



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. Robbins' instructions or the physician that manages these medications.
- **DO NOT** take any of the following 10 days prior to surgery:
 - Anti-inflammatories (ibuprofen, Aleve, Motrin, Excedrin, OTC pain medication. Tylenol is the ONLY acceptable pain medication to take prior to surgery.)
 - Homeopathic medications (If you are unsure then do not take.)
 - Vitamin E, Fish Oil or Multivitamin
- Take a bath or shower daily with an anti-bacterial liquid soap, like Dial liquid soap, or Hibiclens starting 3 days prior to surgery. These can be purchased at any drug store.
- **DO NOT** eat or drink after midnight the night before surgery. That means NO FOOD OR ANY LIQUIDS INCLUDING WATER.
- **DO NOT** wear jewelry, dentures, hearing aids, or contact lenses the day of surgery.
- **DO NOT** wear make-up, moisturizer, lipstick, deodorant, or nail polish the day of surgery.
- Wear comfortable, loose-fitting clothing that buttons or zips in the front. No skinny jeans or leggings the day of surgery. No clothing with any metal on it.
- You will need to arrive 2 hours prior to your surgery time or advised. The arrival time is enclosed in your folder.
- You must bring a driver to take you home after surgery.

ALL HAIR MUST BE REMOVED FROM PUBIC AREA PRIOR TO SURGERY.

Post-Operative Instructions

MEDICATIONS

You will be prescribed a ***pain***, (Percocet/oxycodone, or Dilaudid/hydromorphone), ***anti-nausea*** (*Phenergan/promethazine or Zofran/ondansetron*) and ***antibiotic*** Keflex/cephalexin, doxycycline, or Cipro/ciprofloxacin) ***medication***. The goal is to stay ahead of the pain so you can rest comfortably and eat/drink without nausea or constipation. Our office recommends starting an over the stool softener, Miralax, Dulcolax prior to surgery. After surgery it is

recommended to take it preventatively every day until you are no longer on the narcotic pain medicine. IF YOU HAVE NOT HAD a bowel movement 3-4 days following surgery then you may take Milk of Magnesia or Magnesium Citrate. These are both available over the counter. Follow the instructions listed on the package. **(SEE ATTACHED MEDICATION LIST)**

- 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. This will prevent nausea caused by the pain medicine.
- 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. This DOES NOT need to be taken prior to surgery.
- **Take ALL your medications as prescribed, at least for the first 72 hours after surgery.**
- DO NOT take aspirin or any products containing aspirin or ibuprofen, Aleve, Motrin or vitamins **until 5 days after surgery.**
- **Take ALL your medications as prescribed, at least for the first 72 hours after surgery.**
- Have someone drive you home after surgery and help you at home for as long as you are on the pain medication and/or muscle relaxer.
- You will have prescription for an antibiotic as well as a pain medication that you need to start when you get home after surgery. You DO NOT need to take this prior to surgery unless instructed by our office.
- Cough and deep breathe every 2 hours to prevent pneumonia.
- Avoid strenuous activity (jogging, running, any activity that increases your heart rate), lifting over 8 pounds, and any vigorous activity (pushing, pulling) for 3 weeks following surgery. You may lift over 25 pounds after 4 weeks. Walking is a normal activity that should be restarted right away. You should be up walking around the house following your surgery. And you should continue to walk as much as you can following surgery.
- **If your surgery is on a 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.**
- On your shower day you may remove the abdominal binder and shower. After showering apply Neosporin or generic Neosporin to the drain site and apply a bandage of your choosing. (SEE ABOVE FOR SHOWER DAY.) You may apply a t-shirt under the abdominal binder. Be sure the abdominal binder is tight and snug on your abdomen. The abdominal binder will be worn for the first 3 weeks, day and night. Then it is to be worn weeks 4, 5 and 6 in the daytime only. You may continue to wear it longer even after the 6 weeks. We encourage you to wear Spanx or Spanx like garment (this can be purchased at Target; the brand is Asset) under the abdominal binder when you can put the Spanx on. This will help compress the pubic area.
- Leave the tape/steri-strips in place, over your incisions, this will help with scarring. They will fall off on their own at 3 weeks. After 3 weeks you may remove the tape and use a

silicone-based scar cream or tape to the incisions. This can be purchased from our office or online.

- No driving until completely off narcotic pain medication and muscle relaxer.
- If you are a smoker, remain smoke free for at least 6 weeks after surgery.
- DO NOT use ice or heat on your abdomen or lower back for pain relief. The skin in this area may be numb therefore making it more susceptible to a burn.

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**. However, some may stay longer than that time depending on their output.
- The 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. This is how a determination will be made if your drain is ready for removal.
- Drains are **NOT** removed the first week after surgery.
- When exterior dressings are removed at the first shower, **remove any small "donut" dressings** at the site where the tubing exits the body. We want soap and water to clean the skin and area where the drain comes out of the skin.
- 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. You may begin applying this after you have showered on day 3.
- **Instructional drain video is located on our website.**
 - www.robbinsplasticsurgery.com then click the tab for video gallery, drop for video gallery, body then post op care. The drain video is the first video listed on that page.

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. We recommend that you do not get sun exposure on your scars if they are red or pink.
- 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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