

Rib Removal 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.

Pets

If you have pets that jump up on you, please be sure to separate yourself from them for the first several days or few weeks. This is particularly important for patients undergoing abdominal surgery. Remember to have a sufficient supply of pet care items and food available during your recovery.

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.

Weight Changes

Any weight loss should be achieved prior to surgery. No dietary programs should be followed during the week prior to your operation and a normal, high-protein, nutritious diet should be consumed a week prior to your operative procedure. Most patients find they may gain a few pounds after an operation. This is due to fluid intake and swelling. This usually resolves and stabilizes after a period of two to four weeks.

Your Comfort Station at Home

A little preparation and organization of your home before surgery will help you feel safer, more comfortable, and happier during your recovery. The following suggested purchases may be helpful to you, depending upon the type of surgery being performed.

From the pharmacy

- ☐ Throat lozenges or cough drops for dry throat
- ☐ Chapstick or lip balm (Carmex) for dry lips
- ☐ Mild shampoo for use after scalp or facial surgery
- ☐ Mouth spray or breath mints
- ☐ Dusting powder to help avoid sticky skin in bed
- ☐ Skin body moisturizer
- ☐ Vaseline
- ☐ Tums or Maalox
- ☐ Tylenol
- ☐ Milk of Magnesia (Pain medications may cause constipation)

For your bedroom or recovery area

- ☐ Bedside table or night stand
- ☐ Warm socks or booties
- ☐ Night Light
- ☐ Small bib (to protect clothing when eating in bed)
- ☐ Baby cup or flexible straws with cup or glass
- ☐ Paper towels
- ☐ Kleenex
- ☐ Trash bags (at bedside)
- ☐ Baby wipes (for quick clean-ups)
- ☐ Pencils, pens, and paper
- ☐ Towels
- ☐ Older sheets (softer, less likely to cause creases or irritation of the skin)
- ☐ Remove anything that might trip you
- ☐ Place your phone near your bed
- ☐ Keep emergency phone numbers handy (doctor, pharmacy, etc.)
- ☐ Place a chair in your bedroom and bathroom in the event you become lightheaded so you will be able to sit down.
- ☐ Food and drink supply
- ☐ Yogurt, baby food, apple sauce
- ☐ Frozen dessert bars
- ☐ Fresh fruit, pineapple, papaya
- ☐ Bottled spring water, juices

Seven to Ten Days Before Surgery

- Make sure both pre and postoperative prescriptions are filled.
- Maintain a balanced diet and drink water regularly.
- No alcohol intake (including wine) for one week prior to surgery.
- No dental work, including teeth cleaning (excluding routine brushing), within one week prior to surgery.
- Arrange for transportation to and from office visits for the first week.
- Arrange for child care, pet care, and mail pickup.
- Refer to the “Comfort Station” in this material. Shop for regular household items and any extras you may need for your recovery.
- All piercings should be replaced with plastic substitutes for surgery.
- Arrange to have acrylic or gel nails removed (at least each index finger for monitoring equipment).

Day Before 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.
- Remove nail polish.
- Do not eat or drink anything after midnight the night before your surgery.
- Set out clothing that is loose and buttons or zips up the front. A warm-up or jogging suit is ideal.
- Wear flat soled shoes that are comfortable and easy to wear and remove.
- Do not wear make-up.
- Do not wear jewelry, earrings, rings, hairpins, watches, or false eyelashes. Remove all piercings and replace with plastic substitutes.
- Please leave valuables at home. Do not bring more than twenty dollars to the hospital or surgery center.
- If you wear contact lenses, eyeglasses, or dentures, bring your cases with you. Be sure your name is on the outside.
- If you are going to be staying overnight in the hospital, please bring a change of clothes for the ride home.
- Continue taking your antihistamine medications (Claritin). These will help reduce your swelling after 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.)
 - Meloxicam 15 mg (Prescription medication.)
 - Neurontin 600 mg (Prescription medication. Two 300 mg tablets.)
- 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.
- You may shower and wash your hair, but do not set or spray it. Do not use facial moisturizer or makeup. Men may shave and use aftershave lotion.
- 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

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

During the first day or two following surgery with general anesthesia, it is important to take deep breaths throughout the day. This helps exercise and clear your lungs.

