

Labiaplasty Instructions

The Purpose of this Guide

Thank you for choosing Dorner Plastic Surgery. We strive to provide you with the highest level of caring, compassionate service during your pre and postoperative process.

It is normal to feel apprehensive and nervous before your surgery. This guide is designed to provide you with the information necessary to help ease you through the process. Although it is impossible to cover every aspect of your preoperative planning or postoperative recovery, we have attempted to make it as comprehensive as possible without being a medical text.

It is important for you to take the time to review the information presented in this booklet. As you read, questions will inevitably arise. Please write them down so that you can ask Dr. Dorner. It is preferable to have your questions answered before surgery. Dr. Dorner takes special care to make himself available to prepare you for surgery. Do not hesitate to ask him. Your entire surgical process will be smoother if your questions are dealt with before surgery.

It is a privilege for us to take care of you. We endeavor to guide you through every aspect of your surgery and meet both your physical and emotional needs during your recovery. We promise that when you need us, Dr. Dorner and the rest of his staff will be there for you.

Pre-Procedure Instructions

General Preoperative Guidelines

Try to avoid becoming run-down. Organize your time, eat well, and get sufficient sleep. Avoid sunbathing or tanning booths.

Assistance After Surgery

You must have an adult present to assist you for the first twenty-four hours after surgery. This includes driving you from the hospital. You will not be able to take a taxi as they will not be able to help you into your house or give you further assistance if needed. If you are unable to find a suitable assistant, our office can help make arrangements for an overnight stay at a recovery suite or with a professional medical assistant.

Photographs

Preoperative and postoperative photographs are part of your medical record. These assist the doctor in studying and evaluating your case prior to surgery and documenting your progress after surgery.

Physical Examination

A physical exam is required before all operative procedures. You will either have your preoperative evaluation performed in the office, at your family physician's office, or through the preadmission testing centers at the hospital. Most patients will have their history and physical performed in the office and laboratory performed the day of surgery.

Diet

Good nutrition is very important for your recovery. In a recent nationwide study of surgical patients, good nutrition was shown to have a beneficial effect on the body's healing process. We strongly recommend that our patients follow a sound nutritional diet. Avoid high salt foods, MSG, and tuna fish postoperatively until your swelling has subsided. Vitamin supplements are important for proper healing. We recommend a multivitamin with zinc and 1000 mg of vitamin C once a day for at least two weeks before and after your surgery.

Morning of Surgery

- Do not eat anything solid after midnight. You may drink Gatorade or Apple juice up to 2 hours before surgery.
- Make sure to be available all day with childcare and transportation arranged as your surgical time may change.
- Take the following medications before arriving at the surgery center:
 - Tylenol 1000 mg (Two extra strength.)
 - Claritin 10 mg if prescribed
 - Meloxicam 15 mg (Prescription medication.)
 - Neurontin 600 mg (Prescription medication. Two 300 mg tablets.)
 - Apply your clonidine patch 0.1 mg, if prescribed. Be sure to place it outside of your surgical area. If you have questions on placement, simply bring to the surgery center and one of the nurses will help determine where to place it.
- Please refer to the medication precautions sections to see which medications you should be taking the morning of surgery. You may take these medications with a small sip of water.
- Bring your prescription medications with you.
- Brush your teeth with minimal water and use mouthwash.
- Wear comfortable button down or zipper tops that can be worn home. Avoid clothing that must be pulled on over your head.
- Women must not be pregnant at the time of surgery. If there is any doubt, then a pregnancy test should be performed.

Medication Precautions

Medications to be taken the morning of surgery with a sip of water

- All heart medications
- All blood pressure medications except diuretics (water pills), ACE inhibitors, or Aldosterone antagonists (Inspra & Aldactone)

- All breathing medications, including inhalers
- All anti-seizure medications
- All heartburn and gastric reflux medications (except antacids such as Maalox, Mylanta, Tums, etc.)
- Steroid medication
- Antidepressant medications (except monamine oxidase inhibitors—see next page)

Medications not to be taken the morning of surgery unless otherwise directed

- Insulin or oral diabetes medications
- Diuretics (water pills)
- ACE inhibitors for blood pressure (end in - “pril”; e.g. captopril, enalapril, etc.)
- Aldosterone antagonists (Inspra & Aldactone)
- Digoxin unless used for irregular heartbeat (atrial fibrillation)

Medications to be stopped greater than one day before surgery

- Glucophage (metformin) should be stopped one day before surgery.
- Lovenox should be stopped two days before surgery.
- Trental should be stopped three days before surgery.
- Aspirin (or aspirin-like products, see list next page), Plavix, Pletal and Ticlid should be stopped seven days before surgery. These medications increase the risk of bleeding and bruising and should not be restarted for one week postoperative.
- All herbal medication should be stopped two weeks before surgery.
- Monamine oxidase inhibitors should be stopped two weeks before surgery.

Surgical Facilities

Outpatient surgery is performed at Bradenton Surgical Center at 4930 Bradenton Avenue, Dublin, OH 43017. We can be reached at 614-336-9000.

We do offer an overnight stay for an additional fee. Please let staff know ahead of time if this interests you.

Post Procedure Instructions

First Three Days Following Surgery

Physical Activities

You may resume normal activities as tolerated. Limit motion that may stretch or strain the operative site. Avoid all activities that could possibly elevate your blood pressure such as exercising, lifting, bending, straining, etc. for two weeks.

Never walk alone if you feel light-headed. Ask for assistance. Don't forget to keep a night light and a chair in both your bedroom and bathroom.

Swelling

It is important to ice and elevate after surgery. Taking it easy and propping your back up on pillows to get the operative site above the level of your heart will help with your swelling and discomfort. Ice every hour while awake for the first two days after surgery to help reduce swelling. Do not place ice directly on the operative site, instead place a

gauze or wash cloth over the skin. Frozen peas or corn work well for an ice pack. Minimize standing as much as possible until swelling subsides.

Diet

Avoid spicy or salty foods immediately after surgery. You may resume your normal diet as tolerated. Be sure to drink plenty of fluids to remain hydrated.

Medication

If you are taking antibiotics you should eat yogurt, drink acidophilus milk, or take lactobacillus capsules daily to decrease the possibility of a yeast infection. Although rare, if you notice a genital rash, vaginal itching, or whitish vaginal discharge, call our office and you will be provided a prescription for an antifungal. If antibiotics are prescribed, take them regularly and continue until they are gone.

Unless instructed otherwise, continue with your regular prescriptions such as blood pressure, birth control, and thyroid medications. See the section on medications for more information.

Pain Medications

Take pain medication as soon as you begin to feel discomfort. Waiting for the pain to become more intense is not helpful and may be harmful. Keeping ahead of the pain curve helps your body heal by decreasing your stress response. Don't wait until it becomes stronger and more bothersome.

While you are on pain medication, you should refrain from driving. If you have drains still in place or sutures that need to be removed, consider taking a pain pill before each follow-up visit as their removal can cause discomfort.

Do not drink alcohol while taking pain medications.

Some patients experience stomach irritation and nausea when taking pain medication and antibiotics. To help avoid this, take your medication with a small amount of food such as toast, crackers or a banana. If you continue to have problems with nausea, please contact our office. Changing the type of pain medication or antibiotic may relieve the nausea and an anti-nausea pill can be prescribed.

Suture Care

It is recommended to wash incisions gently with chlorohexidine soap and water. Pat the incision dry. This helps keep them clean and reduces the chances of infection. If there are small crusts on the incision, dab them with hydrogen peroxide. This will help remove the crusts.

Apply antimicrobial ointment over the operative site at least three times a day. This helps the incision heal and sutures dissolve.

Two Weeks After Surgery

It is still too early to judge the results of surgery. Although most of the bruising has begun to resolve, you will still notice post-surgical changes. Residual swelling and changes to nerves that accompany surgery will be responsible for altered sensations. Over time this will subside.

Appropriate follow-up visits will be arranged and most questions can be answered by the Patient Coordinator or doctor with a telephone call.

You will be able to appreciate the improvement in your appearance by now. Scars will still be healing and you will be aware of numbness, but you will start to be less self-conscious about the operation and more concerned about work and your social routine.

Surgical Refinement

Although unusual, some patients may require a “touch-up” procedure. There is generally a charge for most revisions. This may include a surgeon’s fee, facility fee, and/or an anesthesia fee. For minor revisions, our office may absorb the cost as a courtesy to our patients.

If the revision surgery is related to aging, health abnormalities, lifestyle, or is after one year, a full surgeon’s fee, surgical facility fee, and anesthesia fee should be expected.

The Healing Process

Stitches are used to support your incision site while it heals after surgery. Plastic surgical stitches are very fine and rarely leave stitch marks. Deeper stitches add strength to your incision line and will absorb over a period of six to eight weeks. In all likelihood, you will not even be aware of this process.

Occasionally some minor irritation develops and a tiny bump may be felt under the skin as you wash. This is nothing to be alarmed about, as it is usually temporary and resolves over time. If sutures come to the surface, they can be removed with clean tweezers or simply come to office and we will be happy to remove them. This helps speed healing in these areas as the exposed sutures can cause some irritation until fully dissolved.

Stitches used on the surface of the skin are removed in our office five to seven days after surgery.

Common Medications

This is a list of commonly prescribed medications. Not all patients will have every medication prescribed for them.

Preoperative Medications

These medications reduce swelling after surgery for facial or eye surgery. They should be started two days before your procedure and continued for a total of seven days. They can be taken the morning of your surgery with a sip of water.

- Claritin 10 mg tablets once a day

These medications help reduce your pain and nausea after surgery. Please take them before arriving at the surgery center with a sip of water.

- Tylenol 1000 mg (Two extra strength.)
- Meloxicam 15 mg (Prescription medication.)
- Neurontin 600 mg (Prescription medication. Two 300 mg tablets.)

This medication helps reduce the risk of bleeding for face & eye surgeries. It is a patch and should be placed on the skin outside the surgical area. It helps reduce blood pressure fluctuations. If you are light headed after surgery, especially while standing up, remove this medication. If the feeling persists, please contact our office.

- Clonidine 0.1 mg transdermal patch (Prescription medication.)

Pain Medications

These medications may cause nausea and constipation. Please take them with crackers or other light food and use a stool softener. Please do not drive while taking these medications.

These medications include Norco (hydrocodone and acetaminophen) and Percocet (oxycodone and acetaminophen). The usual dose for these medications is one or two

tablets as needed for pain every four hours.

Be sure to pick these medicines up after your preoperative appointment. After three days the prescriptions expire and will have to be resent.

Nerve Medications

Neurontin is prescribed to help reduce your need for narcotic medications. This medicine should be taken twice daily.

Anti-Nausea

Zofran (ondansetron) is an anti-nausea medication. It can be taken every four hours and dissolves directly under the tongue. Do not swallow as it will take longer to be effective. You can take two at a time if needed.

Antibiotics

Antibiotics are prescribed for some in office procedures. They are not recommended for most surgeries as they contribute to antibiotic resistance. You will have received antibiotics at the time of your surgery. However, if you have been prescribed an antibiotic, be sure to take them until finished.

Keflex is a cephalosporin antibiotic. Do not take this medication if you have an allergy to penicillin. Please contact our office if this is the case. Clindamycin is used for patients with a penicillin allergy.

Problem Signs

Although rare, problems may occur after surgery. Being proactive and addressing concerns early reduces healing time and improves outcomes. A stitch in time saves nine! If you are concerned about anything regarding your surgery, please contact our office immediately. Some common concerns are addressed below.

Pain

Everyone has some degree of pain after surgery. With medications, the pain should be tolerable. If you are having pain that is not controlled, please contact our office. Most pain will resolve as the healing process continues. If pain continues for greater than six weeks, you will be referred to a pain specialist and no further narcotic medications will be prescribed.

Medication Refills

Please notify the office as soon as possible if your medication is getting low. Medication refills may take up to 24 hours to fill from the time that the office is notified. Also, refills cannot be completed on weekends.

Infection

Signs of infection include increasing pain, swelling, redness, odor, temperature above 101 degrees, and drainage from your incision. If you see any of these signs, please contact our office.

Bleeding

Bleeding is very rare. Signs of abnormal bleeding include significant swelling, light headedness, racing heartbeat, or excessive fatigue. Please call the office or go to the local emergency room if you are concerned about bleeding.

Blood clots

Blood clots can occur after surgery in the legs. This is an exceedingly rare complication, but can be severe. If you develop significant pain or swelling in the calves, it needs to be addressed immediately. You should go directly to the emergency room where a scan can be performed to see if one has formed. If you have any immediate onset of chest

pain and shortness of breath, you should call 911 immediately.

Emergency Contacts

Doctor Dorner is available twenty-four hours a day. If you are having problems please call the office at 614-336-9000 and press one to have him paged. Be sure to leave your contact information.

For any life-threatening emergencies, you should call 911.

Notes: