Michael A. Devlin, MD General Information and Post-Operative Care For: ABDOMINOPLASTY (Tummy Tuck)

The general information and post-operative instructions were carefully written with you in mind. Take the time to read them thoroughly several times. We have found that faithful adherence to the guidelines will give you the smoothest recovery and optimum results. If a question does arise, first refer back to these pages. If you are still uncertain, please call our office at (501) 227-8811.

I. ITEMS NEEDED:

Anti-Embolism Stockings Prescription medicines Q-tips Hydrogen peroxide Polysporin ointment

II. THE PROCEDURE:

Reasons and Goals: The goal of a tummy tuck is to remove excess skin from the abdomen and/or tighten the underlying muscles. This procedure is indicated when there is bulging due to abnormal stretching of the abdominal muscles and skin. The extent of the surgery depends on the amount of excess skin and the laxity of the abdominal muscles. Symptoms such as low back pain, rash and abdominal discomfort may be relieved by the procedure.

Anesthesia: Surgery is carried out under general anesthesia.

Belly Button: In most cases, the belly button is repositioned because of the amount of skin that is removed.

Scars: Although hidden by clothing, a sizable scar may result from the Abdominoplasty. This scar may widen and require surgical improvement at a later time. Every effort is made to reduce the size of the scar and to make it as inconspicuous as possible. In spite of the scarring, most patients are enthusiastic about their results.

III. POST-OPERATIVE CARE:

Bleeding: Please contact our office immediately if sudden, profuse bleeding occurs. Remain calm as excitement and panic raises your blood pressure and worsens bleeding.

Bruising: Bruising may occur in the surgical area following the procedure. If bruising develops, it should be gone in 3 to 6 weeks.

Coughing/Sneezing: Try to suppress any forceful coughing or sneezing for at least 7 to 10 days.

Discomfort: You may experience moderate discomfort after the procedure. Do NOT attempt to stretch or pull your abdomen straight for the first 2 to 3 weeks after the procedure. During this time, you may find it more comfortable to place a pillow under your knees while in bed.

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Drains: Drains will be placed during surgery. These drains relieve the fluid that accumulates after surgery and aids healing. Your drains will be removed 1 to 2 weeks after surgery, when the fluid begins to turn a clear straw color and/or the amount of drainage decreases. **Please Refer to the Care of Your Jackson-Pratt Drains Instructions**.

Drain Care: Secure the bulb of the drain to your clothing or the support garment with a safety pin. When 50% or more of the bulb is full, empty the bulb by opening the plug located on top. Squeeze the bulb to compress it, and put the plug back into the hole at the top to maintain the vacuum. Maintain a record of the daily (24 hour) drain output for each drain separately and bring it to your post-operative appointment. Please record output in mL(cc's), not in oz.

Pain Pump: If you were provided with a pain pump, it will be removed 72 hours after surgery.

Incisions: Some oozing along your incision may occur the first 24 to 96 hours after surgery. Keep incisions clean and dry. Apply Hydrogen Peroxide to the drain sites using a Q-tip. Follow this cleaning with an application of Polysporin ointment. Placing gauze pads over the incisions may help keep the ointment off clothing.

Showering: You may shower **after** your drains are removed.

Garment: An abdominal binder will be placed on you immediately following surgery. This needs to be worn for 6 weeks after surgery. Dr. Devlin will inform you when do discontinue its use. It should be worn full time unless showering or laundering. It should be wrapped snuggly. Do not over tighten. A thin t-shirt may be worn underneath the binder to prevent any rubbing or discomfort on your skin.

Sutures: All sutures are dissolvable. There will be tissue glue on top that may stay on for several weeks. Please do not attempt to remove the glue yourself.

Swelling: Swelling around your incision should be minimal and will peak at 72 hours. As a general rule, 80% of your swelling is gone in 2 to 6 weeks and the remainder should be gone in 3 to 6 months. To minimize swelling, rest and sleep in a reclining position with your head elevated for at least 2 weeks after surgery. Sleep on your back and not on your side. Avoidance of salt in your diet will also help to prevent excess swelling. *Please contact our office immediately* if severe purple swelling occurs.

Driving: Do not drive if you are taking pain medication.

Extra Cautions: Use caution with large pets and with young children. Accidental trauma can cause pain and/or complications.

Fever: You may run a slight temperature the first few days following surgery. If so, increase your fluid intake and take Tylenol. Do not exceed 8 Tylenol per day. *Please notify us of* any fever above 100.5°F that Tylenol does not control.

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Numbness/Firmness and Tenderness: Areas of numbness, firmness and tenderness around your incision and under your skin are common. Normal feeling should return several months up to 2 years after surgery.

Physical Activities: You may resume moderate walks after the first 2 to 4 weeks as tolerated. *Avoid* lifting, bending, straining, or aerobic exercise for at least 6 weeks following surgery. *Avoid* contact sports for 3 to 4 months.

Sun: Avoid the sun which may darken maturing scars. Protect incisions using sunscreen with an SPF of 30 and by covering them with clothing.

IV. CARE AT A GLANCE:

- ☑ Wear support garment.
- ☑ Remove the liquid from your drain reservoirs and record output.
- ☑ If tape covers your incision, leave it in place.

DO NOT:

- Take a bath, swim, or immerse body until instructed it is safe to do so.
- © Perform movements that put stress on the incision until instructed otherwise.
- © Expose incision to the sun.