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Fat Grafting

Post-operative Instructions

- Your post-operative appointment is scheduled for ______
- You may change the 4"x4" gauze sponge dressings at the donor harvest sites if the original dressings become moist or soiled, which is not unusual with this procedure. Your dressings will otherwise be removed at your first post-operative visit. Keep your compression garment in place. It should be worn for 4-6 weeks.
- Avoid compression, other than your garment as directed, at the recipient sites.
- ▶ Keep your dressings dry. Sponge-bathe only until further instructed at your first postoperative visit. Most patients are able to shower following the first post-operative visit. If your recipient site is facial in nature, you may apply Bacitracin or Neosporin at the fat transfer access site.
- You have received a prescription for _______ for pain relief. Postoperative pain management includes other modalities that are non-narcotic based to minimize reliance on such medications. Please take <u>Colace</u> 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, Xerelto, Eliquis, or Brilinta.
- Do not consume alcohol while you are taking any medications following surgery, especially pain medications, muscle relaxants, anti-anxiety medications, sleeping pills, or other sedatives.
- ▶ You may resume your pre-operative diet as tolerated.
- Please refrain from nicotine containing products for at least 6 weeks following your surgery. Nicotine reduces circulation and can therefore result in wound healing impairment.

- Restrictions are as follows:
 - ▶ You may walk as tolerated beginning the day of your surgery.
 - ▶ No driving for 1 week. 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 strenuous aerobic workout for 4 weeks.
 - Avoid hot or cold packs against your skin, as skin changes may occur because of sensory changes.
 - ▶ Avoid direct pressure at the recipient sites for at least 6 weeks.
- Every patient and procedure is unique. However, please alert us if you observe any of the following and are concerned:
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 - 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
 - > unremitting or increasing pain at the surgical site(s)
 - ▷ significant drainage at the surgical site
- Despite the small size of the incisions utilized during fat transfer, any break in the skin has the potential to form a visible scar. There are a number of different modalities that can limit scar formation post-operatively. Starting 2 weeks post-operatively, we normally 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.