A BETTER YOU COSMETIC SURGERY CENTER

POSTOPERATIVE INSTRUCTIONS-BUTTOCKS AUGMENTATION

POST-OP: The first 24 hours are best spent resting. You must have someone with you at all times for the first 24 hours and he/she must also read these instructions carefully. You should have someone assist you when you first start ambulating (moving around).

You can expect some drainage (usually bloody), swelling, bruising and discoloration. One side may be a bit different from the other during the first few days and weeks, both as far as pain and swelling are concerned (remember that the two sides were different before). The contour may be irregular, but generally it settles with the help of time and gravity.

When general anesthesia is used, the tube placed in the throat may cause the throat to be sore. This is best relieved with cold liquids. The soreness disappears in a few days.

DIET: If you have no nausea, then you can take liquids. If liquids are tolerated, then mild, bland foods may be tried next. Once these are adequately ingested, a normal diet may be resumed.

ACTIVITY: No strenuous activity is allowed for 6 weeks. Take it easy and pamper yourself. Try to avoid any straining. When lying down be certain not to lay flat on your buttocks BUT LIE ON YOUR TUMMY AND AVOID SITTING FOR AT LEAST THE FIRST WEEK, and preferably for the next 2-3 weeks. Waterbeds are okay. Slowly increase your activities throughout the first week. Specifically DO NOT DO HOUSEWORK! NO MATTER HOW GOOD YOU FEEL! NO GYM FOR 6 WEEKS. No driving or sitting in a car at least until 2 weeks after surgery, when you are no longer taking pain medication and you are comfortable doing the motions required to drive a car. If you must travel, lie flat on your tummy in the back seat. During the third week after your surgery, increase your activities slowly. You may take longer walks. You may begin performing some light housework, cleaning one room of the house but not the whole house. Your first return appointment will be 1-2 weeks after your surgery. At 6 weeks, we will probably release you to all activities including any athletic hobbies, such as running, weight lifting aerobics, racquet sports etc.

SHOWERING: You may begin showering on the 4th or 5th day after your surgery, but no bathing in a tub is allowed for 6 weeks. You may remove the gauze pads if they are present. However, the tape strips (steri-strips) and any other tape MUST BE LEFT IN PLACE! DO NOT let the water hit directly on the wound and simply pat the tape strips dry with a soft towel if they get wet.

DRESSINGS: If you were instructed to wear a liposuction garment, which was put on at the time of surgery, wear it day and night for the first 3 weeks. After five days, you may remove it for showering yourself; otherwise, it should be worn at all times. DO NOT REMOVE THE TAPE STRIPS (steri-strips). DO NOT USE HEATING PADS OR COLD COMPRESSES.

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SUNSHINE/TANNING: You may not tan the buttocks for 12 weeks after surgery. This includes tanning beds (never recommended). After 12 weeks, you may begin tanning slowly. Continued tanning may cause the splotches to become permanent. The skin will be very sensitive for several months, and you may sunburn the skin without knowing it. Use the combination of Zinc and Titanium Oxide as this blocks UVA and UVB wavelengths at all times when exposed to the sun.

SMOKING: ABSOLUTELY NO SMOKING is allowed, and stay away from others who smoke as significant complications can occur.

CLOTHING: For ease in changing clothes without discomfort, wear loose sporting or jogging type clothing that fastens in the front for the first week or two and on the day of surgery.

TRAUMA: If you get bumped or hit in the general area of your surgery and you have drainage, call the office at (361) 881-9999.

MASSAGE: DO NOT MASSAGE UNDER ANY CIRCUMSTANCES UNLESS SPECIFICALLY INSTRUCTED TO DO SO. DO NOT TOUCH OR SCRATCH THE OPERATED AREA.

SENSITIVITY: Nerves in the area are frequently irritable after the surgery. This may show up by decreased sensation (numbness) or more frequently with oversensitivity of the skin. Usually this resolves in a few weeks but occasionally it may take months.

PAIN MEDICATION: Pain medication makes recovery more tolerable and prevents a rise in blood pressure. Take Hydrocodone (Lortab) and Hydroxyzine (Vistaril) by mouth every 4-6 hours as needed for pain. If you are asleep, the family should not wake you to take the pain medication. Most people do not need medication around the clock after 2 days. You are encouraged to take this medication for the first few days but take them only as needed. Be certain to eat something when taking your pain medication (i.e. cookies, crackers, milk, food, etc.) When using prescribed pain medication, DO NOT drink alcoholic beverages or operate motor vehicles. Pain medicine refills CANNOT BE CALLED IN after hours or on weekends, so anticipate if it looks like you may run out! All pain medicines can be constipating. After you are back on a more normal diet, eat fruits or drink fruit juices. You may take a mild laxative (such as Correctol or Milk of Magnesia) if necessary. If you have a tendency towards constipation, consider taking a laxative the day before your surgery. Absolutely DO NOT take Aspirin, Motrin, Advil, etc.

