

THIGH LIFT POST OPERATIVE INSTRUCTIONS

1. **Stool softener/laxative** (Peri-Colace)—Pain medication can constipate you. Peri-Colace helps soften the feces (“the mush”) and also helps stimulate the bowels (“the push”). These can be started 2-3 days prior to surgery to help “prep” the bowels and should be continued after surgery as long as you are taking narcotics.
2. **Extra-Strength Tylenol (500mg)**: To be used when pain is mild to moderate in place of the narcotic pain medication.
3. **Hibiclens**® antibacterial liquid: You will use this liquid the morning of surgery to wash the surgical areas. You do not need to use this soap in the postoperative period as it will dry out your skin. You may resume your normal soap postoperatively on day 3 after surgery.
4. **Arnika and Bromelin**: These are herbal supplements that aid in bruising and swelling. We will provide this supplement at your pre-operative appointment. You can begin these supplements 2-3 days before surgery and use them for 2 weeks after surgery.
5. **Compression stockings**: We will provide you with 1 pair of compression stockings immediately after surgery. Please plan to purchase an additional pair at Target® if your socks become soiled or are uncomfortable. They will need to be worn for 5 days postoperatively.
6. **Oral Thermometer**: It is important to monitor your temperature after surgery if you feel “feverish” or hot. You have a fever if you have a temperature above 101.5

WHAT TO EXPECT AFTER SURGERY

- Abdominal bloating is to be expected in the early postoperative period (even if this is not the area of treatment). Bloating results from sodium present in your medications and in the anesthesia.
- Most patients report difficulty sleeping and difficulty with pain management the first night after surgery. This is usually secondary to the effects of anesthesia and should subside within 24-48 hours. However, sleep can be affected for several days after major surgery for many people.
- Moderate swelling of your abdomen is to be expected. You may find that your clothes do not fit as easily as before. Be patient. The swelling will gradually subside, and you will be back to normal in 3 – 6 months. Swelling will be at its worst between 3 – 5 days. Swelling starts to subside at 6 weeks but may take 6 months to resolve.
- To alleviate any discomfort and reduce swelling, you may apply cool, not cold compresses to the treated area. Frozen bags of peas and corn work well; make sure to wrap in a towel before applying to the skin. Apply cool compress for no longer than 10 minutes at a time.
- Bruising is a normal expectation following surgery. Bruising could be apparent for as long as 3 – 4 weeks afterwards. The bruises will move down your body as they are absorbed and will also change in color from a dark purple to yellow as it clears.
- Seepage and drainage from incision sites is expected for the first 72 hours.

- A burning sensation (raw, sensitive) or sharp shooting pains along the surgical area and incision line is normal and indicative of nerve regeneration. These “neuralgias” will burn out by 9 months.
- Numbness is expected to resolve by 9 months on average.
- There is a certain amount of tightness to the area that is to be expected. This will slowly relax within 6 months.
- Swelling to the hips is common for the first 1-2 weeks. This is due to the abdominal binder used after surgery. The swelling will improve once you switch to your full body compression garment.
- Shiny, itchy skin due to swelling. If this occurs, an OTC antihistamine such as Benadryl can help alleviate symptoms.
- It takes **6 MONTHS FOR FINAL RESULTS** to appear. In the interim, you may notice:
 - Incision asymmetry
 - Abdomen asymmetry
 - Pleating along your incision line
 - Swelling changes from day-to-day.
 - Redness to the incisions that may take up to 9 months to fade.
 - Be patient please and try not to focus on these issues before the 6-month period.
- ***Consistent, sharp pain that is unrelieved by pain medication and/or repositioning should be reported to our office immediately.***

PLEASE CALL THE OFFICE AT (972) 930-0333 IF:

- You have redness, increased pain at surgical incision sites, sudden increase in swelling, warmth, drainage (pus), or oral temperature greater than 101.5°F

