



## Abdominoplasty/Lower Body Lift

### Pre-Operative Instructions

Please advise Dr. Robbins if you are taking any blood thinning medications (e.g. Warfarin, Ibuprofen, NSAIDS, Plavix, Aspirin), These will need to be discontinued prior to surgery per Dr. Robbin's instructions

- **DO NOT** take any of the following 10 days prior to surgery:
  - Anti-inflammatories (ibuprofen, motrin, aleve, advil, aspirin)
  - Homeopathic medications
  - Vitamin E, fish oil, multi-vitamins
- Take a bath or shower daily with an anti-bacterial liquid soap, like dial liquid soap, or hibiclens (can be purchased at walgreens or cvs) starting 3 days prior to surgery.
- **DO NOT EAT** after midnight the night before surgery, you may **DRINK** clear liquids (Gatorade, Powerade, Pedialyte, water, black coffee or tea) **UP TO TWO HOURS PRIOR TO ARRIVAL ON SURGERY DAY**
- If you are a smoker- Stop smoking 2-3 months prior to surgery. Smoking causes slower and compromised healing time
- **DO NOT** wear jewelry, dentures, hearing aids, or contact lenses the day of surgery
- **DO NOT** wear make-up, lipstick or deodorant, on the day of surgery
- Wear comfortable, loose fitting clothing that buttons in the front
- You will need to arrive 2 hours prior to your surgery time (unless otherwise instructed).

### Post-Operative Instructions

#### MEDICATIONS

You will be prescribed a **pain**, (Percocet/oxycodone, or Dilaudid/hydromorphone) **anti-nausea** (Phenergan/promethazine or Zofran/ondansetron) as well as a scopolamine patch and **antibiotic** (Keflex/cephalexin, doxycycline, or Cipro/ciprofloxacin) medication. An injectable **blood thinner** (Lovenox) in which you will start the day after surgery once a day for 7 days

The goal is to *stay ahead of the pain* so you can rest comfortably and eat/drink without nausea or constipation.

- Your **pain** medication should be taken with food in your stomach, even if you don't have an appetite, have some crackers or yogurt with it
- Your **anti-nausea** medication is prescribed since narcotic pain meds can increase your chance of nausea/vomiting
- Your **antibiotic** is to prevent infection, take the medicine as prescribed beginning the day you get home from surgery until the entire bottle is empty
- **Take ALL of your medications as prescribed, at least for the first 24-48 hours after surgery**

- Have someone drive you home after surgery and help you for at least 3 days
- Bring your filled prescriptions with you on surgery day, we will give you your first dose prior to going home
- DO NOT take aspirin or any products containing aspirin **until 3 days after surgery**
- Increase fiber and fluid intake to prevent constipation from the narcotics
- Avoid strenuous activity, heavy lifting, and any vigorous activity for 3 weeks or until otherwise instructed. Walking is a normal activity that should be restarted right away
- Do not take a tub bath, but a shower is okay after post-operative day 3
- **Remove pain pump right before you take your first shower;** remove adhesive dressing that is securing the pain pump catheters on your skin at upper abdomen, and pull out gently. This does not cause any discomfort, bleeding or pain; discard after removal

**If your surgery is on Monday you may shower on Thursday. If your surgery is on Wednesday you may shower on Saturday. If your surgery is on Friday you may shower on Monday.**

- The nurses will instruct you on how to strip, measure, and record the amount of output from your drains. Please bring drain log to every follow-up appointment
- Expect to keep drain(s) in for approximately 2-3 weeks
- A surgical garment will be applied immediately after surgery and will be worn continuously for the first 3 weeks you may remove for showering
- After the initial three weeks you will wear the compression garment during the day for an additional three weeks (6 weeks in total)
- You will need to sleep in a recliner, and/or lower and upper body elevated with pillows
- **DO NOT** remove the steri-strips or surgical tape, Steri-strips are small tapes that cover the incisions unless specifically instructed by Dr. Robbins
- ***If you are a smoker,*** remain smoke free for at least 6 weeks after surgery

### DRAINS

Your surgery requires the placement of a drain(s), you'll be instructed on how to empty the drain, strip the tubing and record the volume of drainage.

- Drain(s) are **sutured to the skin** where the drain exits the body and are usually **in place for an average of 2- 3 weeks**
- The Jackson-Pratt Drain **works by suction** and must be kept tightly closed except during emptying
- **Strip the Tubing, Empty and Record** the amount of drainage at least **twice a day** notating the date, time of day, drain number, and amount of drainage
- **Maintain an accurate daily drain log** and bring with you to each appointment
- When exterior dressings are removed at the first shower, **remove any small "donut" dressings** at the site where the tubing exits the body
- Use a **fanny pack or neck lanyard to hold the drains** in place while in the shower or moving about. NEVER let the drains hang unattended!
- **Apply Neosporin or Triple Antibiotic Ointment** around the drain and drain opening **two times a day** at each drain site while drains are in place

## NOTES:

### What to Expect

- Discomfort will be maximal in the first 3 days; it should improve each day thereafter.
- There will be postoperative pain, tightness, temporary bruising, discomfort, numbness, swelling and discoloration
- If liposuction is done during your procedures expect to have a large amount of blood-tinged drainage from these sites. If dressings are saturated in these areas you will want to change with dry gauze as needed
- You will be returning to see Dr. Robbins at his office in 1 week
- Scars will be red for 2-3 months and then will fade and soften
- The only sutures being removed are your belly button sutures at 2 weeks post op visit

### When to Call the Office

- If you have severe or increased pain not relieved by medication
- If you are having side-effects to medications, such as rash, nausea, headache, or vomiting
- If you have a temperature > 101.5 degrees
- If you have drainage from the incision that has a foul odor
- If you have bleeding from the incisions that does not stop with pressure
- Excessive warmth or redness that is spreading from the incision site

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