

ABDOMINOPLASTY
MEMORIZE THIS PAPER PRIOR TO SURGERY

WHAT TO EXPECT FROM ABDOMINOPLASTY

With our outdoor lifestyle, there has been increasing interest in procedures that can improve the figure. These procedures are not for weight reduction, which is a dietary problem. Sagging abdominal skin, fat, and muscle can be the result of pregnancy, substantial weight loss, or an inherited tendency. Regardless of the cause, it is a source of unhappiness for many men and women. For some, the weight of the excess skin and fat can cause back or posture problems.

The surgical procedure to reshape the abdomen is called abdominoplasty. It leaves a scar at the bikini line, which fades with time. The scar is usually preferable to the appearance of a sagging abdomen. Often, the abdominoplasty can be performed as an outpatient procedure in the operating room at our center, or you may be transferred to a facility for a planned overnight stay. Abdominoplasty is frequently performed in conjunction with other cosmetic surgeries.

THE PREOPERATIVE VISIT

This visit will be scheduled approximately two weeks before surgery. It will give you an opportunity to ask questions you might not have asked previously. We will review your medical history, give you a pre-operative examination, and discuss what to expect during surgery. If you are over forty years of age or have a history of heart problems, we will arrange for an electrocardiogram and lab tests. We will also take preoperative photographs, which become a permanent part of your medical record and remain strictly confidential. Your operative consent will be read and signed, preoperative instructions reviewed, and prescriptions for the medications you will need will be given to you at this visit. Your fees will be due at this time. Arrangements to facilitate overnight or postoperative care will be made to suit your individual needs. Facility and anesthesia charges are separate from the surgeon's fee.

PREOPERATIVE INSTRUCTIONS CHECK LIST

1. **TED Hose** -You can purchase the TED Hose from your pharmacy. We recommend getting them at least one week prior to your surgery date to ensure that they have your size in stock.
2. The night before surgery thoroughly clean deep inside your belly button with Q-tip and alcohol. You must shave your bikini area the night prior to surgery. It is not necessary to shave everything, primarily the upper portion close to the incision
3. Bathe your entire body with CLn body wash the 2 nights prior to surgery and again the morning of surgery. CLn body wash is an anti-bacterial, antiseptic liquid soap. Sleep on clean sheets the night before surgery and wear clean clothes to your surgery.
4. Make sure you have the following supplies for your post operative home care:
 1. Non-stick gauze (Telfa)
 2. Polysporin ointment
 3. Hydrogen peroxide
 4. Men's cotton undershirt (long and thin)
 5. Band-aids
 6. Q-tips

Pre-Operative Instructions

Medications: Do not take aspirin or ibuprofen for three weeks before or two weeks after surgery. Please inform us of any and all medications you take including prescriptions, over the counter, vitamins, herbal or natural medicines, and supplements. **Hormone replacement therapy and birth control pills increase the incidence of blood clots. STOP 2 WEEKS BEFORE AND AFTER SURGERY.**

TED Hose: The **Hose** we instructed you to buy and wear is for the prevention of deep venous thrombosis (blood clots). Deep venous thrombosis affects mainly the veins in the lower leg and the thigh. This clot may interfere with circulation of the area, and it may break off and travel through the blood stream. This clot can then lodge in the brain, lungs, heart, or other areas, causing severe damage to that organ or even death. Any surgical procedure that will inhibit your activity post operatively, especially a facelift, there is a risk of blood clots. You will be required to wear your TED Hose during surgery and keep them on for **2 weeks after**.

Smoking: Smoking or nicotine use (chewing tobacco, nicotine gum, snuff) can have a severe detrimental effect on wound healing. The nicotine decreases the vital blood supply to the skin and can cause poor healing or even skin death. **STOP ALL NICOTINE PRODUCTS 2 MONTHS BEFORE AND AFTER SURGERY.**

Caffeine: Excessive use of products with caffeine such as coffee, tea, or soft drinks, especially Diet Coke, can have similar effects as nicotine. **STOP ALL CAFFEINE PRODUCTS 2 WEEKS BEFORE AND AFTER SURGERY.**

WHAT TO EXPECT DURING SURGERY

An abdominoplasty is usually performed under general anesthesia. A board certified anesthetist or anesthesiologist will be present to make you comfortable and unaware throughout the procedure.

Before surgery begins, you will be asked to change into a surgical gown and will be taken into a private operating room. An intravenous line will be inserted into a vein in your arm. This will make it possible for the anesthesia provider to administer fluids and to deliver the necessary medications to make you comfortable. Monitoring devices will be connected to you to assure your safety.

