

Tummy Tuck Surgery Aftercare Guidelines

Surgery Date: _____	<u>First Night</u> Date:	<u>Following Day</u> Date:	<u>3-5 Days 1st</u> <u>Post op Visit</u> Date:	<u>7-10 Days 2nd</u> <u>Post op Visit</u> Date:	<u>2 Weeks Post op</u> Date:	<u>3 Weeks Post op</u> Date:	<u>4-6 Weeks Post op</u> Date:	<u>8 Weeks Post-op</u> Date:	<u>12 Weeks Post-op</u> Date:
Sleep in a reclined position					X				
Medications- take as directed					X				
Soft Diet and liquids		X							
Stool softener/High Fiber foods					X				
Leave on all dressing						X			
Surgical Stockings				X					
Emotional ups & downs	X	X	X	X	X	X	X	X	X
Hands/elbows at side							X		
Driving-(when completely off all medications and can react to an emergency)						X			
Shower (Sponge Bathing)			X						
Steri Strip Removal					X				
Can get incision line wet							X		
Surgical Binder						X			
Lower body exercise						X			
Heavy lifting/upper body exercise mild									X
Alcohol Beverages							X		
Herbal Supplements/Dietary Supplements						X			
Wear Spanx						X			
Ocean, pool, or Jacuzzi water									X
Drains					X				
Silicone Sheeting							X		
Moving the feet back and forth					X				
Use Walker							X		
Pain Pump			X						

Tummy Tuck Pre-Op & Post-Op Care Instructions

PRE-OPERATIVE INSTRUCTIONS:

1. If you smoke, it would be very beneficial if you refrain from smoking at least 4 weeks prior to your surgery. This is to help your lungs and circulation is in their best condition for surgery and to aid in wound healing.
2. Please do not take any aspirin or ibuprofen (Motrin, Advil, Alieve) for 2 weeks preceding surgery. These substances can cause excessive bleeding. You may take any Tylenol products if necessary.
3. No diet pills or herbal supplements two weeks prior to surgery.
4. On the day of surgery, please do not wear wigs, hairpins, jewelry, false eyelashes, or contact lenses. Wear or bring loose-fitting clothing. It would be a good idea to bring a pillow to make your ride home more comfortable.
5. If you have long hair, please pull it away from your face with a band.
6. Please have a bed or recliner chair ready for your return home. If using a bed, you will need plenty of pillows for under your knees and back. This will allow you to stay in a flexed position while you are healing.
7. Please DO NOT EAT OR DRINK ANYTHING after midnight the night before surgery.
8. Have prescriptions filled before your surgery.
9. If you develop any illness prior to your surgery, contact our office as soon as possible.

POST-OPERATIVE INSTRUCTIONS:

1. You must have someone available to drive you home from the surgery center. If you live further than 30 miles away from the surgery center, we ask that you stay locally for the first night. There are post-operative care facilities close by if interested. Please ask our office for their telephone numbers.
2. Upon leaving the surgery center, you may have small quantities of liquids as desired and tolerated. The following day you may progress to a soft diet. After the above, you may eat as desired. No alcoholic beverages are allowed for two weeks after surgery and especially while taking the medications.

3. Keep pillow under legs and knees at all times to flex the thighs. Lying on either side with the hips flexed is permitted as soon as you are comfortable doing so.
4. When up and walking, flex your back and thighs (bent-over posture) so there will not be any tension on incision line.
5. Please do deep breathing 10 times a day for 1 week. Perform ankle and knees flexion and extension exercises for five minutes every hour when awake.
6. Take the pain medication every three to four hours, if needed. Ideally, it should be taken with food to prevent nausea. Take the antibiotic (Keflex) every eight hours for 7 days.

Preventing Constipation While Taking Post-Operative Opiate Pain Medicine

Post-operative pain is typically handled using opiate and non-opiate pain relievers. Examples of opiates include Percocet and Vicodin or their generic equivalents. A typical non-opiate medicine is acetaminophen (generic Tylenol) or ibuprofen. These medicines are very effective at controlling pain and they are intended for short-term use, as directed by your doctor. The opiates can become addictive over longer periods of time.

Opiates act on certain nerve pathways in the brain that block the perception of pain. However, at the same time, the medicines work on another nerve pathway involved in stimulating the intestinal muscles to rhythmically move material down the large intestine for disposal from the body. The large intestine is also a place where the body reabsorbs water, which prevents diarrhea.

When these intestinal muscles slow down or stop for periods of time, the contents of the intestine may not be moving well and more water may still be removed making the contents very solid or hard. This is called constipation.

Suggestions to minimize the potential problems described above include:

Prior to surgery:

To lighten the load on the intestines, avoid eating large, heavy meals a few days before the surgery date. Eat smaller meals and include fruits and vegetables and foods higher in fiber. Try to avoid foods that cause you to have intestinal gas.

Following surgery:

1. Eat foods rich in soluble and insoluble fiber (such as bran, oats, foods made with whole grains, fruits, and vegetables), drinking enough fluids, and getting enough exercise (Note: exercise only as instructed by your doctor).
2. Take a laxative and/or stool softener.
 - a. **Bulk-forming laxatives** generally are the safest type of laxative. Examples of bulk-forming laxatives include psyllium (1 brand name: Metamucil), polycarbophil (1 brand name: FiberCon), and methylcellulose (1 brand name: Citrucel).
 - i. To reduce your risk of side effects, you should start slowly and make sure to drink plenty of fluids while taking bulk-forming laxatives. Gradually increase how much you use.
 - b. **Stool softeners** help mix fluid into stools to soften them. This makes stools easier to pass out of the body. An example of a stool softener is docusate (1 brand name: Colace).
 - c. **Osmotic laxatives** cause the intestine to hold more fluid. This softens stools and helps the bowel move them out. Examples include polyethylene glycol (1 brand name: Miralax) and magnesium hydroxide solution (called milk of magnesia)
 - d. **Stimulant laxatives** are the strongest type of laxatives. They cause the bowel to squeeze or contract to move the stools out. Stimulant laxatives should not be used for more than a few days. When these laxatives are taken for a long time, the bowel can lose its muscle tone and “forget” how to push the stool out on its own.
 - i. Bisacodyl (1 brand name: Dulcolax) and sennosides (1 brand name: Senokot) are examples of stimulant laxatives.

Read the directions on the drug facts label to learn how much medicine to take and how often to take it. If you have any questions about how much medicine to take, call your doctor or pharmacist.

Precautions

- Most laxatives don't have side effects if you use them correctly. However, sometimes they can cause cramping, gas, bloating, nausea, or diarrhea.
- Don't take laxatives if you have an allergy to any of the ingredients. Some people may be allergic to psyllium, a key ingredient in 1 type of bulk-forming laxative.
- If you have a condition called phenylketonuria, you shouldn't take a laxative that contains phenylalanine.

Some text taken from www.familydoctor.org