

RICARDO A. MEADE, MD

Post-Operative Instructions Brachioplasty (Arm lift)/Medial Thigh Lift

REV 8/30/13

Home Care Instructions

- Have someone drive you home after surgery and help you at home for a few days.
- Follow a balanced, LOW SODIUM diet. Decreased activity may promote constipation, so you may want to add more raw fruit to your diet. Over the counter stool softeners are recommended to help prevent constipation.
- Take pain medication and antibiotics as prescribed. Do not take aspirin or any products containing aspirin for 2 weeks following surgery.
- DO NOT SMOKE, as smoking delays wound healing and increases the risk of wound complications.

Activities

- Start walking (as soon as possible, this helps to reduce swelling and lowers the chance of blood clots.
- You may find it more comfortable to sleep with operative area elevated above the level of your heart. This will help to decrease swelling.
- Do not drive until you are no longer taking any pain medications (narcotics).
- You will need to avoid lifting over 10 pounds for 4-6 weeks, and expect to limit your normal activities of daily living during this time. You will be much more fatigued than usual and will need more rest during the first week post-operatively.
- Refrain from vigorous activity for 4 weeks.
- Body contact sports should be avoided for 6-8 weeks.

Drains

- If you have drains, please refer to the handout "CARE OF YOUR JACKSON-PRATT DRAINS".
- **YOU MAY NOT SHOWER while your drains are in place.**
- Remember to call in your 24 hour drain total to the office (214-823-1691) every day.
- Your drains will be removed when the DAILY TOTAL amount is less than 25mL for 2 CONSECUTIVE DAYS.
- Keeping track of the drainage amounts, is important to your healing process. If incorrect drainage amount is recorded and the drains are removed too soon, THE RISK OF INFECTION AND FLUID BUILD UP INCREASES.

Incision Care

- Dressings may be removed at home **48 hours after surgery.**
- Once dressings are removed apply bacitracin (Neosporin) ointment twice a day for one week along the incision. You may purchase non-adherent dressings or gauze at a drug store to put on over the ointment to protect your clothing.
- IF you have dermabond (skin glue) over your incision, it is not necessary to apply bacitracin ointment along the incision. The dermabond will peel off over the next two weeks. DO NOT remove/peel off the dermabond unless instructed to do so by Dr. Meade.
- If you were given a garment, you must wear it round-the clock or until otherwise instructed by Dr. Meade.
- **YOU MUST NOT SHOWER WHILE DRAINS ARE IN PLACE.** You will be able to take a full shower one or two days after your drain(s) are removed. Before that you make take a sponge bath. Use a mild soap without heavy perfume such as baby shampoo. Let the warm soapy water run over the incisions. **Do not wet your drain site(s).** Do not scrub the incisions or drain sites and pat the incisions dry, do not rub. DO NOT TAKE A TUB BATH, OR SUBMERGE INCISIONS UNDER WATER until Dr. Meade or his nurse has told you to begin taking a full shower.

What to Expect

- Bruising, swelling, numbness, sharpness and burning around the operative area are common after the surgery. This will subside over the next few weeks.
- You may have visible or internal sutures. IF you have visible sutures they may be black or brown-ish in color, PLEASE SCHEDULE a suture removal appointment with Dr. Meade's nurse 7-10 days after your surgery date.
- The majority of swelling will subside in 3-4 weeks, but some swelling may persist for up to 3 months or longer.

IMPORTANT- Call the office (214-823-1691) for any increased redness, swelling, foul-smelling wound drainage, wound separation, severe/uncontrolled pain or temperature >101.5, bleeding from the incisions that is difficult to control with light pressure, loss of feeling or motion. Do not hesitate to call for any other questions or concerns.

**IF you have not already scheduled a follow up post-operative appointment, PLEASE call the office at 214-823-1691 to set up your appointment.

Patient _____ Nurse _____ Date _____