



OHIO PLASTIC SURGERY SPECIALISTS

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Abdominoplasty Post-Operative Instructions

Diet

Start your diet with clear liquids or a light soup. Most people can resume a normal diet the day after surgery. Advance your diet as tolerated to your regular diet over the next 24 hours.

You may experience some constipation as a result of the pain medication. I recommend a trial of over the counter laxatives such as Milk of Magnesia. If this is not sufficient, then a dulcolax tab or suppository may be necessary. These can be purchased over the counter at the pharmacy.

Activity

You should remain flexed at the hips to relieve any tension on the incision. This can be achieved by resting in a recliner chair, on your side in bed, or sleeping with several pillows behind you. For the first few days after surgery, you should also walk somewhat hunched over or flexed at the hips.

I encourage you to be as active as possible in the first few post-operative days, gently exercising your legs while sitting or lying in bed. Walking short distances in the first few days is encouraged. Mild physical exercise can be resumed as soon as you are able, but I encourage you to refrain from heavy exercise until we discuss it at your first post op visit. Please avoid lifting anything heavier than 10 pounds. Being active after surgery is important in preventing formation of blood clots.

Wound Care

If you have *not* had liposuction with your abdominoplasty, then leave all dressings, the compression garment or abdominal binder in place. You may remove this binder briefly for a sponge bath or shower. Avoid baths until cleared at your follow up appointment. Following the shower replace the gauze dressings if needed and replace the abdominal binder. Some people find that a T shirt beneath the binder is more comfortable. The abdominal binder can be washed in your home clothing washer.

If you have had liposuction with your abdominoplasty, then leave the surgical compression garment and the foam padding in place until the first follow-up appointment. Please leave the garment in place and do not remove the garment if you need to change the dressings. You may change the gauze if it becomes saturated by rolling up or down the garment, or opening a small area of the zippered edge if you have that type of garment.

Drains should be stripped and emptied regularly. Please record the output twice daily on the drain record sheet. Bring this record with you to your follow up appointment.

Some patients may have a pain pump in place called an OnQ Painbuster. This comes with a pouch that can be draped around your neck and in which you can place your drains and the pain reservoir. This pouch (and the drains and reservoir) can get wet during your shower. After your shower simply dry this pouch in the dryer for about 15 minutes.

Any residual surgical soap (yellow) or marker can be gently removed with rubbing alcohol.

Swelling, bruising, redness and of the skin is normal and will resolve over time. Numbness of the abdominal skin is also normal, but will take several months to improve.

Bathing

Showers can be taken the day of surgery. Remove the compression garment or abdominal binder and dressings for the shower and replace the binders and other dressings after drying. Remain flexed at the hips during the shower, most easily done by using a shower stool or chair (an inexpensive plastic resin chair works well). Drains and the OnQ can be strung around your neck on shoestring or rope (or the OnQ pouch) during the shower. **Do not** let the drains hang from the sutures as these may accidentally get pulled out.

Pain Control

Take the narcotic pain medicine as instructed and needed. Do not drive until you are no longer taking the narcotics and are free of significant pain. Keep in mind that in order to drive, you need to be able to react to potential situations in order to keep yourself and others safe on the road. Do **NOT** take aspirin or aspirin containing products. Before taking Advil or Ibuprofen please check with your surgeon as this may also lead to bleeding.

Emergencies

If there is a problem, please call the office. The answering machine will lead you to the on call surgeon's pager. Most issues are easily addressed and do not require significant intervention.

The most common emergencies that might need attention are:

- Nausea that lasts 4 hours or more and does not respond to medication
- Bleeding that is persistent and uncontrolled
- High fever lasting more than a few hours and not responding to medication
- Shortness of breath
- Chest pain
- Leg swelling
- Loss of consciousness

If you feel the situation is urgent, call 911 and/or proceed directly to the closest emergency room. Please call us as well.

Follow-Up

Follow-up is typically in about 7 days and should be scheduled by calling the office at 614.682.5095 if it has not already been arranged.