Dr. Toledo will talk with you. Your abdomen will be cleansed with an antiseptic solution, and then covered with surgical drapes. A horizontal incision will be made on the lower abdomen, just above the pubic hair, which will be partially shaved. Excess fat will be removed, supportive muscles tightened and repaired, and excess skin trimmed and redraped. In most instances, it will be necessary to reposition the navel.

Your abdominoplasty will take from two to three hours, depending on the amount of correction. If performed in conjunction with other procedures, surgery will naturally take longer.

After surgery is completed, the incision will be closed with sutures, and the abdomen supported with bandages and a compression garment. A small drain, attached to a drain tube, will be left in for three to seven days, depending on the drainage.

WHAT HAPPENS AFTER SURGERY

You will be transferred to a recovery room adjacent to the surgical suite, where you will be continuously monitored as you recuperate from the effects of the surgery and anesthesia. You will be allowed to go home after a recovery period of one to two hours, or transferred by our nurses to a facility for a planned overnight stay. You should feel fine, although it is not unusual to expect some minor discomfort.

You must arrange for a responsible person to be with you 24/7 for at least 2 days. We will give them instructions for care before you leave. Have them read this paper prior to your surgery. This is absolutely necessary, as you will not be able to care for yourself immediately following surgery. They will be required to wake you periodically throughout the first night to ambulate.

NOTE: If you live out of town, you must make arrangements to stay within a thirty-minute drive of the center for the first twenty-four hours after surgery.

Because everyone is different, it is impossible to write postoperative instructions that apply equally to everyone. For example, some patients can have sedation vs. general anesthesia or outpatient vs. inpatient surgery. Some patients have only a single procedure and others may have multiple surgeries in a single setting. Use these instructions as a general guideline, but don't panic if we vary on some issues.

POSTOPERATIVE GUIDELINES

You should expect:

Bruising which diminishes within two to three weeks.

Tightness in the stomach which subsides over several months.

Decrease in sensation of the lower abdomen which generally improves over six months.

Swelling of your waist and hips for two to three months, although this can occasionally last longer. Your clothes will initially fit tighter.

Call (214) 363-4444 if you have:

Severe pain which doesn't respond to medication.

Significant swelling, and/or unrelenting pain which occurs more on one side than the other.

Redness, warmth, or rash-like formation on the skin.

Excessive bleeding or drainage in the drain (more than 25cc/hour).

Deep pain in the legs/calves; which may indicate a blood clot.

Shortness of breath or labored breathing can be a sign of blood clots in your lungs.

Any other problems or questions not answered on this sheet.

Postoperative Care Schedule

Diet: Start with liquids the first few hours and then progress to your regular diet.

Activity: You should “take it easy” the day of your operation and the following days. You may feel more comfortable sleeping with your body a little flexed- like having a pillow under your knees if you are on your back or you can sleep on your side with your hips flexed to relieve tension on your abdominal closure. You will be able to get out of bed the day of surgery, but start physical activity slowly and let your body’s response guide you. The **first night** after your surgery you will have a Foley catheter that will keep you from having to get up throughout the night to go to the bathroom, however it is very important that whoever is taking care of you help you get up and **walk around the room every 3 hours the first night, every 4 hours the second night and then every 6 hours thereafter** to promote circulation in your legs and prevent blood clots. When you are lying down but not sleeping you should be doing **heel toe stretches** regularly, for one week, to also promote circulation. For the first ten days walk slightly stooped over to relieve strain on your incision. Because of your medications, you may need assistance getting to and from the bathroom for the first several days. Wear the abdominal binder snugly at all times.

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Medications: Take the medications we prescribed according to the instructions on the Bottle. You may feel a bit drowsy, so have someone help you. If you need a refill, call the office and give us the number of your drugstore or pharmacy. Do not take aspirin or ibuprofen for two weeks before or after your surgery. For more detailed instructions you may refer to the post-operative medication sheet that you will receive upon discharge. **Hormone replacement therapy and birth control pills increase the incidence of blood clots. STOP 2 WEEKS BEFORE AND AFTER SURGERY.**

Foley Catheter: For your comfort, our nursing staff will insert a catheter into your bladder to facilitate and measure urination during surgery. We frequently send you home with the catheter so you don’t have to get up all night to urinate. The **morning after surgery** the person caring for you will need to help you remove the

Foley bladder catheter. They will simply cut the rubber tube above the **ORANGE** tape, a small amount of water will drain out, then gently slide the catheter out.

