



POSTOPERATIVE INSTRUCTIONS FOLLOWING MINI-ABDOMINOPLASTY

Patient Name _____

Date _____

Surgery Date _____

For you to have the best possible results after surgery it's important to follow these instructions.

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

NORMAL POST-OPERATIVE SYMPTOMS

Normal 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 Claritin 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 AT 973-822-3000 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 on your abdomen or bruising that is localized to one specific point of the abdomen.**
- **Calf pain or tenderness**
- **Shortness of breath or difficulty breathing**

DAY OF SURGERY INSTRUCTIONS

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 for 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. Always keep your head elevated and consider placing a pillow behind your knees.

Good nutrition. Fluids are critical following surgery. Drink plenty of water. Start with a bland diet today and advance as tolerated. Stick to non-carbonated, non-alcoholic, caffeine-free and green tea-free beverages including fruit juices and water, milk and yogurt drinks.

Take all medication, exactly as prescribed.

- Percocet 5/325 mg 1-2 every 4 hours as needed for pain. Take with food.
- Vicodin 5/300 mg 1-2 every 4 hours as needed for pain. Take with food.
- Scopolamine Patch 1 mg transdermal. Apply behind ear 2 hours prior to surgery. Remove the following morning if no nausea/vomiting. Wash hands and area after removing the patch.
- Other: _____
- Other: _____

Change your incision dressings. Wash hands well with soap and water before performing any dressing changes or caring for drains. Your incisions will seep fluid and some blood for a short time after surgery. Keep dressings clean and dry. Do not remove any steri-strips over your stitches. **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 only as needed. You may wish to switch from prescription pain medication to acetaminophen (Tylenol)
- **Continue to wear your 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, 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.**
- **Start to use a silicone gel sheeting on your scars when advised by your surgeon.**
- **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: _____

FOUR TO 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. Avoid yoga or "extreme" stretching exercises. Resume yoga at 3 months or discuss with your doctor.
- **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 3, 6 and 12 month 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/Responsible Party

Date/Time

Printed Name/Relationship

Signature of Practice Representative and Witness