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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.
3. This is typically an outpatient procedure. MOST of our patients go home the same day after surgery, although depending on your health status and comfort level, you may be kept in the hospital one to two days.

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

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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.

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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.

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**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.

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- 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.

Medications Prescribed (not all medication may apply)

Please take all your medications as prescribed.

Scheduled Medications: Please take these medications as scheduled

Antibiotic: Keflex (cephalexin) 500mg (started day of surgery, is a SCHEDULED medication, please follow the prescription ordered) is an antibiotic you must take for a total of 5 days. (Note that antibiotics may impair birth control pills.)

(*May not apply to you) Blood thinner: Lovenox 30 mg/0.3 ml injectable solution (started day AFTER surgery) is used for the prevention of blood clots after surgery. You or your caregiver will administer 1 subcutaneous injection into your thighs daily for 5 days.

Tylenol (Acetaminophen) (Age GREATER than 60: 1000 mg every 8 hours) (Age LESS than 60: 1000 mg every 6 hours)

As needed: These medications are scheduled “as needed” per your pain level. We provide you with many types of medications that focus on the “type” of pain you are experiencing. If you plan to take more than one of these medications, please plan to take them at least 2 hours apart as they can make you sleepy.

Toradol (ketorolac): 10 mg every 6 hrs = 15 tabs

Type of Pain relief: Anti-inflammatory: Swelling/Pain: (started day of surgery as needed, please follow prescription ordered) This is a different form of Ibuprofen so please stay away from other anti-inflammatories while taking this medication.

Gabapentin (Neurontin): 100 mg; every 8 hours = 48 tabs (16 days)

Type of Pain relief: Nerve Pain: Itching/Burning/Tingling/Numbing/Sharp: (started day of surgery as needed, please follow the prescription ordered) is used for pain relief every 12

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hours. Please let us know if you are taking any prescriptions for mood-altering (depression or bipolar) medications as these can potentially interact.

***this medication can make you sleepy, please do not plan to drive on this medication**

Cyclobenzaprine (Flexeril): 5 mg; every 8 hrs = 10 tabs

Type of Pain relief: Muscle Relaxer: Muscle spasms/Muscle cramping: (started day of surgery as needed, please follow prescription ordered) is a muscle spasm medication.

***please do not drive while on this medication**

Oxycodone (Narcotic Pain Reliever): po every 4-6 hours as needed = 30 tabs

Type of Pain Relief: General pain (started day of surgery as needed, please follow the prescription ordered) is an oral narcotic prescribed to manage your pain.

***please do not drive while on this medication**

Docusate Sodium (Colace): Stool Softener: every 12 hours = 14 tabs (7 days)

Senna: Bowel Stimulant: every 12 hours = 14 tabs (7 days)

You may take the Colace and Senna together.