin, etc.) 1-2 times daily to your belly button and cover it with a Telfa Gauze nonadherent dressing for 1-2 weeks.
- ▶ If a liquid skin adhesive (glue) was used along your other incisions, it may take several weeks to dissolve. Do not apply ointments such as Bacitracin directly over the glued area unless instructed, as this may prematurely dissolve this dressing.
- ▶ You have received prescriptions for _____ as an antibiotic and _____ for pain relief. Postoperative pain management includes other modalities that are non-narcotic based to minimize reliance on such medications. You may stop taking your antibiotic after the final drain has been removed. Please take Colace as a stool softener to limit abdominal straining and constipation.
- ▶ Avoid the following anti-platelet agents until at least your first post-op appointment, including, but not limited, to: ibuprofen products (Advil, Motrin), Aleve, Naprosyn, Celebrex, Toradol, fish oil, herbals, and supplements including those containing Vitamin E, as they result in a higher risk of bleeding.

- ▶ If you are taking the following blood thinners or anti-platelet agents, you should have already obtained instructions pre-operatively when they may resume, but please discuss with your surgical team: aspirin, Coumadin (warfarin), Lovenox, Plavix, Pletal, Effient, Aggrenox, Pradaxa, Savaysa, Xarelto, Eliquis, or Brilinta.
- ▶ Do not consume alcohol while taking medications following surgery, especially pain medications, muscle relaxants, anti-anxiety medications, sleeping pills, or other sedatives.
- ▶ Unless otherwise indicated, you may resume your pre-operative diet as tolerated.
- ▶ Restrictions are as follows:
 - ▶ Do not lay flat in bed. Sleep in a semi-flexed position for at least 1-2 weeks. Do not lay on your sides for 6 weeks.
 - ▶ You may walk as tolerated beginning the day of your surgery, but you must walk in a semi-flexed position for at least 1-2 weeks, and then gradually stand more erect as tolerated.
 - ▶ No driving for 2 weeks. Further, you will be restricted from driving until all narcotic medications have been stopped.
 - ▶ No heavy lifting (> 5 lbs) for 4 weeks.
 - ▶ No strenuous pulling or pushing for 4 weeks.
 - ▶ No upper body workout or abdominal exercises for 6-8 weeks.
 - ▶ Avoid hot or cold packs against your skin, as burns and other skin changes may occur because of sensory changes.
- ▶ Because of the nature of your procedure, you may be at unintended risk of taking shallow breaths to limit your post-operative discomfort. However, shallow breathing can result fevers related to underuse of the lungs, and even pneumonia. Please make sure to utilize an incentive spirometer to ensure deep, active breaths to prevent these issues.
- ▶ Please refrain from nicotine containing products for at least 6 weeks following your surgery. Nicotine reduces circulation and can result in wound healing impairment.
- ▶ Every patient and procedure is unique. However, please alert us if you observe any of the following and are concerned:
 - ▷ temperature $\geq 101.4^{\circ}\text{F}$
 - ▷ increased redness at the surgical site or adjacent site(s)
 - ▷ worsening bruising at the surgical or adjacent site(s)
 - ▷ blisters at the surgical site(s)
 - ▷ increased swelling or size leading to significant and sudden asymmetry
 - ▷ unrelenting or increasing pain at the surgical site(s)
 - ▷ significant drainage at the surgical site
- ▶ There are a number of different modalities that can limit scar formation post-operatively. Starting 2 weeks post-operatively, we may recommend that you utilize silicone sheeting such as Epi-Derm™ Silicone Gel Strips from Biodermis™. This therapy may be purchased directly through www.biodermis.com. Silicone sheets should be applied overlying the healing scar for at least 12 hours daily, and ideally closer to 24 hours daily, with gentle cleansing of the scar performed once daily. An individual sheet may be re-used multiple times, with the average lifespan being 7-10 days. Alternatively, you may choose to utilize any number of silicone scar reduction gels, such as Mederma® or Biocorneum®, and massage in a thin coat twice daily to the scar for 2-3 months. We recommend silicone gel with the added embedded SPF component.