

ABDOMINOPLASTY POST OPERATIVE INSTRUCTIONS

Things to have at home prior to your surgery:

A tube of over the counter antibiotic ointment (e.g., Neosporin, Bacitracin or store brand).

A roll of surgical tape

12 gauze pads

An over- the -counter stool softener

Band-Aids

Your favorite non-carbonated beverage.

Positioning:

It is best to rest and sleep in the “reclining” position. Many patients will sleep in a recliner chair. If you sleep in a bed it is best to put pillows under the thighs and back to stay bent at the hips. You should not lie flat sooner than 10 days after surgery. You may sleep on your side with your knees bent if you choose. It is very critical to avoid the “sit-up” maneuver where you bend at the hips without assistance. The suture repair of the muscles can be damaged if you do that maneuver forcibly, without assistance or perform it too quickly. You will find it more comfortable to walk while bent at the hips for the first 24 hours or so. Staying bent at the hips past that amount of time can cause significant low back pain. If that should occur attempt to stand a bit straighter when walking.

Garments:

An abdominal binder, with a layer of cotton beneath it, has been placed around the abdomen. The binder should be snug and not tight. It is there to give you a feeling of support when walking. When resting, some patients find it more comfortable to open the Velcro closure. The cotton is for comfort only and is not required. You may remove any soiled areas and reuse the layer of cotton after showering or it can be replaced if you have extra. You may discontinue the use of the cotton after 4 to 5 days.

Dressings/bandages:

Triple antibiotic ointment has been applied to the belly button and drain exit sites and covered with Band-Aids. This can be repeated after showering (see below). Brown (or white) tapes have been glued to the lower abdominal incision. They may get wet. They will fall off on their own in a few weeks and do not need to be replaced.

Drains:

Drains are plastic tubes that are placed under the skin at the time of surgery to help remove fluid from the surgical area. The hospital nursing staff will explain how they work and how to take care of them prior to your leaving the hospital. They are removed in the office usually within 2 to 3 weeks depending on the amount of drainage. Removal of the drains is not considered painful. Patients will have one or two drains. The drains may have clear, bloody or no drainage and may drain uneven amounts if 2 drains are present. All of these conditions are considered acceptable. Occasionally, the drains will stop functioning and fluid may drain around the tube where it exits the skin. If this happens simply apply gauze pads as needed to that site. After showering apply Bacitracin or Neosporin to the skin where the tube exits and place two Band Aids facing each other around the tube exit site to prevent the ointment from being removed. **IMPORTANT: After emptying the drain of fluid, continue squeezing it when replacing the top to the bottle.**

Showering:

You may begin showering 48 hours after surgery. Remove the binder, cotton and Band-Aids. Support the drain(s) in your hand or attach it with a safety pin to a handkerchief or bathrobe belt placed loosely around the back of the neck. Briefly shower, pat dry and replace the Band-Aids and triple antibiotic to the belly button and drain exit sites. Apply the binder and cotton (if still being used).

Diet:

It is very important to stay fully hydrated during the post-operative period. It is best to drink water or dilute non-carbonated beverages and ensure that you are urinating at least a few times per day. You can resume solid food when you feel ready.

Medications:

Read and follow all package inserts, warnings and instructions for any medications or products you use. Any pain medication prescribed can cause constipation and you might consider taking an over counter stool softener at the same time. You may take over-the-counter pain relievers instead. Do not take aspirin containing products or any additional Tylenol as many narcotic medications already contain Tylenol.

Activity:

You are recovering from surgery! Activity should be minimal and slowly increase as the recovery period progresses. Bed rest is NOT required and walking through the house a few times each and every day is needed and may help reduce blood clots from forming. Remember to stay hydrated!

Follow-up appointment:

If you do not have a follow-up appointment scheduled please call the office to be seen in 2 weeks.

Changes in condition:

If you have any minor concerns you can be seen during office hours. If there is any urgent, concerning, worsening or significant change to your condition you should call 911 or proceed immediately to an emergency room. Dr. Reilly's cell phone is 203 209 6834