

PERK

PLASTIC SURGERY
BEVERLY HILLS



POST-OP | *ABDOMINOPLASTY/PANNICULECTOMY*

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“What will I see when I look into a mirror?”

You will have a clear skin glue dressing (Dermabond) over your incision. This will peel off by itself over the next two to three weeks. A non-stick gauze and tegaderm will cover the incision and dermabond. A foam dressing will be inside your abdominal binder to help reduce the swelling. The foam dressing will stay on until I see you back in the office.

It will be difficult to stand up straight for several days. Your abdomen will feel tight and may appear mildly bruised and slightly swollen. The contour of your abdomen will not take its final shape for several weeks after the surgery.

You may have dark discoloration from dry blood at your incision and this is normal. You may notice a “ruffled” appearance to the closure. This is normal and will flatten with time. The belly button incision may develop a yellow crust that is dried fluid. This is normal and will be cleaned at your first post-op visit.

You may have drains. If you have drains, please follow the drain instruction sheet.

“How will my abdomen feel?”

Sensations like numbness, sharpness, and burning are common during the healing process. These sensations may last several weeks and will gradually disappear. Some numbness may be permanent. Your abdomen will feel tight.

“When can I shower or take a bath?”

You can shower after I see you in the office (within 1 week). You may sponge bath the other body areas.

After I see you in the office, you may shower. Avoid using very hot water. Soaking in a tub is not permitted until 2 weeks after the surgery. Do not rub the incisions; rather allow the water to flow over the incisions.

You may shower with your drains still in place. Do NOT let your drains dangle. Place a string around the drain tab and wear it around your neck.

“How long should I wear the abdominal binder?”

For your comfort, we recommend that you wear an abdominal support garment for 12 weeks following your surgery removing the garment only for bathing. You can wear the surgical support provided to you for several days- usually until the drains are removed. Most patients find that a spandex or Lycra waist and tummy shaping garment is most comfortable to wear. We will advise you of your garment options before surgery and again at your post operative visits. Whatever you choose, it should be easy and comfortable for you to put on and remove. After 6 weeks, you may choose to not wear a support garment for brief periods of time. After 12 weeks you may discontinue all support garments.

“What can I do after surgery?”

You will gradually be able to stand upright over the first week. Many patients find it easier to sleep in a recliner for a few days after the surgery. Please place a couple of pillows underneath your knees and sleep with your back up.

You should be bent at the waist. You should walk every day but have someone assist you for the first few days.

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It is good to walk for 15-20 minutes 6 times per day. You should not lift anything heavier than 5 pounds or participate in heavy exercise for six weeks after the surgery. After six weeks, gradually return to your normal activities and exercise routines.

“When can I drive?”

You should never drive if you are still taking any pain medication other than Tylenol.

“When will I be able to return to work?”

Depending on the type of work you do, you should be able to return to your job as soon as you are comfortable. If your job does not require heavy activity, you should be able to go back in one to two weeks.

“How much pain will I have?”

The most discomfort that you will have lasts 7-10 days, sometimes a little longer. As you feel more comfortable, your need for medication will be less.

“What should I eat after surgery?”

A light diet is best for the day of surgery. Begin by taking liquids slowly and progress to soups or jello. You may start a regular diet, high in protein, the next day.

Limit spicy foods which cause gas or bloating. Though it is impossible to get rid of gas entirely, there are strategies to reduce it. Eat and drink slowly, chew thoroughly and cut down on carbonated drinks. Avoid sugar-free gums and sugar-free candies that contain sorbitol or zylitol – both sweeteners are poorly digested. People are all different so you will need to use your judgment on food choices.

“What medications should I use?”

Pain medication: I will prescribe a pain medication for you. Follow the directions on the bottle for their use. The pain medication will make you feel drowsy. Have someone assist you in your home and do not attempt to drive while you are taking the pain medication. A few days after surgery most women will find that Tylenol will take care of the discomfort. Do not use aspirin for five days after the surgery. It is best to take pain medication with crackers, jello, etc. If you have no pain, do not take the medication. Alcohol and pain medication should not be taken together.

Antibiotic: You will be given an antibiotic. If you notice some vaginal burning and itching (vaginitis) as a result of the antibiotic used during and after surgery, our office or your family physician can prescribe Diflucan.

Stool softener: Narcotic pain medications can sometimes cause constipation. An over-the-counter stool softener (Colace) is recommended if you are prone to this.

Prune juice mixed with 7-Up (half and half) for mild constipation

If severely constipated use Miralax first as it is a mild but effective laxative, Phillips Milk of Magnesia, and fleet enemas (regular or oil retention) as a last resort.

Anti-nausea medication: Some nausea is normal in the first 24-48 hours following surgery. If you are nauseated, please take the anti-nausea medication.

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“Can I drink alcohol?”

Do not drink alcohol while taking narcotic pain medication after your surgery.

“When will I be seen in the office after surgery?”

You will normally be seen in the office within one week of your surgery.

“Should I apply anything to the incisions to help make it scar better?”

Do not apply anything to the incisions while the dermabond is still on or if there are any open wounds. After all incisions have healed. We will give you instructions on how to improve the scar appearance.

“How will I know if I am having a problem?”

I NEED TO KNOW ABOUT THE FOLLOWING ISSUES IMMEDIATELY:

These are the complications that will require a change in your post-operative care:

HEMATOMA: (blood collecting under your incisions) can occur within a few days of your surgery. The warning signs are:

- Severe pain that does not respond to medication
- Significant swelling
- Excessive or growing bruising

INFECTION: (rare) It is normal to have a very small amount of drainage from your incisions for one to 2 days. Signs of infection are:

- Increased temperature
- Increasing drainage from the incisions
- Increasing redness around the incisions

LEG SWELLING with or without associated pain may indicate a problem with the vein circulation in your leg(s). Although some swelling is to be expected due to your surgery, intravenous fluids given to you during the surgery and your decreased level of activity, this swelling is normally mild, painless and affects both legs evenly. If you have a large amount of leg swelling (either one or both legs) or if you experience pain in your legs contact the office immediately.

BREATHING PROBLEMS after surgery are rare but can be a serious complication. If you develop any chest and/or back pain or the feeling of being short of breath you must contact my office or be seen in the nearest emergency medical facility without delay.

MEDICATION REACTIONS may occur with the drugs prescribed for you. If you develop a skin rash, itching, vomiting, or diarrhea, stop taking your medication and contact my office.