



Abdominoplasty Pre-op and Post-Op Instructions

Pre-Op Instructions:

- Stop all aspirin products, female hormones (including birth control pills) and herbal medications 10 days prior to surgery. Vitamins in standard doses can be continued through the date of surgery.
- Wash the surgical areas daily with the antibacterial soap (Hibiclens) starting 3 days prior to surgery (DO NOT USE ON FACE – BODY ONLY).
- Start Colace (stool softener) the day prior to surgery.
- Transderm Scopolamine is to be applied behind the ear the night before surgery to help prevent nausea and vomiting. Wash hands immediately after handling. The patch may be removed after surgery when you are not having any nausea: it will make the mouth dry and can make it difficult to read (blurry vision) in some cases.
- Emend (40mg) is to be taken the morning of surgery with a small sip of water. This tablet, in combination with the Transderm Scopolamine, help reduce the risk of nausea after surgery. These two medications, Transderm Scopolamine and Emend are optional medications, not mandatory. However, they are prescribed to help reduce the chance of nausea and vomiting after surgery. Despite the use of these two medications some patients will still have some nausea and additional medications, such as Phenergan or Zofran, can be prescribed.

Post-Op Instructions:

- You **MUST** have someone available to drive you home after surgery.
- It is important that you have another responsible person available to assist you for the first 2-3 days after surgery.
- It is extremely important that you take short walks every 1-2 hours in your home until bedtime to prevent clots in the legs. We want this to start **THE NIGHT OF SURGERY**.

- With every walk, use the incentive spirometry to expand the lungs (hence our expression “WALK AND BREATHE EVERY HOUR” after surgery).
- Most abdominoplasty patients will have a catheter placed during their surgery. When it is removed after surgery, it can cause irritation or burning when you urinate the first 24 hours. This is normal. However, if you cannot urinate for 8 hours after getting home, you must go to the nearest emergency room to have a catheter placed to empty your bladder. This is a rare occurrence.
- You will be provided with a strong pain medication (Percocet or Norco) to help manage the post-operative pain. Most patients do require this medication for the first week. We do not want you taking more than 8 tabs in 24 hours, as there is acetaminophen in the pain medication which is toxic to the liver. This medication will cause constipation, so we would like you to stop using the medication as soon as possible.
- You can also use a non-steroidal, anti-inflammatory medication such as Advil (ibuprofen) or Aleve (naproxen) to help with pain. Advil: 400-600mg/3 times a day and Aleve 440 mg/2 times a day. Be sure to take these tablets with food. **DO NOT TAKE ADDITIONAL TYLENOL BECAUSE THERE IS COMMONLY TYLENOL IN YOUR PAIN MEDICATION.** Medications should not be taken if there is a history of intestinal ulcers or significant reflux disease.
- Xarelto (pills) may be provided to reduce the chance of Deep-Vein Thrombosis (blood clots in the leg) and Pulmonary Embolism (blood clots in the lung). Abdominoplasties have a higher risk of Deep Vein Thrombosis (DVT’s) than other procedures, hence our strong commitment to their prevention. These medications start the day after surgery. Please follow the physician’s instructions on the prescription. Stop this medication and contact your physician if you experience unusual bleeding, oozing from the incision or dizziness with upright posture.
- Slight temperature elevation the first 48 hours after surgery is a natural consequence of the body’s reaction to surgical trauma. There is Tylenol in your pain medication that should control mild fevers. If the temperature is over 101 degrees, most of the time the cause is that the patient is not walking or doing the incentive spirometry breathing treatments enough. Call us if your temperature stays higher than 101.5 for more than 8 hours and does not respond to walking, deep breathing and coughing.

Activities:

- Sleep with head slightly elevated and pillows under your knees to decrease tension on your abdominal incision. Some patients choose to sleep in a recliner for the first several nights.

