

Hankins & Sohn

Plastic Surgery Associates

Abdominoplasty Instructions

1 Month Before

- No Smoking
- It is ADVISED that patients over 50 have a letter of medical clearance from their primary care provider.
- It is REQUIRED that patients over 60 have a letter of medical clearance from their primary care provider.

2 Weeks Before

- No herbal supplements (garlic, ginseng, ginger, ginkgo or green teas), red wine, blood thinning medications such as nonsteroidal anti-inflammatory medications (NSAIDS) such as Aspirin or Ibuprofen, diet medications and ADD/ADHD medications.

1 Week Before

- Plavix or Coumadin must be discontinued under the guidance of your primary care provider.
- Have any special preoperative testing completed (EKG, lab work or medical clearance).

2 Days Before

- Start an over-the-counter stool softener (Dulcolax, Colace or Sennokot).
- No Alcohol

1 Day Before

- Verify surgery time with the office.
- Expect a call from Dr. Halling, our wonderful anesthesiologist, to review your anesthetic plan.
- Drink 1 bottle of Magnesium Citrate early in the day. This can be found at any pharmacy and is over-the-counter (approx \$2).
- Drink 1 gallon of water making sure to stop at midnight. **Nothing to eat or drink after midnight.** This means no water, gum, candy, mints, cigarettes, or medications unless otherwise indicated.
- Designate a responsible adult to take you to and from surgery and spend the first 24 hours with you.
- You will need a caregiver for approximately the first week after surgery so plan accordingly.

Day of Surgery

> Preoperative Phase

- If given a prescription for Valium (Diazepam), take with 1 sip of water before leaving your house.
- *Wear loose fitting clothes to the surgery center and make sure to bring a large robe to wear home afterwards.*
- Arrive 1 hour before your scheduled surgery time bringing a photo ID. No body piercings, contact lenses, tampons, lotions, creams, nail polish or makeup.
- Surgery will take anywhere from 1-2 hours. Recovery is also 1-2 hours.
- Nurses at the surgery center will need a urine sample to test for pregnancy status. You will be asked to change into a gown and white stockings (compression hose).
- A preoperative assessment will be done, surgical plan reviewed, and IV will be started. Several medications will be administered and your surgeon will do some markings. Dr. Halling will talk to you about your anesthesia.

> Intraoperative Phase

- A nurse from the operating room will ask you about your procedure, allergies and answer any questions you may have. She will escort you to the operating room where it will be cold and bright, you will be assisted to the operating table and placed on a monitor where anesthetic medications will be administered and the procedure will begin once you are asleep. It is not uncommon for a catheter to be placed in your bladder during the operation. Once your incision is closed with dissolvable sutures, surgical tapes called steri-strips will be applied over the incision line. A binder will be placed over your abdomen.

➤ **Postoperative Phase**

- You will wake up in the post anesthesia care unit with an oxygen mask and on a monitor watching your heart rate, blood pressure, respiratory status and temperature. This will continue for about an hour. Any pain, nausea, thirst and hunger will be addressed at this time. You will have 2 drains in your surgical wound that will stay in place usually 7-14 days. The drainage output will be cherry juice colored and transition to a light lemonade color. It is not uncommon for one to have more drainage than the other. Your catheter will be removed and it is imperative that you notify the office if you do not urinate within 6-8 hours of discharge from the center. The PACU nurse will give your family member any discharge instructions once you are tolerating fluids.
- Use frozen peas as ice packs over the peri-area, as labial and pubic mons swelling is normal.
- The most comfortable position for resting is in a beach chair position or semi-sitting with head up and pillows under knees. Use this position for 1 week.
- Do not take any pain medication on an empty stomach at home. If you fail to eat something of sustenance (toast, mashed potatoes, rice) the likely result will be nausea/vomiting. Drink lots of fluids, move around the house (each time you need medication or use the restroom do a lap around the inside of your house). Fluids and moving help decrease the risk of blood clots.
- If sent home with SCD's please wear them as instructed, they significantly reduce the risk for blood clots when activity is impaired.
- Blood clots can be fatal if not identified early. Signs and symptoms of deep vein thrombosis (blood clot in the leg) include: swelling- usually in one leg, leg pain or tenderness, red or bluish colored skin and the leg may be warm to touch. Some say a blood clot in the leg feels like an extreme Charlie horse but the leg is swollen, discolored and the patient is feverish.
- Shortness of breath, stabbing chest pain that is worsened when taking a deep breath or bloody sputum may indicate that a blood clot has traveled to the lungs which is a pulmonary embolism. If you experience any of these symptoms call 911 immediately.
- Wear the white stockings provided at the surgery center to help prevent blood clots. Please take them off periodically giving your legs a break. Do not let them roll down behind the knee. These are helpful for long periods of rest or travel.
- Wear the binder 24 hours a day except when showering. Optimal length to wear the binder is 8 weeks.

1 Day After Surgery

- Typically 1st postoperative visit in the office. Get any medication refills necessary.

2 Days After Surgery

- OK to shower. Remove any dressings except the steri-strips. Place antibiotic ointment only on the drain sites unless otherwise instructed.

1-2 weeks After Surgery

- Suture knots will be clipped and steri-strips changed.
- Continue walking and leg/calf movement.
- No driving while on pain medication.

3 weeks After Surgery

- Explore scar treatment options.
- Verify that your surgeon is ok with out of town travel plans.

4 weeks After Surgery

- Light exercise if cleared by surgeon.

6 weeks After Surgery

- Resume cardiovascular workouts and strength training.