Incision Care: 48 hours after surgery you may gently remove the binder and dressings from your abdomen. You may take a **sponge bath** at this time. However, you must ensure that the **drain site does not get wet.** Use a soft cloth, mild soap and water to wash your abdomen (it is okay to get your incision wet at this time). If you have dried blood around your incision you may use hydrogen peroxide and gauze to clean. Even though the majority of the incision line is closed tight and healing well after 48 hours, there will occasionally be small areas of scabbing or open raw wounds that will require a few more days of polysporin ointment applied to those areas only. Keep the entire incision line covered with sterile non-stick gauze (Telfa) for at least 2 weeks. This protects the incision from becoming irritated from the binder. You should wear a cotton undershirt under your binder to keep it from rubbing the skin. Have someone help you put the binder back on, the binder must be as tight as the line marked on your binder from surgery, but keep in mind that it should gradually be getting tighter as the swelling goes down.

Delayed Healing: Occasionally there may be small areas of skin breakdown that will be slow to heal. These areas should not be steri-stripped and instead treated with polysporin ointment and a bandaid after you bathe. With time they will heal on their own or rarely have to be surgically revised.

Drain Care: Beginning **48 hours after surgery** you must begin caring for the **drain site.** Apply **Polysporin ointment** around the site, then take two bandaids and wrap them around the tube, on the skin, making an X like pattern to completely cover the site. This is very important due to the fact that the drain site is an open wound. You want to make certain that dirt or bacteria does not enter the wound causing an infection.

Pain: The period of greatest discomfort usually lasts about twenty-four to forty-eight hours. Thereafter, you should have less discomfort and less need for medication. Occasionally, it lasts a bit longer, as different people have different pain tolerances.

Bathing: Sponge bathe while the drains are in place. You may shower 48 hours after the drains have been removed, generally one to three weeks after your surgery. Do not use very hot water. Do not loosen the tapes on the incisions. Continue wearing the elastic binder for at least three weeks.

Sun: Do not sit in the sun at all for three weeks after surgery. You may then gradually increase sunbathing. If the incisions are exposed, apply sunscreen for 6 months.

Driving/Sports: You may drive when you feel up to it, starting 3-5 days after surgery. Never drive under the influence of pain medication or sedative.

Strenuous sports such as tennis, swimming, jogging, aerobics, or bicycling may be resumed after four weeks. Refrain from any activity which significantly raises your body temperature, blood pressure, or heart rate for four weeks after surgery. Avoid sit-ups or selectively working out your “abs”.

Work: Depending on the kind of work you do, you may be able to return to your job as soon as you are comfortable. If your work is fairly sedentary, you may go back to work in a week. If your work involves physical activity, you will want to wait longer before returning, up to 4-6 weeks.

Alcohol: Do not drink alcohol for at least 5 days after surgery or when taking certain medications.

Postoperative visits: Five to six days after surgery, you will be seen at our center. Your abdomen will be examined at that time. Subsequent visits: The timing of the drain removal and all further office visits will be determined by your progress. Typically, the stitches will be removed 5-6 days after surgery. Your drains will be removed when the drainage turns clear and is below 50cc/day, that is usually 1 to 3 weeks postoperatively.

Steri-strips, or tape, are the single most important factor that reduces scarring. The tape helps to flatten the scar and keeps it from spreading or widening as the internal sutures dissolve. The steri-strips will be placed on your abdominal incisions after the sutures are removed. Watch how the nurse applies the glue and tape, as you will be doing this once a week for four to six weeks. Depending on your skin oils and physical activities, i.e., sweating, bathing, or swimming, your tape may or may not stay on very long. The longer you can have your tape on the incisions without changing, the better the scar result. Frequent tape changes can sometimes cause an allergic rash manifested by redness, swelling, and itching. If this happens, stop the tape and glue immediately and call our office. The rash will generally subside on its own, or we may need to prescribe a cortisone ointment. If any of the areas along the incision exhibit irritation, redness, drainage, or open skin, **DO NOT APPLY THE TAPE.**

Scars: Although most scars are acceptable, poor scarring is the single biggest drawback to this surgery. Individuals with varied skin types scar differently and despite our best efforts we cannot predict or guarantee how you will scar.

