Elite Plastic Surgery

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EXCESS SKIN REMOVAL

Post Operative Instructions

1. After surgery, patient will be in recovery room for approximately 1-2 hours. The family will be contacted when the patient has been transported to the recovery.

2. A member of the plastic surgery team will speak with family/chaperone regarding post-operative instructions, answering questions, and to provide update on the course of the procedure(s).

3. Dressings consist of medical grade glue/tape, soft padding, and compressing dressings.

4. Drains are commonly placed in the surgical site(s). Hospital staff will instruct you of proper drain care prior to discharge.

5. The first follow-up visit is normally within a week following surgery. You are encouraged to make your initial follow-up appointment prior to surgery.

Post-Operative Instructions:

1. **DIET:** Resume normal diet. Attempt to increase fluid and fiber intake in order to prevent constipation that is known side effect of narcotic medication. Stool softeners should be taken with narcotic medication. Our suggestion for medications to avoid constipation: Docusate Sodium 100mg by mouth, twice daily and Senna daily as well.

2. **ACTIVITY:** You will awake lying with your hips in a flexed position. You are encouraged to ambulate the day of surgery. It is common for you to feel “tight” in your surgical areas. You can extend the surgical area until you feel a pull and no further as this can stress the incision sites. You will compression stockings and may be required to take anticoagulant medication depending on your prior medical status and how well you are able to ambulate after surgery.

3. **EXERCISE:** Non-strenuous activity only is allowed. You should not lift greater than 10 pounds. These restrictions should continue until they are removed at follow-up visits.

4. **PAIN:** Narcotic medication will be prescribed to the patient the day of discharge from the hospital. Your surgeon uses local anesthetic during the surgery that controls most of the pain for up to 10 hours postoperatively. Further, pain will be controlled in the recovery room prior to discharge. Aspirin and other anti-inflammatory drugs should not be taken unless specifically prescribed by your surgeon.

5. **FOLLOW-UP SCHEDULE:** Normal follow-up routine includes a visit to the office weekly until drain removal and then at 4-6 weeks after surgery.

6. **WORK:** Patient is advised to prepare for 4 weeks off from work. The recovery period could take longer if there are complications after surgery.

7. **INCISIONS:** Sutures are most often internal and not visible on the surface. Typically they dissolve on their own with time. In some situations, there may be external sutures placed that may require removal. We will remove and care for sutures as necessary in-clinic. Incisions may show mild signs of redness and inflammation for the first 2 months postoperatively. This is normal and should resolve with time. It is normal for some oozing from wound edges in the initial postoperative period. Wound care and scar care instructions will be based off of healing progression as assessed at office visits. Do not place ointment or other products on 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, and compression dressing. Do not pick or attempt to remove the glue, which may be tinted. It will fall off with time. Replacing padding daily keeps the area clean.

9. **COMPRESSION DRESSING:** Compression dressing over surgical sites should be worn at all times for the first 4 weeks. It can be removed for washing and then immediately reapplied. Following this, the compression garments should continue to be worn during the day for an additional 8 weeks.

10. **DRAINS:** Drain care instructions will be provided prior to discharge and progress will be followed inclinic. Drains are removed when output is less than 30mL in a 24 hour period.

11. **BATHING:** Incisions should be kept as dry as possible until drains are removed. Patient's can shower after 48 hours postoperatively with a cloth and gentle antibacterial soap and patted dry. DO NOT SCRUB YOUR INCISIONS. We recommend wearing a lanyard in the shower to hold your drains to avoid tension at the drain site. No bathing or submerging in still water (i.e. pool, hot tub, etc.) for at least 4 weeks until cleared by your surgeon.

12. **MEDICATIONS:** Medications will be prescribed on a case-by-case basis dependent on previous medical history, family history, etc. Medication instructions will be provided upon discharge and by the pharmacy. Please take medications as instructed and contact your surgeon's Medical Assistant with any questions.

13. **HYPERBARIC OXYGEN THERAPY:** We have a Hyperbaric Oxygen Machine in the office to help our patients recover faster but can be utilized for much more. Hyperbaric oxygen therapy (HBOT) is a medical treatment that involves breathing pure oxygen in a pressurized chamber. HBOT has been used to treat a variety of medical conditions, including decompression sickness, carbon monoxide poisoning, and wounds that are slow to heal.

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a. In recent years, there has been growing interest in the potential use of HBOT for longevity and anti-aging. This is because HBOT has been shown to have a number of beneficial effects on the body, including:
    i. Increased production of new blood vessels
    ii. Reduced inflammation
    iii. Improved wound healing
    iv. Increased production of antioxidants
    v. Reduced oxidative stress
    vi. Increased levels of nitric oxide
    vii. Improved cognitive function
    viii. Increased lifespan in animal studies

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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)	D Tylenol 1,000 mg D Toradol 10 mg D Gabapentin 100 mg D Antibiotic - Keflex 500 mg or prescribed alternative D Colace 100 mg + Senna 8.6 mg
4:00 PM (2 hrs later)	D Flexeril 5 mg
5:30 PM (12 hrs after AM JOURNAVX)	D JOURNAVX 50 mg*
8:00 PM (6 hrs after 2 PM)	D Toradol 10 mg D Tylenol 1,000 mg - if under age 50
10:00 PM (8 hrs after 2 PM)	D Gabapentin 100 mg D Antibiotic - Keflex 500 mg or prescribed alternative D Tylenol 1,000 mg - if age 50+
12:00 AM (8 hrs after Flexeril)	D Flexeril 5 mg
2:00 AM (12 hrs after 2 PM)	D Toradol 10 mg D Tylenol 1,000 mg - if under age 50 D Colace 100 mg + Senna 8.6 mg
5:30 AM (12 hrs after JOURNAVX)	D JOURNAVX 50 mg*
6:00 AM (8 hrs after 10 PM)	D Gabapentin 100 mg D Antibiotic - Keflex 500 mg or prescribed alternative D Tylenol 1,000 mg - if age 50+
8:00 AM (8 hrs after Flexeril)	D Flexeril 5 mg D Toradol 10 mg D 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.