Elite Plastic Surgery
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Abdominoplasty
DIEP Reconstruction
Post Operative Instructions

1. After surgery, you will be brought to the recovery room. The expected length of time in the recovery room is approximately 1-2 hours. Your family/chaperone will be contacted when you have been transported to the recovery room.

2. A member of the plastic surgery team will speak with your family/chaperone regarding post-operative instructions, will answer any questions, and will provide updates on the course of the procedure.

What to Expect Immediately After Surgery:

1. If you have children, you must arrange for childcare. You will usually not be permitted to pick up children for the first 4 weeks after surgery.
2. If you have pets, especially cats and dogs that shed, make sure that you are not exposed to animal dander for the first two weeks after surgery, as this may increase the incidence of wound infection.

3. You will be walking in a flexed position for 1-1.5 weeks. You will not be able to stand up straight during this time; this is normal. Due to this posture change, you may experience pain in your lower back. Please do not try to stand up straight before 1 week, as you will place too much tension on your abdominal incision and compromise the incision either by separating the incisions or widening your scar.

4. You may have 1 or 2 drains that are coming out of your abdominal incision. It is your responsibility to manage these drains at home. The nursing staff at the surgery center will educate you and the responsible adult on how to manage these drains. We ask that you measure the amount of drainage and bring in the measuring sheet so our staff knows how much the drainage is. We will remove the drains when there is less than 30cc of fluid in 24 hours. These drains must stay to suction at all times. If you notice a drain is not staying suctioned (deflated is to suction, inflated is not to suction) please call the office.

Post-Operative Instructions:

1. **Diet:** You may resume your pre-operative diet after surgery. It is always a good idea to start with clear liquids, and then advance to full liquids and regular food as tolerated. Please plan protein-rich meals after surgery as this helps with healing and reducing

swelling. You may not be very hungry after surgery so plan to eat protein with each meal, supplement with protein smoothies or the Thorne College Peptide and Thorne Daily Greens.

Attempt to increase fluid (six cups of water) and fiber intake to prevent constipation as this is a known effect of anesthesia and narcotic pain medication. Stool softeners should be taken with narcotic pain medication.

2. **Activity:** To lower the risk of bleeding, swelling, and separation of your incisions, restrict your activity for the first week. Please do not plan to increase your heart rate or blood pressure by exercising for the first two weeks after surgery. We will discuss increasing your activity at your 1-week follow-up.

   You should not lift greater than five pounds unless otherwise indicated; these restrictions should continue until they are removed at follow-up visitations. Resumption of exercises should only begin after clearance from your surgeon. The surgeon does increase your activity throughout your 6-week post-op period. You are usually able to return to normal activity after 6 weeks.

   Two risks of surgery include blood clots and pneumonia:
   - To prevent blood clots you are encouraged to ambulate 5 minutes every 2 hours while awake on the day of surgery and throughout the week. You may also want to invest in compression stockings while you are recovering.

   - To prevent pneumonia you are encouraged to make a conscious effort to take deep breaths every few hours. You should also cough to open up your lung bases. This may be uncomfortable for the first few days after surgery. To help with comfort you may grab a pillow and hold it close to your chest to provide a small amount of pressure when coughing.

3. Lay in a recliner with your head elevated and knees flexed (“beach chair” position). Be sure to keep your chest and head elevated on pillows. If you do not have a recliner please place 3-4 pillows behind your back and 2-3 pillows under your knees. You must sleep like this until you are standing straight up.

4. Bathing: You may shower on post-operative day two. No bathing or submerging in water (ie: pool, whirlpool, hot tub, etc.) for 4 weeks. It is advisable to pat dry the incision area gently prior to applying new soft padding to the area.

5. Pain: Our office provides pain relief medications that will be reviewed with you. We provide different types of medications that address different types of pain. We provide

medication that helps relieve nerve pain, muscle pain, and anti-inflammatories. We do provide narcotic pain medication but encourage you to start the medications that address the **specific type** of pain medication, which will help you come off the narcotic pain medication sooner. It is suggested to fill your prescriptions before surgery to provide a more relaxed post-operative course. Aspirin should not be taken unless specifically prescribed by your surgeon.

6. Follow-Up Schedule: The first post-op follow-up appointment will occur the week following surgery. Contact information for the follow-up appointment will be given to you. You are encouraged to make the follow-up appointment before the surgery. Normal follow-up routine includes office visits weekly for the first couple weeks and then at one month post-operatively.

7. Incisions: Your abdominal incision will be closed with sutures that are absorbable. They will not need to be removed in the office. There will be adhesive bandages (steri-strips) covering your incision line. These will start to fall off at weeks 1-2. We will pull them off at the office if they have not fallen off by week 2. It is not common for these bandages to cause itching and irritation but if this occurs please remove them.

   Your umbilicus (belly button) will have non-absorbable sutures and these will be removed in the office at week 2.