Changing positions in bed or while lying on your couch is important to decrease back discomfort. Move your legs from side to side and up and down, and flex your ankles intermittently. These activities will improve your circulation and decrease stiffness.

Be sure to take brief walks around the room or house three times a day. This helps prevent blood clots.

It is normal to feel tired, sedated, or woozy for a day or two after surgery, particularly if you are taking pain medication. However, you should be your usual self. If you are not acting normal (hallucinations, excessively sleepy or unresponsive, one sided weakness, etc.) please contact our office immediately as this could be a sign of something more serious.

It is okay to take the following over-the-counter medications: plain Benadryl, Pepcid, Prilosec, plain Claritin (not Claritin-D), and laxatives. Please contact our office if you are considering any other medications.

Do not exert yourself the first few days after surgery as this will increase swelling and bruising. Elevate your operative area and avoid lifting as much as possible. It is preferable that you slowly begin to resume your normal activities and progress a bit each day. Listen to your body. If you feel tired or sore when performing an activity, slow down or stop. Slowly and gradually increase your level of activity as you feel stronger.

Remember that smoking and drinking alcohol (particularly red wine) will appreciably increase swelling and bruising and will have a negative effect on your mood. It should be avoided for a minimum of two weeks.

If you stand up quickly you may feel light-headed. This is not unusual. It is best to have someone assist you until this feeling subsides which is generally within one or two days. To reduce this sensation, sit at the side of the bed for a few moments (at least a count of ten) until you gain your bearings, then stand up very slowly.

If you must climb stairs, take one step at a time. Face the railing or banister and hold on with both hands. An assistant should walk behind you as you go up the stairs and in front of you as you come down. If you feel dizzy, sit down immediately and wait for the feeling to pass.

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.

It is important that you do not over-exert yourself while healing. You can increase your light activity as tolerated. Do not lift more than 10-20 lbs for six weeks after surgery. Avoid all activities that could possibly elevate your blood pressure such as exercising, lifting, bending, straining, sexual activity, etc. for 2 weeks after surgery.

After about seven to ten days you will begin to feel more active, but your body will not be ready. Tightness will still be present. Continue to keep your abdomen flexed to reduce the tension. This will generally resolve in about two weeks.

Contact Lenses

It is recommended that you avoid contact use for the first few days after any surgery.

Diet

It is normal for your appetite to be diminished for the first few days following surgery, but fluids are important. Eat a low salt diet as excess salt can increase swelling. Drink plenty of juice to prevent dehydration and decrease constipation. As your appetite increases, start with easily digested foods. Avoid salt, caffeine, spices, or excessively fatty foods.

You may find that you need to make frequent trips to the bathroom. This is normal and is a result of the fluids provided during your surgery.

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, 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.

If you are taking several medications, you might find it helpful to place colored tape around the pill containers or mark them with sticky colored dots (available at any stationery store) for identification. We recommend:

Red (or the letter "P") for PAIN PILLS.

Blue (or the letter "A") for ANTIBIOTICS.

Yellow (or the letter "S") for SLEEP.

Green (or the letter "N") for ANTI-NAUSEA.

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. 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.

Sleep

Prop your back up on pillows and tuck pillows beneath your knees to help relieve any pressure. You may find that sleeping in a recliner with your legs elevated is more comfortable than sleeping in bed.

Tightness

When you stand, your stomach may feel tight. Do not try to stretch. Instead, walk with your abdomen flexed.

Bandages

You may remove the outer bandages after twenty-four hours. Do not remove the steri-strips (small white tapes crossing the wound). These will be removed in the office.

Showering

You may shower once the outer dressing has been removed. It is okay to shower with

your drains. Do not take baths or submerge the wound.

Binder

If you were given a binder postoperatively, wear it as much as possible, even while sleeping. Be sure that it is snug, not overly tight. It should be about as tight as a tight sock. The binder will help in healing by compressing the tissues, but if worn too tightly it can hamper blood flow. You should be able to lift it up easily with one hand. Take the binder off for about ten minutes 4-5 times a day to allow the incision to “breathe”.

After the first two weeks it is okay to start waist training if desired. Be careful not to exert too much pressure on the incision. If it is sore and hurting, you are not ready for that amount of compression. After eight weeks you should be able to resume all waist training. If you are having trouble, please contact our office.