TAMPON USE DURING SURGERY: We advise our patients who are menstruating around the
time of their surgery to use sanitary napkins rather than tampons, to avoid Toxic Shock Syndrome. We do **NOT** want you to wear a tampon to surgery, as it may be left in place for an extended period of time. Remember that if you are taking medication, you may forget to change your tampons in a timely manner, and therefore, we ask that if you are menstruating, that you use a sanitary napkin.

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**WOUNDS:** Use only a Q-tip and normal saline to clean wounds (definitely do not use hydrogen peroxide, alcohol, Mederma or other products, etc) and apply Aloe Vera. Healing is a gradual process and most scars will fade over time without medical intervention. If you wish to apply a topical cream, we recommend using 100% Aloe Vera gel 3 or 4 times per day, especially to release itching.

**FUTURE PROCEDURES:** For all surgical inpatient and outpatient surgery including dental procedures: you must notify your surgeon or dentist that you have implants and it is up to her or him to prescribe antibiotics. It is recommended that you take antibiotics such as Augmentin or Levaquin starting the day before the procedure and continuing for at least 4 days thereafter.

**PROBLEMS:** If you have any problems or questions following surgery, please call our office at **(361) 881-9999.** We will be glad to answer any questions over the phone during the daytime from 9:00-5:00, or if the need arises to see you at anytime. When the office is closed, a voice mail system will relay your message and your call will be returned within minutes. Please be sure to leave your name and a telephone number where you can be reached (make sure you speak with a loud and clear voice and that you keep your telephone line free).

**NOTE:** It is normal to hear or feel the sensation of swishing, gurgling, or crackling in the area after surgery. This is due to the air around the implant. Your body will absorb this air in 1-2 weeks and the sensation will go away. You may also feel movement, within the implant at first but this also subsides over a few weeks.

**WATCH CLOSELY FOR POTENTIAL PROBLEMS AND CALL THE OFFICE IMMEDIATELY AT (361) 881-9999 IF ANY OF THE FOLLOWING OCCUR:**

1. Marked swelling on one side or the other. This is something that would be VERY NOTICEABLE even with the garment in place. This could be a sign of bleeding in the area of your surgery.
2. Signs of infection. This usually takes 3 to 5 days and shows up by becoming more painful instead of less painful; red; swollen; purulent drainage from the wound; red streaks; fever of 101 degrees or more.
3. **Proceed to the nearest Hospital Emergency room and call Dr. Gentile if any of these symptoms occur, which may be indicative of Pulmonary Embolism:**

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(1) difficulty breathing, shortness of breath and/or fast breathing, (2) light-headiness, fainting, (3) fast pulse rate, (4) redness and/or swelling of your lower legs and/or ankles, (5) pain in the calf area of one or both of your lower legs not caused by trauma.

4. Any other symptoms, which you feel are abnormal.

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I have received the product insert for my implants. ______ (Initials)
I HAVE READ, UNDERSTOOD AND AGREE TO FOLLOW THE 3 PAGE POSTOPERATIVE INSTRUCTIONS SHEETS, WHICH I HAVE RECEIVED.

______________________________
PATIENT SIGNATURE          DATE            Witness                     Date

BUTTOCK AUGMENTATION COMPLICATIONS CONSENT

I certify that I have read and understand the foregoing consent and the additional and distinct Patient Agreement and Informed-Consent forms (signed by me separately). They have been explained to me. I fully understand the proceedings and consent for this procedure. The possible complications and unfavorable results have been made clear to me, including, but not limited to the following:

A. Infection, postoperative bleeding or hematoma, requiring additional surgery or incisions. Blood loss can be so extensive as to require replacements with blood or blood substitutes and may necessitate hospitalization.

B. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the result of the operation or procedures.

C. Bruising and discoloration which may last for several weeks.

D. Asymmetry, Deformity and Migration of the implant. There is no guarantee that the buttocks will be symmetrical postoperatively.

E. Excessive capsular formation requiring removal /replacement of implants.

F. Wound dehiscence and seroma formation is not uncommon and complete healing may take months.

G. Postoperative pain and discomfort usually controlled by
analgesics, but may be prolonged and extensive and chronic.

H. Nerve damage to the sciatic nerve resulting in temporary or permanent loss of motor function (muscle) and sensation of your legs and feet.

I. Discoloration, hypertrophic scar formation or keloid.

J. Possible permanent changes in sensation in the skin of the buttocks.

K. Implant infection requiring implant removal/replacement.

L. Need of additional surgery.

M. I have stopped smoking completely for 6 weeks prior to surgery and agree to continue stop smoking for the next 6 weeks (including avoiding 2nd hand smoke).

N. I have chosen ____________ cc. I agree to keep Dr. Gentile informed of any change of address so that he can notify me of any late findings and I agree to cooperate with Dr. Gentile in my care after surgery until completely discharged.

I am not allergic to anything except ____________________________
_________________________________________________________

I have initialed the complications sheet and signed the Patient Agreement and Operative Informed-Consent forms. I have read these and fully understand them. Furthermore, I state that I have complied with the written preoperative instructions.

PATIENT SIGNATURE____________________________________DATE________________TIME______________

WITNESS SIGNATURE____________________________________DATE________________TIME______________