PRE/POST OPERATIVE MEDICATIONS

Medications will be sent to pharmacy after the preop appt

- 1. Celebrex/Celecoxib 400mg**
- 2. Gabapentin 300mg**
- 3. Emend/Aprepitant 80 mg**
 - a. You will receive a prescription of each of these. The prescription will have one pill each.
 - b. You will take these three medications the morning of surgery prior to coming to the office with a small sip of water.
- 4. Norco/Hydrocodone-Acetaminophen (pain medication):**
 - *Mild to moderate pain:* 1 tablet *Severe pain:* 2 tablets every 4 – 6 hours as needed

- o Alternate Norco and Robaxin every 3 hours for best pain coverage
 - 5. **Zofran** (nausea) 4mg 1 tab every six to eight hours as needed for nausea. Start after discharge.
 - 6. **Robaxin/Methocarbamol** (muscle relaxer) 1 tab every 6 hours as needed for muscle pain.
 - 7. **Hydrochlorothiazide** (diuretic) Take 1 tab daily for 14 days. Start morning after surgery.
 - 8. **Arnica -Bromelain Supplements:** Given at preop appt. Start 2-3 days prior to surgery with 1 tab in the morning and 1 tab at night. You can continue this after surgery when you are actively swollen and bruised.
 - 9. **Colace:** (300 mg daily) Start 2 days before surgery and continue while on pain meds.
- **Do not take Colace, Arnica-Bromelain, or Collagen Powder morning of surgery****
- 10. **Vital Proteins Collagen Powder:** Start 2 weeks before surgery and continue after surgery.

Notes on Pain Medication:

- Take pain medication with food.
- If your pain is mild, or if you do not like the effects of the narcotics, you can take Tylenol® (Acetaminophen) 1000mg every 8 hours (which would be 2 tablets of the Extra Strength Tylenol®, purchased over the counter). Please do not exceed 3000mg in a 24-hour period. Please do not mix the Tylenol® with the narcotic pain medication since the narcotic pain medication consists of 325mg of Tylenol®
- We will provide every patient with 1 refill of the pain medication if needed one week after the last prescription was filled. No additional refills will be provided.
- If you are to finish your pain medication during a weekend or after hours, you will need to wait until regular business hours to request additional pain medication.
- If you are under the care of a pain management provider or already take narcotic pain medication, our office **WILL NOT** be providing you with an initial RX or refill for the aforementioned. It is your responsibility to obtain the necessary medications/refills from your prescribing provider. Please make sure to bring the necessary medications if you are visiting us from out-of-town as we will not be providing it.
- Our office will not be providing any additional medications that are unrelated to the surgical site (i.e., blood pressure meds, muscle relaxers, etc.). Should you require these in the postoperative period, you will be responsible for acquiring them from your primary care provider.
- Take a stool softener with pain medication to prevent constipation.
- **DO NOT DRIVE WHILE TAKING PAIN MEDICATION.** These medications can result in drowsiness. If you are pulled over while driving under the influence of narcotics or scheduled substances, you will get a DUI!

- **DO NOT DRINK ALCOHOL WHILE TAKING PAIN MEDICATIONS.** This can be a deadly combination.
- Only take the narcotic pain medication if needed. The quicker you can wean off the pain medication, the better you will feel and heal.

IMPORTANT POINTS TO REMEMBER TO HELP WITH POST OPERATIVE RECOVERY

REMEMBER THE FIVE W'S

• The most common cause of an elevated temperature/fever after surgery is due to collapse of the lungs (atelectasis). This is a normal occurrence because of anesthesia and the physical stress your body is undergoing. To decrease your body temperature and expand the lungs, it is important to do the following:

- Wind: Take 10 deep breaths per hour for the first 72 hours.
- Water: Dehydration can also cause an increase in body temperature. It is important that you remain hydrated since surgery can deplete your body of water. 64 ounces of water a day is encouraged.
- Walk: Get up and walk once every hour to keep your blood moving. This is key for preventing a blood clot.
- Wonder drugs: Take your pain medication or Tylenol® as needed. An increase in pain can cause an increase in body temperature.
- Wound: Observe the wound for redness, heat, discharge (pus), and openings.