In individuals with light colored skin, the scar is usually red for a few months then fades. In darkly pigmented individuals like blacks, asians, or latins, the scar may become and remain darker than the surrounding skin. The scar can even become raised and tender; this is called hypertrophic or keloid scarring. Sometimes raised or keloid scars can be treated with cortisone tape or injections. Other scars that are wide or hyperpigmented may be improved with scar revisions. A scar revision, if advised by Dr. Toledo, is usually performed after waiting at least 6 months and will carry an additional expense.

You will be more comfortable using the private postoperative waiting room for your initial postoperative visits. Park at the handicap spot in front of the Sherry Lane door. Press the doorbell and we'll let you in from the inside.

Please feel free to call us at any time during your healing period. **THE OUTCOME OF YOUR SURGERY IS IN YOUR HANDS AS WELL AS THE DOCTOR'S. IT IS YOUR RESPONSIBILITY TO FOLLOW ALL INSTRUCTIONS GIVEN TO YOU.**

Possible problems and complications

No surgical procedure is without risk. Most complications associated with abdominoplasty, however, are minor. Here are some possible problems:

Collection of blood or serum under the skin (hematoma), or (seroma). This can be removed and the reason for the drain and postoperative compression.

Temporary crusting which forms on the incision.

Numbness or loss of sensation in the area of operation is normal.

Extraordinary sensitivity in the abdominal area. This occurs with some patients, but disappears in time.

Puffiness of the abdominal flap. This may take six to twelve months to disappear.

Depression. With aesthetic surgery, as with other surgical procedures, this sometimes occurs postoperatively. This is generally attributed to the normal response of the body to surgery and anesthesia.

Asymmetry. No patient is identical from side to side. Small differences exist in all patients. In the occasional patient with a major difference, this can usually be improved with a secondary procedure.

Hypertrophy or keloid scarring – this can be treated with cortisone injections, tape, or possibly scar revisions. This problem is frequently seen in dark pigmented individuals.

Poor scarring is the single biggest drawback to this surgery. Scars will stay red for months. These will eventually fade unless you have a dark complexion.

Poor healing of skin.

Potential but unlikely complications:

Infection and/or abscess under the skin – can be treated.

Loss of a small area of skin (necrosis); this usually occurs in smokers, caffeine addicts and obese people. These patients have a limited blood supply to the skin,

which when elevated and placed in tension, can compromise the skin and fat survival.

Deep venous thrombosis (blood clots) affects mainly the veins in the lower leg and the thigh. This clot may interfere with circulation of the area, and it may break off and travel through the blood stream. This clot can then lodge in the brain, lungs, heart, or other area, causing severe damage to that organ or even death. This is the reason we have you STOP hormones, wear TED hose, and walk every 3 hours the night of surgery.

Other complications of a severe nature, which could be life threatening.

Infection Alert

There is evidence of an increased incidence of MRSA (methicillin-resistant Staphylococcus aureus) and other antibiotic resistant bacteria in our community. In the past, these resistant bacteria were typically found only in hospitals, but they are now found everywhere. Frequently people can be a carrier of the bacteria without their knowledge. An infection with this bacteria can cause severe damage to the skin and even death. We are diligent in cleaning and sterilizing our facility and try to limit the exposure of outside bacteria from patients into our surgery center. We therefore have implemented the following hygiene steps to help prevent the contamination of our facility and therefore decrease your post operative infection risk. Bathe your entire body with CLn body wash the 2 nights prior to surgery and again the morning of surgery. CLn body wash is an anti-bacterial, antiseptic liquid soap. Sleep on clean sheets the night before surgery and wear clean clothes to your surgery.

YOU MUST ENTER INTO SURGERY FULLY UNDERSTANDING NOT ONLY THE BENEFITS, BUT ALSO THE POSSIBLE PROBLEMS. ON RARE OCCASIONS, MINOR REVISIONS MAY BE NECESSARY TO ENHANCE THE FINAL RESULTS.

WHAT YOU WILL SEE IN THE MIRROR

You should be pleased as soon as the bandages are removed. Your stomach will be tighter and firmer. As with any surgery, you will have swelling and bruising. Most of that will be gone by the third week after surgery; however, some residual swelling may remain for several months.

Abdominoplasty leaves a scar along the bikini line and usually around the navel. It will not disappear, but in time (twelve to twenty-four months), it should begin to fade. It will be far less obtrusive than the abdominal bulging and folds which were removed. For most of our patients, the results of an abdominoplasty are so favorable that the scars become a minimal consideration.

The instructions above are general and some portions may not apply to all patients. Changes in the instructions depend on your medical history, number and type of procedures and type of anesthesia.