

**A BETTER YOU COSMETIC SURGERY CENTER****POSTOPERATIVE INSTRUCTIONS-LIPOSUCTION**

**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 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, but remember that the 2 sides were asymmetric before. The contour may be irregular, but generally it settles with the help of time and gravity. There are no medications or positions which eliminate swelling. The swelling is usually at a maximum 3 days following surgery.

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 the first week. Take it easy and pamper yourself. Try to avoid straining. You are encouraged to start walking the day following surgery. The more the movement, the better it is for circulation. Physical activity may be gradually increased after the first week, until you resume all of your normal strenuous activities. It can be about one month before you regain your preoperative exercise tolerance. For the first few days when you are lying down it is helpful to place two or more pillows underneath your lower legs and feet to elevate them which promotes swelling to decrease. No driving at least until the 4th day after surgery or when you are no longer taking pain medication and you are comfortable doing the motions required to drive a car.

**SHOWERING:** You may begin showering 4-5 days after surgery but not before. You may remove the gauze pads if they are present. However, if you have tape or strips (steri-strips) they must be left in place! You must reapply the compression garment immediately after the shower and you must maintain the compression garment for six weeks at all times. No bathing in the tub is allowed for 3 weeks.

**DRAINAGE:** Do expect drainage from the wounds for the next 2-3 days. It is helpful to place plastic covers (plastic trash bags work good) in the bed over the mattress to avoid dirtying it.

**COMPRESSIVE**

**GARMENT:** The compressive garment must be left in place for 6 weeks minimum. It may be removed only for showering and must be reapplied immediately after. **YOU MUST WEAR THE**

**GARMENT CONTINUOUSLY FOR AT LEAST SIX WEEKS AS IT HELPS TO DECREASE SWELLING BUT ALSO TO SHAPE YOUR FINAL RESULT.**

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Compressive garments will enhance your final result and therefore can be worn for 3 months after surgery. Since our office provides you with one garment, it is helpful to wash the garment while you are in the shower. Do not remove the tape strips (steri-strips) if present. **DO NOT USE HEATING PADS OR COLD PACKS.**

**SUNSHINE/**

**TANNING:** You **should not tan** for 6 weeks after surgery. This includes tanning beds (never recommended). After 6 weeks, you may begin tanning slowly. Continued tanning may cause 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 both the 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/jogging type clothing for the first few days 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**.

**SENSITIVITY:** Nerves in the area of the surgery are frequently irritable after the surgery. This may show up by decreased sensation (numbness) or 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 (i.e. pain medication), you may forget to change your tampons in a timely manner. 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** 3-4 times a day.

**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 shortly. 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).

**REMEMBER THAT LIPOSUCTION, DIET AND EXERCISE COMPLEMENT THEMSELVES.**

**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 as it is not unusual for one side to be more painful and uncomfortable than the other. Call our office if one side becomes intensely painful, red or bluish in color and tensely swollen and warm.
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. If the compression garment causes a large amount of swelling below the garment or a tingling or numbness in the extremity lift your legs and call the office at once.
4. **Proceed to the nearest Hospital Emergency room and call Dr. Gentile if any of these symptoms occur, which may be indicative of Pulmonary Embolism:**  
(1) difficulty breathing, shortness of breath and/or fast breathing, (2) light-headedness, 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.
5. Any other symptoms, which you feel are abnormal.

**I HAVE READ, UNDERSTOOD AND AGREE TO FOLLOW THE 3 PAGE POSTOPERATIVE INSTRUCTIONS SHEETS, WHICH I HAVE RECEIVED.**

<b>PATIENT SIGNATURE</b>	<b>DATE</b>	<b>Witness</b>	<b>Date</b>

**SUCTION LIPECTOMY COMPLICATIONS CONSENT**

**I certify that I have read and understand the foregoing consent and the additional 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:**

- |  | <b>Patient Initials</b> | <b>Date</b> |
|--|-------------------------|-------------|
| <b>A. Infection, postoperative bleeding or hematoma, requiring additional surgery or incisions. Blood loss can be so severe as to require replacement with blood or blood substitutes and may necessitate hospitalization.</b>             | _____                   | _____       |
| <b>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 a result of the operation or procedures.</b>   | _____                   | _____       |
| <b>C. Bruising and discoloration which may last for several weeks.</b>   | _____                   | _____       |
| <b>D. Need of additional surgery.</b>  | _____                   | _____       |
| <b>E. The final results may not be visible for several months, even up to one year, although an improvement may be seen in a few weeks.</b>  | _____                   | _____       |
| <b>F. Asymmetry. Irregular contour of the fat. The result may be less or more than expected: if less, the fat bulge may be changed; If more than expected, a depression in the area of the previous bulge may appear and be permanent.</b> | _____                   | _____       |
| <b>G. Postoperative pain and discomfort usually controlled by analgesics, but may be prolonged and extensive and chronic. Persistent tender areas may interfere with normal activities and sexual relations.</b>                           | _____                   | _____       |
| <b>H. The skin may not contract, requiring a secondary procedure for the tightening of the skin. Wrinkling or waviness of the skin is likely if the skin is loose, wavy, dimply or wrinkled prior to surgery.</b>                          | _____                   | _____       |
| <b>I. Rarely reported fat emboli, pulmonary emboli and even death following liposuction.</b>   | _____                   | _____       |
| <b>J. Injury to skin resulting in skin loss, burn or broken tip cannula which will require additional surgery.</b>   | _____                   | _____       |
| <b>K. Discoloration, hypertrophic scar or keloid from the skin incisions.</b>  | _____                   | _____       |
| <b>L. Decreased sensation in the area where the suction is performed.</b>  | _____                   | _____       |

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 2<sup>nd</sup> hand smoke).

N. I agree to keep Dr. Gentile informed to 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 complication sheet and signed the Patient Agreement and Operative Informed Consent forms. I have read them and fully understand them. Furthermore, I state that I have complied with the preoperative instructions.

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_