   Incisions may show mild signs of redness and inflammation for the first four months post-operatively. This is normal and should resolve with time. It is normal to have some oozing from the wound edges in the initial post-operative period. Wound care and scar care instructions will be based on how healing progresses as assessed at clinic visits. Do not place ointment or other products over incision lines until instructed by your surgeon.

   PLEASE DO NOT PLACE ICE PACKS OR HEATING PADS ON OR NEAR ANY SURGICAL SITES DUE TO ALTERED SENSATION AND INABILITY TO FEEL WHEN TOO HOT/TOO COLD!!!

8. Dressings: Dressings are simple and consist of medical-grade glue, soft padding to absorb any oozing from the wounds. Do not pick at or attempt to remove the glue. It will fall off with time. Replacing padding daily keeps the area clean and dry.

9. Post-Operative Bra: The breasts should be supported with minimal movement for 2 weeks. A lightly compressive front closure sports bra/bralette should be worn. Please DO NOT wear any bra with an underwire for at least 6 weeks. There should be no direct

or prolonged pressure on the breasts for 2 weeks. This means no sleeping on your tummy or sides, only on your back.

10. Work: You are normally advised to take four weeks off from work, although an earlier return to work is possible depending on your occupation and recovery. The recovery period could take longer if there are complications after the surgery.

11. If you have children, you must arrange for childcare. You will usually not be permitted to pick up children for the first 4 weeks after surgery.

12. If you have pets, especially cats and dogs that shed, make sure that you are not exposed to animal dander for the first two weeks after surgery, as this may increase the incidence of wound infection.

13. It is normal to experience bruising and swelling in your abdomen, flanks, and pubic area.

14. Do not lie on your stomach, on your sides, or your drains after surgery.

15. You may resume your preoperative medications at the discretion of your surgeon.

Recap:

- Lay in a recliner with your head elevated and knees flexed (“beach chair” position).
- A flexed position must be maintained while walking and resting for the first two weeks.
- You will not be able to stand straight up for the first week and this is completely normal.
- Do not lie on your stomach, on your sides, or your drains after surgery.
- Keep your abdominal garment and/or compression pants on. You may remove it to shower 48 hours after surgery. Besides showering, do not remove the abdominal garment and/or compression garment.
- Compression garments for 24/7, 4 weeks, and 12 hours a day weeks 5-6.
- Do not engage in any strenuous activity after surgery such as pushing, pulling, or sexual activity. This may raise your blood pressure and increase the chance of bleeding and bruising.

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ERAS POSTOPERATIVE MEDICATION SCHEDULE

EXAMPLE ONLY: surgery starts at 7:30 AM and ends at 12:00 PM

FOLLOW THE CLOCK - DO NOT WAIT UNTIL YOU ARE IN PAIN. ERAS works best when you take ALL scheduled medications that were prescribed to you at the correct times. Oxycodone and Zofran are the only medications on this handout that are taken AS NEEDED.

*** MAY NOT APPLY TO YOU: JOURNAVX, Lovenox are only used when prescribed.**

BEFORE SURGERY - JOURNAVX* (only if prescribed)

JOURNAVX loading schedule: For a 7:30 AM surgery, follow the example below. Your third dose is taken before you leave home; all later doses are every 12 hours from that dose.

WHEN	EXAMPLE CLOCK TIME	TAKE
24 hours before surgery	**7:30 AM - day before**	2 tablets (100 mg total)
12 hours before surgery	**7:30 PM - night before**	1 tablet (50 mg)
Before leaving home for surgery	**Example: 5:30 AM - surgery day**	1 tablet (50 mg)
12 hours after the leave-home dose	**Example: 5:30 PM**	1 tablet (50 mg)
Continue every 12 hours	**5:30 AM / 5:30 PM**	1 tablet (50 mg) each dose

JOURNAVX food note: Take the first dose at least 1 hour before or 2 hours after food. From the second dose on, JOURNAVX may be taken with or without food. Avoid grapefruit while taking JOURNAVX.

AFTER SURGERY - CLOCK-BASED HOME MEDICATION SCHEDULE

EXAMPLE ONLY: This schedule shows a surgery ending at 12:00 PM. Your actual clock times will depend on when YOUR surgery ends. Use the relative timing in parentheses to shift the schedule to your own surgery time.

EXAMPLE CLOCK TIME / RELATIVE TIMING	TAKE ALL THAT WERE PRESCRIBED TO YOU
12:00 PM (EXAMPLE: surgery ends)	**START HERE: This is the reference point for the example below. If your surgery ends at a different time, shift each clock time using the relative timing shown in parentheses.**
2:00 PM (2 hrs after surgery)	☐ Tylenol 1,000 mg ☐ Toradol 10 mg ☐ Gabapentin 100 mg ☐ Antibiotic - Keflex 500 mg or prescribed alternative ☐ Colace 100 mg + Senna 8.6 mg
4:00 PM (2 hrs later)	☐ Flexeril 5 mg
5:30 PM (12 hrs after AM JOURNAVX)	☐ JOURNAVX 50 mg*
8:00 PM (6 hrs after 2 PM)	☐ Toradol 10 mg ☐ Tylenol 1,000 mg - if under age 50
10:00 PM (8 hrs after 2 PM)	☐ Gabapentin 100 mg ☐ Antibiotic - Keflex 500 mg or prescribed alternative ☐ Tylenol 1,000 mg - if age 50+
12:00 AM (8 hrs after Flexeril)	☐ Flexeril 5 mg
2:00 AM (12 hrs after 2 PM)	☐ Toradol 10 mg ☐ Tylenol 1,000 mg - if under age 50 ☐ Colace 100 mg + Senna 8.6 mg
5:30 AM (12 hrs after JOURNAVX)	☐ JOURNAVX 50 mg*
6:00 AM (8 hrs after 10 PM)	☐ Gabapentin 100 mg ☐ Antibiotic - Keflex 500 mg or prescribed alternative ☐ Tylenol 1,000 mg - if age 50+
8:00 AM (8 hrs after Flexeril)	☐ Flexeril 5 mg ☐ Toradol 10 mg ☐ Tylenol 1,000 mg - if under age 50

Spacing reminder: Gabapentin and Flexeril stay at least 2 hours apart. JOURNAVX may be taken at the same time as either one. Oxycodone is PRN and must stay at least 2 hours from both gabapentin and Flexeril.

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ERAS POSTOPERATIVE MEDICATION SCHEDULE

Medication key and important timing notes

SCHEDULED vs. AS NEEDED: Tylenol, gabapentin, Flexeril, antibiotic, Colace, Senna, and Toradol, and any prescribed JOURNAVX or Lovenox are part of the scheduled ERAS plan. Oxycodone and Zofran are the only AS-NEEDED medications on this handout.

WHAT EACH MEDICATION DOES

MEDICATION	PURPOSE	TIMING / IMPORTANT NOTE
Tylenol (acetaminophen)	Pain relief	1,000 mg every 6 hours if under age 50; every 8 hours if age 50+. Age 50+: do not exceed 3,000 mg/day. Under age 50: do not exceed 4,000 mg/day.
Gabapentin (Neurontin)	Nerve pain	100 mg every 8 hours. Helps with itching, burning, tingling, numbness and sharp/shooting pain. May cause drowsiness.
Flexeril (cyclobenzaprine)	Muscle relaxer	5 mg every 8 hours. May cause drowsiness. Do not drive while taking it.
Toradol (ketorolac)	Anti-inflammatory / pain relief	10 mg every 6 hours for the prescribed course. Do not take additional ibuprofen/Advil/Motrin or other NSAIDs while taking Toradol unless your surgical team tells you to.
Antibiotic - Keflex (cephalexin) or prescribed alternative	Prevents/treats bacterial infection	Take the antibiotic you were prescribed every 8 hours. If using a probiotic, separate it from the antibiotic by 2 hours.
Colace + Senna	Constipation prevention	Take every 12 hours. These two medications may be taken together.
JOURNAVX (suzetrigine)*	Non-opioid pain medication	Loading schedule begins 24 hours before surgery, then continues every 12 hours after the leave-home dose. Insurance coverage may vary.
Lovenox (enoxaparin)*	Blood clot prevention	Only for patients/procedures when prescribed. Start the day AFTER surgery and inject once daily for the prescribed course (your office instructions currently note 14 days if insurance covers).

AS-NEEDED MEDICATIONS

Oxycodone 5 mg - AS NEEDED: Take every 4-6 hours as needed for breakthrough/general pain. Keep oxycodone at least 2 hours away from BOTH gabapentin and Flexeril. Do not drive while taking oxycodone.

Zofran (ondansetron) 4 mg - AS NEEDED: Take every 6-8 hours as needed for nausea or vomiting.

IMPORTANT SAFETY / TIMING RULES

- Take every SCHEDULED medication that was prescribed to you at the listed time - even if your pain is controlled.
- Gabapentin and Flexeril are scheduled, but keep them at least 2 hours apart. If you need oxycodone, keep it at least 2 hours from BOTH gabapentin and Flexeril.
- JOURNAVX does NOT need to be separated from gabapentin or Flexeril and may be taken at the same time as either medication.
- Not every medication applies to every patient. JOURNAVX and Lovenox are marked with an asterisk because they may not be prescribed to you.
- Medication type may change because of an allergy or other medical reason. For example, take the antibiotic actually prescribed to you even if it is not Keflex.
- If you miss a dose, vomit a dose, have a medication reaction, or are unsure what to take, call the surgical team before changing the schedule or doubling a dose.