HAVE SOMEONE WITH YOU

- After surgery, have an adult available to stay with you for the first 72 hours, as you will be weak and drowsy.
- It is highly recommended that you have an adult with you for the duration of your stay if you are an out-of-town patient.

COMPRESSION STOCKINGS/TRAVELING

• Compression Stockings:

- If compression stockings were provided, please leave the stockings on for 5 days after surgery. They may be removed when showering but must be replaced after your shower. You can also purchase additional compression socks at Target® if needed if the ones provided in surgery are too large or too small or become soiled.

• Traveling:

- If you are an out-of-town patient and will be traveling back home after your surgery, please wear your compression stockings on the plane or in the car and remove them after landing.

- When traveling, please be sure to get up every hour to walk around and encourage blood-flow in your legs. Also, be sure to wiggle your ankles when sitting as if pressing a gas pedal to promote blood flow.
- It is safe to fly 1 week after surgery if you have been cleared to do so.
- If you experience shortness of breath after a flight or leg pain with extreme leg swelling, please visit an Emergency Department immediately to rule out a blood clot.

DO NOT SMOKE. This is very important!!!

- Smoking (tobacco, marijuana, or vapes) can result in a lack of blood supply to tissues and fat causing tissue death or delayed wound healing. Even 0% nicotine vapes contain a trace amount of nicotine that the FDA accepts as 0%.
- Do not allow those caring for you to smoke around you as second-hand smoke can be detrimental to your recovery.
- No need to resume smoking as you have stopped six weeks before surgery. This is a benefit to your overall health.

SUPPLEMENTS

- Do not take aspirin (or products containing aspirin), anti-inflammatories, or Ibuprofen (Advil®, Motrin®, Midol®) for 1 weeks after surgery. Also do not begin herbal supplements until 1 weeks after surgery.
 - Arnika, Bromelin and Vitamin C are okay to take.
- Phentermine or appetite suppressants should not be taken until 6 weeks after surgery as these supplements increase heart rate and blood pressure and can interfere with your recovery.

WALKING

- It is important to get out of bed early and often after your surgery (with assistance) to prevent postoperative problems. Walking encourages blood flow throughout your legs to reduce the chance of blood clot development.
- IF YOU HAVE SHORTNESS OF BREATH, LEG SWELLING, AND/OR LEG PAIN AT ANY POINT IN YOUR POSTOPERATIVE HEALING, GO TO AN EMERGENCY DEPARTMENT IMMEDIATELY (OR CALL 911) AS THIS COULD SIGNIFY A BLOOD CLOT.

SLEEP POSITION

- While resting in bed, keep a pillow under your legs and at least 2-3 pillows behind your back and head. This position will help aid in the reduction of swelling and decrease the tension on the abdominal incision line.

- While sleeping, sleep at approximately 30—45-degree angle. Again, this is best achieved with pillows behind the head/back and knees.
- After two weeks you can slowly start to lay flat on your back. Side sleeping can be achieved closer to the 3-4 week post operative period.

SHOWERING

- You may shower (but not bathe) 48 hours after surgery. Some patients do not feel up for showering at 48 hours and choose to wait until the 3rd day. You may shower with the drains in place.
- Make sure someone is with you at your first shower. You can expect to have some dizziness with your first shower. Make the shower a quick one.
- You may wash the surgical area with a mild soap and water (lukewarm, never hot). Do not use surgical soaps to wash the area as these are drying to the skin. Use regular soap.
- Remove all your garments, dressings when showering. When in the shower, use your hands to gently wash the surgical sites to remove dry blood, sweat and oil. When out of the shower, pat the incision dry. There is no need to use dressing covers if you are not draining from your incisions. The incisions may encounter the compression garments.
- Moisturize the surrounding skin around the incision line if the skin becomes too dry and/or irritated.

DIET

- A light diet is best after surgery. Begin by taking liquids slowly and progress to soups or Jell-O. You may start a regular diet the next day.
- 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 xylitol – both sweeteners are poorly digested and can result in bloating.
- Stay on a soft diet, high in protein, for 2 – 3 days and avoid spicy food which can cause nausea and gas. Then you may resume a normal, high protein diet.

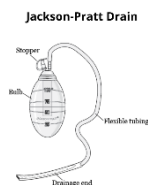
EXERCISE AND SEXUAL ACTIVITY

- No overheating for the first 3 weeks (spas, exercising in the sun, etc).
- Elevating the heart rate, i.e., brisk walk/treadmill may begin starting at 2 weeks. Focused upper body exercises at 6 weeks. You will be cleared for normal exercise routine at 6 weeks.

- At 3-4 weeks, you can consider passive or less vigorous sexual activity.
- Do not lift anything heavier than 5-10 lbs. for the first 6 weeks.
- You may begin swimming 4 weeks post-operatively if healing is complete. We advise waiting a full 6 weeks before swimming in a lake or ocean.

JACKSON-PRATT DRAIN

- You may have a Jackson-Pratt (JP) drain post-surgery This is a closed-suction medical device that is commonly used as a post-operative drain for collecting bodily fluids from surgical sites.
- You will receive a drain care log sheet from the OR team on day of surgery.
- You will be asked to monitor and record output daily. When the output of the drain drops below 30cc in a 24-hour period, you will be able to have the drain pulled. This will be unlikely to occur before your one week post operative appointment.
- Empty drains on a schedule. You can choose the schedule – this can be three times a day or two times a day depending upon the output. If not producing a lot of fluid, the drain can be emptied once a day.
- If you have multiple drains placed, only one drain will be removed at a time as the output of the other drains can increase when one is removed.
- It is normal for a drain site to sting or ache a bit or for one drain to drain more or less than the other.
- It is normal for over-activity to results in more drainage.
- It is normal for stringy clots to appear in the drain bulb.



SUTURES

- The incision starts in the groin crease and extends downward along the inner thighs toward the knee. You may or may not have a drain. There will be a Sykle dressing covering the incision lines which will be removed at 3 week postop visit.
- Do not apply anything on your incisions unless told to do so. Keep the incisions clean and dry. You may notice the dressing start to peel off before this time, this is okay.

- 3 weeks, after all the glue has been removed, (or when all your scabs have fallen off and there are no breaks in the skin), you can begin paper taping. Instructions will be provided in preop folder.
- Every patient will have additional layers of dissolvable sutures under their skin. These dissolvable sutures (Monocryl sutures) can take up to 8-12 weeks days to absorb under the skin. On occasion, you may see or feel what seems to be a fishing line material protruding from the incision. If this should happen to you, please trim the clear stitch at the skin using sterile scissors or plan to visit our office (or your local provider) so that it can be removed.

SCAR THERAPY

- We use and sell Skinuva Scar Refinement Gel at our office. Scar Management will be discussed at the three week post operative appointment. Please note that you will receive one bottle at your pre-operative appointment. You can purchase additional Skinuva at our office.
- You may begin using Skinuva as soon as the skin is fully closed, after all sutures are removed and after all scabs have fallen off. This usually occurs around 3 weeks from surgery. We recommend you use daily for approximately 6 months as that is the time you can achieve maximum benefits and results. You can continue up until the one-year post surgery date.
- All incisions will be extremely sensitive to sunlight during the healing phase. Direct sun contact or tanning booths are to be avoided for 9-12 months. Use a water-resistant sunscreen with SPF of 50+ with UVA and UVB protection for at least 9-12 months. Sun damage to the scars may result in permanent hyperpigmentation or hypopigmentation to your scars.
- Please note that use of medical grade silicone sheeting or silicone cream on surgical scars will temporarily result in red/purple pigment on the scars. This takes place as blood rushes to the surgical incision to create collagen for wound healing and scar maturation. It can take 9 months on average for the discoloration to begin to fade.

COMPRESSION GARMENTS

- Where to buy:
 - You can purchase compression garments on sites such as Marena, Amazon, etc.
 - Additional garments can be purchased, however; our advice is to wait until the swelling has decreased as you may require a tighter fitting garment, than what is used right after surgery.
- The garment is to be worn 24/7 for the first 6 weeks following surgery.
- After 6 weeks, the garment may be removed.