- You may shower the day after surgery. Take all of the dressings off but the steri-strips, wash all areas with soap and water and then pat dry upon exiting the shower. If you have drains, it is helpful to place the drain tubes on a lanyard or string around the neck so both hands are free in the shower. No bathtub full immersion for several weeks after the procedure. After patting the incisions dry, new gauze or pads should be applied and netting or tape may be used to keep the pads in place. Dressings can be discontinued after there is no drainage for several days (commonly 5-7 days after the procedure).
- Remember to take brief walks every hour during the day, this will help to reduce swelling and decreases the chance of blood clots.
- If you have drain tubes, please refer to the drain tube care sheet that was sent home with you and follow those directions. If you can't find your care sheet, you can find them [here](#).
- You will walk slightly bent forward and gradually return to normal posture over the first two weeks.
- Do not drive within 6 hours of taking pain medication. After a tummy tuck, most patients do not feel like driving for the first week.
- No lifting greater than 20 pounds for the first 8 weeks.
- You may resume “normal activities”, such as shopping and light chores, as tolerated. In most patients, this happens somewhere between the first 4-10 days. An office job can commonly be resumed 10 days after surgery. Jobs which require heavy lifting (such as a hospital nurse) will commonly require 6 weeks.
- Avoid straining of the abdominal muscles for 8 weeks. Strenuous exercise or abdominal core exercises should be avoided until 8 weeks post-op. Once you begin working those muscles again, start gradually to avoid any injuries.
- Low-impact cardio can be resumed after a week.
- Sexual activity can be resumed whenever comfortable. Just be sure that no weight or direct pressure is placed on the abdominal incision. Due to the discomfort of this procedure, many patients do not resume sexual activity for several weeks after the procedure. This is entirely up to the individual patient.
- It is common to not have a bowel movement for 2-5 days after an abdominoplasty, due to the surgery and slower movement of the GI system due to medication. It is important to drink plenty of water, take the Colace and taper the pain medication as soon as possible. Occasionally a stronger medication for constipation such as an enema or Dulcolax suppositories may be necessary.

What to Expect:

- If you had flank or waist liposuction with your abdominoplasty, there is quite a bit of drainage of blood tinged fluid from the liposuction incisions. This is normal anywhere from 24-72 hours. The fluid that is draining out is usually the fluid placed into the fatty tissue to make it easier to remove. It is best to have plastic protectors for the bed, couch or recliner where you plan to sleep.
- The scar will extend from near one hipbone to the other (low on the abdomen), as well as an incision around the belly button. The scar will appear raised like a speed bump, the speed bump at the incision line prevents tension on the scar as it heals, as the scar flattens out you will have a thin scar across the abdomen. The scar will be red and raised for six months. After that, it will fade and soften. It can take up to a full year for a scar to remodel itself.
- All incisions will be covered with steri strips, glue or ointment.
- Your first appointment after surgery will be between 10-14 days.
- It is normal to experience a pulling or pinching sensation for weeks and sometimes months after surgery.
- Swelling is to be expected for several weeks. If you have had liposuction as well, the abdominal swelling and the waist swelling will take around three months to resolve.

WHEN TO CALL YOUR PHYSICIAN

Most questions and concerns about pain, swelling and final results are easiest to answer at the time of your follow-up visits. The following are reasons to call prior to a scheduled appointment:

1. Persistent fever over 101 degrees Fahrenheit for 8 hours that does not respond to walking, deep breathing or coughing.
2. Chest pain or significant shortness of breath.
3. Increasing redness along the incision that is more than ½ an inch (a small rim of redness around the incision is normal), especially if the redness is expanding or extending over time.
4. Drainage from the incision that is purulent (pus).
5. If the skin next to the incision is turning very dark or black.
6. If you are unable to urinate 8 hours after getting home from the procedure (Unfortunately, this will require a trip to the emergency room, but is rare).
7. A significant new opening in the incision (over ½ inch). Small openings along the incision are common and are not emergencies.