Swelling

You may notice that swelling continues to worsen for up to two weeks after surgery. It will then begin to diminish. You will notice that as you increase your activity that your swelling may worsen, particularly if you are up most of the day. This is normal and will gradually subside. At around six weeks, most of this waxing and waning of the swelling will resolve. Avoiding salt and resting will help diminish swelling.

Work

At about two weeks most people are considering returning to work. It is recommended that you return on a part-time basis as your energy level will be lower. You may find that sitting is difficult as your clothes might rub against the incision.

Exercise

Exercise should be avoided for two weeks following surgery after which you may resume light exercise only. Do not bend over from the waist or lift heavy objects for six weeks (greater than 20 lbs such as a gallon of milk). Resume activities gradually. If it hurts, do not do it. You will not be fully healed until about 3 months. At that point, you may return to full activity including light stretching activities. If you have a question regarding exercise, please contact us.

Drain Care

Drains need to be washed around the skin opening three times a day with chlorohexidine soap and water then wiped with alcohol. Apply polysporin around the skin opening and cover with a 4x4 drain sponge or simply cut a slit down the center of a regular 4x4 gauze. It is very important to keep the drains clean and covered to prevent infection.

The drains may occasionally clog. To prevent clogging or to unclog the drain, grab it firmly at the skin (to keep it from pulling), then slide an alcohol swab down the tube compressing it all the way to the bulb. Then simply let go. This is called stripping the drain. This will usually get the drain working again. Repeat this process two to three times a day whether or not the drain appears clogged.

Leakage around the drain is sometimes unavoidable. If this occurs, be sure to strip the drain as above. If it continues to leak, place extra polysporin around the drain site to help prevent leakage. Using gauze, a maxi pad, or even a preemie diaper to absorb drainage may be necessary. Although this is a nuisance, the drain is still doing its job by allowing fluid to escape. Many times, the drain will seal itself and function properly with time.

Do not disconnect the bulb from the drain. If this should happen, contact the office, but do not try to reinsert the drain. If the bulb no longer holds suction, call the office as the drain may have been dislodged.

When showering with drains, purchase some rolled gauze and tie it around your neck as a loose lanyard or around your waist as a belt. You can then pin your drains to the gauze

using safety pins while showering. Do not hang your drains from any fixed object as it is easy to forget them and hurt yourself.

Record the drain output daily. When below 30 ccs per day for two days, your drain will be removed. Any residual fluid that may accumulate after drain removal will be removed in the office. If you notice fluid developing, please contact the office to schedule an appointment for removal.

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 crusts or scabs on the sutures, dab hydrogen peroxide on the sutures to remove the crusts.

Absorbable sutures (beige in color) can be covered with polysporin. Keeping them moist helps them dissolve and keeps them soft.

Your incision line will be covered with white tape (steri-strips), simply wash gently over the tape with soap and water and pat dry. The tapes will gradually loosen and fall off. Trim the edges as needed to remove loose areas. If they haven't fallen off in two weeks, they can be removed. Vaseline or polysporin will help remove them if still adherent to the skin.

The Blues

It is not unusual for a patient to develop a case of "the blues" several days after cosmetic surgery. Almost everyone experiences symptoms of mild depression or anxiety during recovery, usually about five days postoperative. You may find yourself short tempered or withdrawn, lashing out at family or friends, or crying.

You can get through this blue period by reminding yourself that what you are going through is normal. Above all, don't fret about this process. It is self-limiting and will resolve itself.

A Word About Intimacy

Shortly after surgery, many patients desire closeness and intimacy. Patients should not resume sexual activity until two full weeks postoperative due to elevation of blood pressure and potential bleeding complications.

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.

A Word About Scars

All healing in the body is through the formation of scar tissue. Although this may sound frightening, it is part of the body's natural process to heal. Most plastic surgery scars are very inconspicuous. We make every attempt to control the scar healing process by treating your incisions in a way that minimizes the scar as much as possible.

With normal healing, it is possible to apply topical lotions to the incision to minimize the formation of scars. We usually recommend starting these one to two weeks post-surgery after your steri-strips or sutures have been removed. If interested, our office carries Prevascar® and Strataderm scar treatment gel. These products are designed to help reduce scars. We generally recommend Prevascar® for covered areas of the body and Strataderm scar treatment gel for the face.

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: