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TUMMY TUCK & BELT LIPECTOMY POSTOPERATIVE INSTRUCTIONS & ADVICE

The following after-care information will help make your surgery safe and uneventful. It is important that you understand it all. If you have any questions, please ask me or my staff. In some cases there will be variations to the instructions, and these will be discussed with you.

Wound Care

After surgery, there will be a clear see-through Op-Site dressing on the incision line. This dressing is very comfortable, and almost acts like a layer of skin. It is see-through, breathes, and is essentially waterproof. However, while it is possible to sponge bathe over the Op-Site, I would recommend that you do not bathe or shower as this may allow water to seep in behind the Op-Site, and this could increase the chances of infection.

Occasionally there is a little puddling of blood beneath the Op-Site. This is no cause for alarm, and will not irritate the skin. If the puddling becomes prominent and bothersome, you can simply wipe some alcohol on the Op-Site, and also wipe some alcohol on the tips of some small scissors, and make a small quarter inch cut into the Op-Site to allow the blood to drain. Afterwards, it may be necessary to apply some gauze or an absorbent surgical pad to the area for a day to absorb any further blood leakage.

After ten days, the Op-Site can be removed completely while sitting in a bathtub, or standing in a shower. Removal of Op-Site will not cause the incision to open, and will not disrupt any of the stitching.

Compression Garment

A compression garment binder will be fitted to you during surgery, and you will wake up with it on. This is a simple spandex and velcro garment, and an inked line will be drawn at the end point of the garment adherence so that you will know how tight to reapply the garment when it is removed. With time, some of the elasticity of the garment will be lost, and as the abdominal swelling settles down, the garment will have to be tighter, and you will need to advance beyond the inked line.

The binder needs to be worn day and night for three weeks, and then during the day for another three weeks. This reflects the fact that when you are standing, during the day, there is more swelling in the lower abdominal region. At nighttime, when you are lying down, the swelling in the lower tummy region becomes less. After the binder has been worn for six weeks, women are advised to wear a panty girdle (eg. Spanx, Miraclesuit, Flexees, Bodywrap) during the day for most of each day for another two months. Men may wish to continue wearing the binder instead. Please note that all the swelling will gradually subside with time.

The compression garment can be washed in a washing machine, noting that any blood stains are best removed with Hydrogen Peroxide. After washing, the garment should be dried through the tumble dry cycle, or it can be left to hang dry. Please do not use the heat cycle as it may reduce the elasticity of the garment. While the garment is washing, women can wear a panty girdle, while men may benefit from the compression of a garment such as bicycle shorts. If a second garment is required, it can be obtained through the office.

Pain Pills

Most patients are pleasantly surprised how limited their postoperative discomfort is. To reduce the need for pain pills, Advil (Ibuprofen) 200 mg should be taken regularly every 6 hours. Midway between the 6 hourly dose of Advil (that is, 3 hours after the last dose of Advil) please take either an extra strength Tylenol (Acetaminophen) or, if there is more discomfort, one of the stronger pain pills prescribed to you. This combination of anti-inflammatory (Advil) and analgesic (Tylenol extra strength or stronger pain pill) is now recognized as the most effective way of treating postoperative discomfort. Both can be stopped when the discomfort subsides. Please note that all pain pills cause constipation, and if you are inclined to becoming constipated, you should consider the use of a stool softener such as Colace 200 mg twice a day, and a laxative such as Milk of Magnesia, 15 to 30 cc at nighttime. Drinking copious amounts of fluids and eating fruit also reduces constipation.

Eating After Surgery

Patients may experience nausea after a general anesthetic. It is therefore wise to drink clear fluids (apple juice, black tea, flat pop) until the stomach feels settled. Then try eating clear soup and crackers. A normal diet is usually possible the next day. On rare occasion, a patient may feel nausea for a few days after surgery. Gravol tablets may then be helpful.

Compression (TED) Stockings

Some patients will be asked to wear support or "TED" compression stockings on the day of their surgery. They are a bit like panty hose, and help reduce the formation of blood clots. They can be discarded once the patient is up and walking normally, typically a day or two after surgery.

Bleeding, Bruising, Swelling

Minor bleeding from the incision lines is normal after surgery, and should subside within 24 hours. Bruising is the typical "black and blue" appearance to tissue after any surgery. There is a great variation in how much patients bruise, some bruising very little, some more. Occasionally, the genitals are quite swollen and bruised. As noted in your preoperative instructions, Aspirin, blood thinners, anti-inflammatories, and vitamins can contribute to bruising and should be stopped for two weeks before surgery. These medications can be resumed the day after surgery. The bruising typically subsides within two weeks, but in some patients can last longer. As it dissolves, and becomes more yellowish in colour it may appear to be "spreading". This is normal and is no cause for alarm. 80% of the swelling is typically gone within three weeks, but the last 20% of swelling can persist for a few months. It is common to have more bruising and swelling on one side than the other. This will even out with time.

Early Fever

A low grade fever (up to 37.8°C) is not uncommon the day after surgery. It usually occurs after a general anesthetic and results from small collections of mucous in the lungs. It is therefore important after a general anesthetic to take frequent deep breaths, and to cough deeply. Apply some pressure on the tummy with your hands while coughing to reduce the discomfort. The coughing clears the lungs and corrects the low grade fever. Failure to clear the lungs adequately can on rare occasion lead to a lung infection.

Wound Infection

Wound infections fortunately are uncommon. Minor leakage of clear yellowish fluid from stitches may occur and persist until the stitches have dissolved. This fluid is not an infection, and is managed with soap and water washes two to three times a day, followed by the application of Polysporin ointment and a light dressing.

If the drainage from the wound becomes "soupy" and smells, or is associated with increasing redness, pain and swelling, then a deeper infection may be occurring. Do not hesitate to phone the office if this happens. You will need to be seen as you may need to have antibiotics.

Removal of Op-Site & Sutures

All the suturing is a delicate weave underneath the skin to give the best possible scar. No sutures need to be removed, and they will all dissolve by themselves underneath the skin. Since the Op-Site is both a dressing and a support mechanism, it is requested that you leave the Op-Site on for ten days postoperatively. At ten days, you can be standing in a shower or lying in a tub and the Op-Site can then simply be peeled off. It peels off easily, a little like old sunburnt skin. Removal of the Op-Site will not cause the incision to open, and will not disrupt any of the stitching. Once the Op-Site is removed, all the old blood should be washed off with soap and water.

Scar Cream

Once the sutures are out, a scar cream should be massaged onto the incision lines twice a day for two to three months. If any area of drainage remains, Polysporin ointment, rather than the scar cream, should be applied on those areas until the drainage has stopped. The scar cream is then also applied there. The scar cream I recommend is available for purchase in our office. Our office staff will be happy to help you in your selection of the scar cream and other creams that will help with your skin care. Please inquire about these products during your pre-operative visit.

Polysporin Ointment

Occasionally, there are small areas of drainage along the incision line. These little areas of delayed healing can open up slightly and a clear yellowish fluid may drain out. This is not infection. These areas should be washed with soap and water twice a day, followed by Polysporin ointment and gauze. Scar cream should be avoided in these areas until the wounds have completely healed, whereupon the scar cream can also be applied. While these small areas are healing, scar cream is still used on the remaining incision lines.

Wound Massage

As soon as the scar cream is being applied, 10 to 14 days after surgery, gentle massage of the incision lines should also be carried out. After another week, this gentle massage can become quite firm and vigorous, with deep rotary motions along the incision line and into the face itself. This firm massage helps to desensitize the scars, making them less painful, and also reduces the normal scar thickness and lumpiness which is seen in a scar after surgery.

Numbness

It is normal to have numbness around the bellybutton and occasionally also the lateral flank regions or sides of the abdomen. Most of the sensation gradually comes back again, but there is usually some permanent numbness around the bellybutton and sometimes in the lower central tummy regions. In a belt lipectomy, the numbness extends somewhat also into the back areas. Numbness will continue to improve for up to two years.

Scar Redness

All scars initially are reddish and thickened. This is part of the normal healing process and eventually will smoothen out. It takes 9 to 12 months for the scars to undergo a full maturation process whereby they become flat, light in colour, and somewhat more spread.

Tanning

Fresh scars and areas that have been bruised should not be tanned for at least four months after surgery. Early tanning can cause permanent hyperpigmentation of the scar and of the surrounding areas. Normal tanning can resume after four months, but please remember that tanning does cause premature skin aging and skin cancers.

Silicone Sheeting

Some studies have suggested that silicone sheeting, available in most pharmacies and on the internet, can help the quality of the scar. To be effective, this silicone sheeting needs to be on the skin day and night for at least six months. It is not recommended for routine usage as it appears to have little value when scars are healing normally. I do recommend it in wounds that are showing evidence of prolonged redness or abnormal scar maturation. This is in less than 5% of patients.

Resumption Of Activities

Patients are encouraged to be up and walking the day of surgery, and certainly the day after surgery. Walking is important for circulation and to reduce the small chance of developing any blood clots.

Tummy tightening exercises such as sit ups, leg raising, and pelvic tilts should be avoided for six weeks after a tummy tuck. This is to allow the tummy muscles which have been snugged up to heal properly. After six weeks, you are encouraged to resume all your tummy exercises. The muscles will be working much more effectively at that point, and toning up of these muscles is important to enhance your profile.

Jogging should be avoided for two weeks to prevent excessive pulling on the incision lines. Power walking and upper torso (shoulder, arm) exercises can be started immediately after surgery.

Driving a Car

You must not be driving a car for at least 24 hours after a sedative or a general anesthetic, nor if you feel drowsy for any reason. Do not drive a motor vehicle if you are having any pain, as the pain may cause you to jerk the steering wheel and lose control. You also must avoid driving a car if you are in any way restricted in your mobility as this may compromise safe driving.

Fatigue and "Feeling Down"

While the results of plastic surgery are typically gratifying and uplifting, it is not uncommon for patients to have "down" times. Early on there is the residual effect of the anesthetic, coupled with discomfort, swelling and bruising at the surgical site. This is followed by the typically slow maturation of the scar itself. These frustrations all play together on the psyche, making one question the reason for doing the surgery in the first place. You are not alone with these thoughts, and they are entirely normal. Rest assured that well over 90% of patients are pleased with the results of their surgery, and the apprehensions and "down" times are eventually replaced by feelings of satisfaction and confidence.

Questions/Problems

Every effort is made to provide you with a surgical experience that is safe and as comfortable as possible. Any suggestions you have that might improve the experience are much appreciated.

If you have any questions, concerns, or problems, please call the office at 416-447-6176. If there is an urgent situation, and I am not immediately available, please go to the emergency room department at North York General Hospital, or your closest emergency room department.

I hope you have a speedy recovery from your surgery.

Sincerely,
Bernd R. Neu, M.D.