COMMON COMPLICATIONS

• SEROMA

- Some patients may experience fluid build-up in the abdomen in the early postoperative period. If this happens, you will notice a fullness or sloshy feeling in your abdomen.
- If a seroma is detectable (palpable or visible) then it can be treated through aspiration. A small needle and syringe to drain the fluid out of the surgical site through your incision which is typically numb.
- A patient with a seroma may require serial weekly aspirations. Typically, as a patient's body heals, less fluid will be recruited into the area. A seroma will resolve within 3 - 6 weeks with appropriate treatment.



• DELAYED WOUND HEALING

- Abdominoplasty can result in areas of separation at the incision sites or in areas of delayed wound healing well beyond the 2-week visit. Wound cultures may be necessary to rule out infection. Wound care using daily wound dressings may also be necessary to speed up the healing process. In most instances, the incisions heal very well with no evidence of a complication.
- Should your incision open, it cannot be sutured closed since at that point the wound has already been contaminated with bacteria and may result in severe infection with wound closure. The wound will need to close on its own using wound care.
- Wound separation is a VERY COMMON complication that takes place after abdominoplasty because of the high tension to the area.



- **SPITTING SUTURES**

- Spitting sutures are to be expected. Every patient will also have additional layers of dissolvable sutures under their skin. On occasion, you may see or feel what seems to be a fishing line material protruding from the incision. If this should happen to you, please trim the clear stitch at the skin using sterile scissors or plan to visit our office (or your local provider) so that it can be removed.

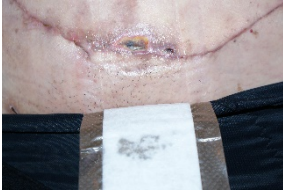
- **KELOIDS/HYPERTROPIC SCARS**

- Keloids are firm, rubbery, lumpy lesions or shiny fibrous nodules on the skin that's usually raised. When skin is injured, fibrous tissue called scar tissue forms over a wound to repair and protect the injury. In some cases, scar tissue grows excessively, forming smooth, hard growths called keloids.
- Hypertrophic scars are raised scars that do not grow excessively outside the incision line.
- If keloids or hypertrophic scars are detected, treatment options include:
 - Corticosteroid injections to the area to reduce inflammation (usually one injection every 6 weeks for up to four sessions)
 - Continue silicone gel sheeting
 - Begin laser treatments and micro needling to reduce scar tissue and help with discoloration.



- **ISCHEMIA AND NECROSIS**

- Some patients with extensive scarring to the treatment area may experience a reduction in blood supply to the area known as “ischemia.” If the ischemia is not corrected or does not respond to therapeutic treatments, then the ischemia will develop into tissue necrosis. After the necrotic tissue develops, the area needs to be treated with wound debridement, typically performed by a wound care specialist.



- **INFECTION**

- Infections are most likely to take place between day 10-14 from surgery.
 - Symptoms and signs of infection include redness, warmth, fever, tenderness, pus, malaise
- Most infections, if detected early, can be treated with proper antibiotic therapy. If infections are severe or not responding to antibiotic therapy, then prompt visit to an ER for IV antibiotic will be necessary.
- If you are an out-of-town patient and you develop an infection, you will need to visit with your local provider or local ER for evaluation and care. If fever and pus accompany redness, please visit with your local ER.
 - It is not recommended that you travel long distances with an infection.

PLEASE VISIT AN EMERGENCY ROOM OR CALL 911 IF:

- At any point you experience shortness of breath or leg pain with swelling as this could indicate a pulmonary embolism (blood clot in lung) or DVT (blood clot in legs) and could be deadly if untreated.

