

Medial Thigh Lift
MEMORIZE THIS PAPER PRIOR TO SURGERY

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. 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.
2. You must shave your bikini area the night prior to surgery.
3. Make sure you have the following supplies for your post operative home care:
 1. Polysporin ointment
 2. Hydrogen peroxide
 3. Q-tips
 4. Hibiclens

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 three 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.**

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 SURGERY.

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.**

Postoperative Guidelines

You should expect:

Bruising which diminishes within two to three weeks.

Tightness in the thighs which subsides over several months.

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

Swelling of your thighs 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.

Any other problems or questions not answered on this sheet.

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

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. 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. For 3 days 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 3 different times** 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. If you feel tired, or if you feel pain, you have started too soon. **YOU WILL NOT BE ABLE TO OPEN YOUR LEGS MORE THAN 4 INCHES FOR THE FIRST 4 WEEKS.**

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. **2 days 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: 72 hours after surgery you may gently remove the binder and dressings. You may take a shower with Hibiclens. If you have dried blood around your incision you may use hydrogen peroxide and gauze to clean it this **one time only**. **Do not** apply ointment to the incision. Pat incisions dry with clean towel or gauze. Keep a thin layer of polysporin ointment over upper/inner thigh incisions or 2 weeks. Vertical incision can be left alone. No gauze or bandages need after hower. Wear **only loose fitting** clothing. No jeans or tight pants. Skirts or very loose soft shorts or pants recommended.

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.

Alcohol: Do not drink alcohol for five days after surgery or when taking pain medication.

Driving: 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.

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.

Sports: 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.

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 can 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 inner thigh lift, 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.

Scars that stay red for months. These will eventually fade.

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

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.

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 and obese people.

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 reasons 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.

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.

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.