



PRE-SURGICAL PACKET: BODY CONTOURING

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Dear Patient:

Thank you for booking your surgical procedure with us. This pre-operative packet provides important instructions to help minimize the risk of complications throughout your surgical experience. Please take time to read and familiarize yourself with the information contained within the packet and feel free to call with any questions or concerns.

Dr. Jonathan Toy, M.D., F.R.C.S.C.
Jennifer M., Administrative Assistant
Trang D., Administrative Assistant

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IMPORTANT CONTACT INFORMATION

Office Phone (780) 758-3377
Office Fax (780) 758-3232
E-mail Address office@drtoy.ca

After Hours Emergency Contact:

Please proceed immediately to your local emergency department. Dr. Toy or the Plastic Surgery Resident on call may be contact through paging at the Royal Alexandra Hospital at (780) 735-4111.

ACKNOWLEDGEMENT OF RECEIPT OF PRE-OPERATIVE PACKET

I have received a copy of the pre-operative instructions for my scheduled surgery. I understand that it is my obligation to be aware of the information contained therein. I understand that if I have any questions regarding pre-operative care, the Dr. Toy and his staff members are available to answer them.

Signature: _____

Date: _____

*****IF YOU ARE GIVEN PERCOCET (A “TRIPLICATE” PRESCRIPTION), YOU MUST FILL THIS PRESCRIPTION WITHIN 3 DAYS OF ISSUE, OTHERWISE IT WILL EXPIRE!*****

I). PRE-OPERATIVE INSTRUCTIONS

The following information will help to make your surgery and recovery as smooth as possible and reduce the risk of complications. Please do not hesitate to ask any questions.

THINGS TO REMEMBER PRIOR TO SURGERY:

1. **NO ASPIRIN, MEDICATIONS CONTAINING ASPIRIN, OR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS FOR TWO WEEKS PRIOR TO YOUR SURGERY.** These products interfere with normal blood clotting. If needed, you may take Tylenol products instead. Please review the “Medications and Herbs to Avoid” list at the end of this packet. You will also need to avoid these medications for 2 (two) weeks after surgery.
2. **YOU WILL BE GIVEN PRESCRIPTIONS DURING YOUR PRE-OPERATIVE VISIT** (within 4 weeks of surgery) that you will need for the post-operative period. Please fill these prescriptions **PRIOR** to surgery so that you will have them at home for after the surgery.

Your prescriptions may include:

- Percocet (combination of Tylenol and oxycodone, a narcotic) for pain
 - An antibiotic
 - Colace – a stool softener (narcotic pain medications tend to cause constipation)
 - Valium – relaxes, helps you sleep, helps prevent muscle spasm of the muscle when muscles are tightened, as in a tummy tuck.
3. **NO SMOKING!** This is one of the most important things you can do to minimize the risk of complications. ***Before elective surgery, we require that you abstain from smoking for at least FOUR weeks prior and FOUR weeks after the date of surgery.*** Even “second-hand” smoke can be harmful to your wound healing. Nicotine causes peripheral blood vessels to constrict, which compromises the blood flow to the skin and interferes with wound healing. This also includes the use of nicotine patches. Surgery may be cancelled if you are actively smoking!
 4. Report any signs of a cold, illness, or unusual rashes to the office should they occur in the week prior to your surgery. The two weeks immediately before or after your surgery are not the time to lose weight by following a crash diet or a fad weight loss program. Eat a well-balanced diet, including all basic food groups and plenty of water. Adequate protein intake is extremely important, as protein is required for wound healing.
 5. You must make arrangements for a reliable adult to drive you home after you are discharged from the hospital. You will NOT be permitted to drive yourself.

6. You must arrange for a reliable adult to stay with you for the first 2 days after your discharge from the hospital.
7. Two days prior to your procedure, please perform a total perineal shave of the genital region if you are having surgery on your abdomen or lower body. This needs to be done well before the surgery because small cuts in the skin that you cannot see can sometimes increase the risk for infection. Waxing is an alternative to shaving.
8. If you have been asked to have a pre-operative mammogram, ensure that this is done well in advance of surgery. Most women having any type of breast surgery should have a mammogram (within one year of surgery) if they are ≥ 39 years old.

THE DAY BEFORE YOUR SURGERY:

1. Shower as usual with anti-bacterial soap, paying special attention to the areas where the surgery will be performed. This should be performed for THREE consecutive days prior to surgery.
2. *If you are having abdominal surgery (including tummy tuck,/panniculectomy/abdominoplasty), please shave at least the top part of the pubic area at least 2 days prior to your surgery.*
3. Remove all makeup, nail polish, and jewelry the night before your surgery.
4. DO NOT APPLY MOISTURIZER THE NIGHT BEFORE, OR THE MORNING OF SURGERY.
5. **NOTHING TO EAT OR DRINK AFTER MIDNIGHT!**
6. Please discontinue all recreational drugs at least 2 weeks prior to surgery.

