POST-SURGERY INSTRUCTIONS: LIPOSUCTION

Patient Name		Date	
		Surgery 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 liposuction and signs to watch for after liposuction include the following:

Tightness and stiffness in treated areas: Bruising, swelling and redness: Tingling, burning or intermittent shooting pain.: These are normal experiences as the skin, tissues and sensory nerves heal. Pain medication 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.**

Asymmetry: both sides of your body heal differently. One side of your body may look or feel quite different from the other in the days following surgery. This is normal.

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

- A high fever, (over 101°) 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 that has been treated with liposuction, or bruising that is localized to one specific point of the lower body.

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.

	important is that you are ambulate	st is important in the early stages of healing, e ory, meaning that you are walking under your o engaged in light walking indoors as you recove	own strength.
	Recline, do not lie down. This v Always keep your head elevated.	vill be more comfortable for you, and can redu Do not bend forward or over.	ce swelling.
	caffeine-free and green tea-free b	I following surgery. Stick to non-carbonated, n everages including fruit juices and water, milk st 8 ounces of fluid every 2 hours. Stick with sts.	and yogurt
		prescribed. If you have a pain pump, follow the Dral pain medication, antibiotics and other medication.	
Antibiotic:		mg	x per day
Pain medica	ation:	mg	x per day
Muscle Rela	exant:		
Other:			
Supplement	S:		
	time after surgery. Keep dressing for cleansing incisions. Do not re- anti-bacterial ointment over the st	s. Your incisions will seep fluid and some bloogs clean and dry. A cotton swab with peroxide move any steri-strips even if they are over stite eri-strips. Replace any compressions garmons, carefully follow the instructions for drain constructions and Log.	is appropriate ches. Apply ents. If you
		tic wraps around the clock. Follow the instrusion wraps only to cleanse your incision or to	
	Do not smoke. Smoking can great following surgery. You must not see	atly impair your safety prior to surgery and you moke.	ır ability to heal
	Relax . Do not engage in any street of no one, and let others tend to y	essful activities. Do not lift, push, or pull anythou.	ing. Take care

TWO TO SEVEN DAYS FOLLOWING SURGERY

During this time you will progress as each day passe	es. 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 cleanse 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 elastic wraps or compression garment around the clock.
- 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, use sun protection including wearing 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 exercise. You may begin range of motion exercises but not with any weight, pressure or resistance of any kind. Continue walking. A daily, brisk 20-minute walk is recommended.
- **Do not smoke.** While incisions may have healed, smoking deprives your body of necessary oxygen that can result in poorly healed, wide, raised scars.
- Continue to wear your elastic wrap or compression garment as directed. This is essential for your skin
 to conform to new contours. If your skin does not conform, revision procedures to reduce excess skin may
 be recommended.
- Practice good sun protection. Do not expose skin in regions treated with liposuction to direct sunlight. If you are outdoors, apply at least an SPF 30 to the treated region at least 30 minutes prior to sun exposure and wear protective clothing. The skin in areas treated with liposuction is highly susceptible to sunburn or the formation or irregular, darkened pigmentation.

Follow-up as directed.	Your second post-operative visit is scheduled for:	

SIX WEEKS FOLLOWING SURGERY

Healing will progress and your 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 body will change too. Although the outcomes of liposuction 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