POST-SURGERY INSTRUCTIONS: MINI ABDOMINOPLASTY

Patient Name _______________________________          Date ____________________

Once your surgery is completed, you must follow all the instructions given to you in order to heal properly and have a good outcome.

The following instructions are your obligation. Use this as a checklist of progress as you heal. Included are normal post-surgical experiences and key health considerations that may be a cause of concern.

TYPICAL POST-OPERATIVE SYMPTOMS

Typical symptoms of mini abdominoplasty and signs to watch for following limited tummy tuck surgery include the following:

**Tightness and stiffness in abdomen:** Bruising, swelling and redness. Tingling, burning or intermittent shooting pain: These are normal experiences as the skin, tissues and sensory nerves heal. Pain medication and muscle relaxants will help you cope with any discomfort. If you have drains, you may experience additional localized discomfort. **Consistent sharp pain should be reported to our office immediately.**

**Skin firmness, hypersensitivity or lack of sensitivity:** This is normal and will gradually resolve over time.

**Shiny skin or any itchy feeling:** Swelling can cause the skin in treated areas to appear shiny. As the healing process advances, you may also find a mild to severe itchy feeling. An antihistamine like Benadryl can help to alleviate severe, constant itchiness. **If the skin becomes red and hot to the touch, contact our office immediately.**

CALL THE OFFICE IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- A high fever, (over 101º) severe nausea and vomiting, continued dizziness or incoherent behavior, such as hallucinations.
- Any pain that cannot be controlled by your pain medication.
- Bright red skin that is hot to the touch.
- Excessive bleeding or fluid seeping through the incisions.
- A severely misshapen region anywhere on your abdomen or bruising that is localized to one specific point of the abdomen.

To alleviate any discomfort, and to reduce swelling, you may apply cool, not cold compresses to the treated region. Crushed ice or ice packs must be wrapped in a towel before being applied to the skin. Do not apply ice or anything frozen directly to the skin. Apply cool compresses, for no longer than 20-minute intervals.
DAY OF SURGERY INSTRUCTIONS

Whether you are released after surgery or after an overnight stay in a recovery center or hospital, you will only be released to the care of a responsible adult. All of these instructions must be clear to the adult who will monitor your health and support you, around the clock in the first 24 hours following surgery.

Rest, but not bed rest. While rest is important in the early stages of healing, equally important is that you are ambulatory, meaning that you are walking under your own strength. Spend 10 minutes every 2 hours engaged in light walking indoors as you recover.

Recline, do not lie down. This will be more comfortable for you, and can reduce swelling.

Good nutrition. Fluids are critical following surgery. Stick to non-carbonated, non-alcoholic, caffeine-free and green tea-free beverages including fruit juices and water, milk and yogurt drinks. You must consume at least 8 ounces of fluid every 2 hours. Stick with soft, bland, nutritious food for the first 24 hours.

Take all medication, exactly as prescribed. Oral pain medication, antibiotics and other medications you must take include:

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<tr>
<th>Medication</th>
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<tr>
<td>Antibiotic</td>
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<tr>
<td>Pain medication</td>
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<td>Ointment</td>
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<td>Eye drops</td>
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<td>Supplements</td>
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Change your incision dressings. Your incisions will seep fluid and some blood for a short time after surgery. Keep dressings clean and dry. A cotton swab with peroxide is appropriate for cleansing incisions. Do not remove any steri-strips over your stitches. Apply anti-bacterial ointment over the steri-strips, then apply 4x4 gauze pads over your incisions. Replace any compressions wraps over the gauze. If you have a drain placed in your incisions, carefully follow the instructions for drain care and record drained fluid on the Drain Care Instructions and Log.

Wear your compression garment around the clock. Follow the instructions specifically and only remove any compression garment to cleanse your incision or to empty any drains.

Do not smoke. Smoking can greatly impair your safety prior to surgery and your ability to heal following surgery. You must not smoke.

Relax. Do not engage in any stressful activities. Do not lift, push or pull anything. Take care of no one, and let others tend to you.
TWO TO SEVEN DAYS FOLLOWING SURGERY

During this time you will progress as each day passes. Ease into your daily activities. You will receive clearance to begin driving or return to work at your post-operative visit, or within ________________ days.

Your post-operative visit is scheduled for: ________________________________

- **Continue to clean your wounds as directed; you may shower.** Take a warm, not hot shower. Do not take a bath. Limit your shower to 10 minutes. Avoid getting your incisions wet. Do not remove any steri-strips. Do not rub your incisions. Apply a fragrance free moisturizer to the surrounding skin, however not on your incisions.

- **Take antibiotic medications and supplements as directed.** Take pain medication and muscle relaxants only as needed. You may wish to switch from prescriptive pain medication to acetaminophen or ibuprofen.

- **Continue to wear your compression garment around the clock.**

- **Begin scheduled lymphatic drainage and massage therapy.** This can help soften any firmness or contour irregularities.

- **Do not resume any exercise other than regular walking.** Walking is essential every day to prevent the formation of blood clots.

- **No sun exposure.** If you plan to go outdoors for any reason, wear protective clothing. Avoid any direct sun exposure.

- **Maintain a healthy diet. Do not smoke. Do not consume alcohol.**

ONE to FOUR WEEKS FOLLOWING SURGERY

As you resume your normal daily activities, you must continue proper care and healing.

- **Continue your wound care as directed.**

- **Refrain from weight-bearing or abdominal crunching exercises.** Continue walking. A daily, brisk 20-minute walk is recommended.

- **Do not smoke.** While incisions may have sealed, smoking deprives your body of necessary oxygen that can result in poorly healed, wide, raised scars.

- **Continue to wear your compression garment as directed.**

- **Continue to attend massage therapy as scheduled.**

- **Practice good sun protection.** Do not expose your abdomen to direct sunlight. If you are outdoors, apply at least an SPF 30 at least 30 minutes prior to sun exposure and wear protective clothing. The skin of your abdomen is highly susceptible to sunburn or the formation of irregular, darkened pigmentation.

Follow-up as directed. Your second post-operative visit is scheduled for: ________________________________
SIX WEEKS FOLLOWING SURGERY

Healing will progress and your lower body settles into a more final shape and position.

- You may ease into your regular fitness routine. However realize that your body may require some time to return to previous strength.
- Discomfort or tightness and tingling of the skin will resolve.
- No need to resume smoking. You have now gone 10 weeks (4 weeks prior to surgery and 6 weeks following) without a cigarette. For your long-term health, there is no need to resume smoking.

YOUR FIRST YEAR

- Continue healthy nutrition, fitness and sun protection.
- Your scars will continue to refine. If they become raised, red or thickened, or appear to widen, contact our office. Early intervention is important to achieving well-healed scars. Scars are generally refined to fine incision lines one year after surgery.
- A one-year post surgery follow-up is recommended. However you may call our office at any time with your concerns or for needed follow-up.

Your body will change with age. The appearance of your abdomen will change too. Although the outcomes of a limited tummy tuck are generally permanent, any significant weight gain or loss, pregnancy as well as the normal influences of aging can cause changes to your appearance. You may wish to undergo revision surgery at a later date to help maintain your appearance throughout life. Contact our office with any of your questions or concerns, at any time.

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask my doctor and his or her staff any questions I have related to these instructions or about my procedure, health and healing.

Patient Signature _______________________________ Date _______________________________

Printed Name of Patient _______________________________

Signature of Practice Representative and Witness _______________________________