FOLLOW UP APPOINTMENTS

- It is important to be seen by our office for your post-op checks.
- Dr. Setty will see you at the following follow-up appointments: one week, six-week, six months, and one year.
 - 1 Week Post Operative Appointment
 - Dressing change (if needed)
 - JP drain removal (if under the 30cc amount in a 24-hour period)
 - Suture removal
 - Observe tissue for necrosis or wound separation

- 6 Week Post Operative Appointment
 - Assessment for scar management (i.e., if steroid injections, topical creams, and/or laser treatments are needed.
 - Post operative photos started.
- 6 Month Post Operative Appointment
 - First conversation regarding aesthetic results/concerns.
 - Post operative photos.
- One Year Post Operative Appointment
 - Final conversation regarding aesthetic results/concerns.
 - Remember your body will change with age which also means the appearance of your abdomen will change too. Although the outcomes of a abdominoplasty are generally permanent, any significant weight gain or loss, as well as the normal influences of aging can cause changes to your appearance. You may wish to undergo revision surgery later to help maintain your appearance throughout life. Contact our office with any of your questions or concerns, at any time.
- RN will see you at the following appointments: three-week, three-month.
 - 3 Week Post Operative Appointment
 - Assessment of surgical site.
 - Initiate treatment with scar therapy.
 - 3 month Post Operative Appointment
 - Measurements and post operative photos.
- *It is strongly advised that you stay locally for the first week following surgery if you are an out-of-town patient.*
- It's important to keep in mind that these appointments are patient-specific and may vary depending on your own individual healing and/or complications.
- If you are from out-of-town and cannot attend appointments at the recommended frequency, then it is strongly advised that you establish a relationship with a provider in your hometown who can follow your progress or evaluate you in case of infection, wound separation, or seroma. Virtual appointments may be scheduled when unable to attend in-person appointments.
- Follow up appointments can be made while at your scheduled post operative appointment or you can call the office at (972) 930-0333. Our office hours are Monday – Thursday 8:00 AM - 4:00 PM and Friday 8:00 AM – 3:00 PM. The office is closed on Saturday and Sunday.
- **The office is closed on Saturday and Sunday. Should you experience a complication over the weekend, call the regular office line at (972) 930-0333 and you will be directed to an afterhours line or if it is a life-threatening emergency, please visit the nearest urgent care/ER.**

ITEMS TO CONSIDER TO AIDE IN RECOVERY

1. **Lymphatic Drainage Massage:** Consider this therapy to decrease healing time up to 50% by massage techniques used to reduce swelling and pain after surgical procedures. It's also known to reduce overall recovery time and allows patients to be more comfortable during the recovery process. Light pressure and strokes are used to encourage the flow of lymph material to be filtered out of the body. Referral information will be in your pre-operative folder. Lymphatic massage can be started at 48 hours postop Liposuction. Patients with incisions should wait 6-7 days.

IMPORTANT POINTS OFTEN OVERLOOKED ABOUT SURGERY

- It is not unusual for patients to undergo significant emotional “ups and downs” after any type of surgery. Factors such as underlying stress, medications, and/or psychological tendencies can result in patients experiencing a “post operative depression” that generally resolves after a few weeks. Having a partner, family member, or friend who is supportive can help with this process. Understanding the stages of emotional “ups and downs” can help patients stay calm and recover from this emotional process faster:

- Phase 1: Being Out of It
 - Swelling and discomfort is most severe over the first few days after surgery. Pain medications also can make you disoriented and emotional.
- Phase 2: Mood Swings
 - Having just had surgery, patients are adjusting to a sudden change in their appearance with much anticipation. The presence of bruising, swelling, and asymmetries will distort a patient's results thereby concealing the final outcome. Mood swings (especially sadness), worry and depression are common emotions as a result. Patients may even ask, "What have I done?" or think that "I never should have done it."
- Phase 3: Being over critical
 - During the second week, patients will probably be feeling a lot better. The swelling and muscle cramping/spasms will be decreasing, and sutures will be out. Because of anticipation, it is natural for patients to look critically at their new body worrying about symmetry, scars, and so on. At this point, it's normal to wonder if they have achieved their goal and what they paid for. This is too soon to tell, and most concerns are resolved with time.
- Phase 4: Happy at last
 - Finally, about 3 – 6 months out of surgery, patients will probably start liking how they look and are feeling much better. They may be in the mood to check out some bathing suits or outfits to show off their new figure.