THE DAY OF YOUR SURGERY:

1. **NOTHING TO EAT OR DRINK.** This includes water. You may only take medications on the morning of your surgery if instructed by the physician or nurse.
2. Wear comfortable, loose-fitting clothes in preparation for your discharge.
3. Do not bring anything of value with you to the hospital (eg: jewelry). Please do not wear wigs, hairpieces, hairpins, watches, etc.
4. If you are wearing contact lenses, please bring a case to put them in because you will need to remove them before your procedure. We ask that you also bring a pair of eyeglasses, as you will be asked to read and sign forms.
5. If you are having an abdominal procedure such as an abdominoplasty or a panniculectomy, you will wake up with an adjustable abdominal binder on. This will provide compression to the abdominal region and hold the dressings in place. If you have an abdominal binder and have drains that are coming out from under the skin, make sure when you are at home, that the drains are **NOT SITTING DIRECTLY ON THE SKIN**. There should be some sort of padding such as gauze beneath the drain tube so that the drains don't put pressure on the skin.
6. If you are having surgery at an Ambulatory Surgical Centre/Outpatient Surgical Centre, you will come in for surgery, have surgery, then recover in the post-operative area. Once you are awake and you are cleared for discharge, you are able to go home with a responsible adult.

II). MEDICINES/VITAMINS/FOODS TO AVOID PRIOR TO SURGERY

Patients scheduled for surgery should **STOP** taking all products containing aspirin and/or non-steroidal anti-inflammatory drugs (NSAIDs) **2 WEEKS PRIOR TO SURGERY**. These drugs can cause bleeding problems. You may take Tylenol (acetaminophen) as needed for headaches, cramps, aches, and pain.

This is a list of common products to avoid, but the list is NOT complete. If you are not sure about a medication, ask your pharmacist. Please review this list to ensure you have stopped taking these medications.

MEDICATIONS TO AVOID:

Advil	Daypro	Panadynes
Aleve	Disalcid	Panalgesic
Alka-Seltzer	Dristan	Pepto-Bismal
Anacin	Duradyne	Percodan
Anaprox	Duragesic	Persantine
Ansaid	Easprin	Quagesic
APC	Ecotrin	Relafen
Arthritis Pain Formula	Emprazil	Sinutab
ASA	Equagesic	Soma Compound
Ascodeen-30	Excedrin	Talwin
Ascriptin	Fiorinal	Tolectin
Aspergum	Ibuprofen	Toradol
Aspirin	Indomethacin	Trandate
Bayer Aspirin	Lodine	Trental
Bufferin	Measurin	Trialgesic
Cama Arthritis	Meclomen	Triaminicin
Celebrex	Midol	Vioxx
Cephalgesic	Midol PMS	Voltaren
Children's Aspirin	Mobegesic	Wesprin
Clinoril	Momentum Muscle	Zactin
Congespirin	Motrin	Zorpin
Coumadin	Naprosyn	***Accutane needs to be stopped for at least 3 months prior to your procedure date
Darvon Compound	Nuprin	
Darvon with ASA	Pabirin Tablets	

HERBAL MEDICINES, VITAMINS, AND FOODS TO AVOID:

<i>HERBAL MEDICATIONS</i>	<i>FOOD AND VITAMINS</i>
Astragalus (Huang-Q)	Garlic
Carnitine Chromium	Ginger
Citrimax (Garcinia)	Grapefruit Juice
Creatine	Lemongrass
Echinacea	Red Wine
Ephedra	Vitamin E
Ginkgo Biloba	
Ginseng	<p><i>***Drinks that contain any of the above products such as Sobe Beverages and should be avoided.</i></p>
Gotu Kola	
Licorice Root	
Kava (piper methysticum)	
L-Proline	
St. John's Wort	
Taurine	
Valeria	
Yohimbe (corynanthe yohimbe)	

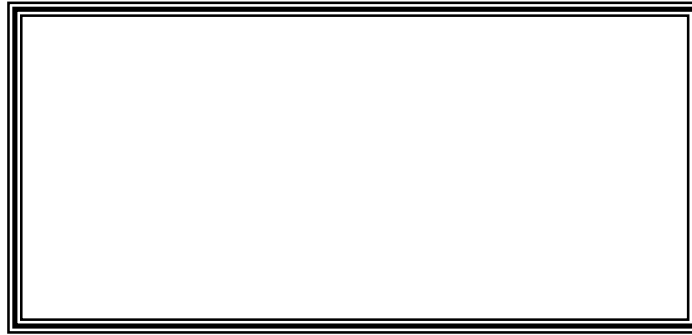
- Breast Reduction
- Mastopexy (“breast lift”)
- Abdominoplasty (“tummy tuck”)
- Lower Body Lift

III). POST-OPERATIVE INSTRUCTIONS

1. DRAINS

- Brachioplasty (“arm lift”)
- Thigh Lift

Certain procedures require the use of drains placed during surgery. These usually remain in place to remove fluids your body produces at the surgical site and prevent them from collecting. Procedures that may require drains include:



Drain care is quite easy (see instructions later in this packet). **IT IS VERY IMPORTANT TO MEASURE THE VOLUME OF FLUID THAT IS COMING FROM EACH DRAIN AND RECORD THEM ALL SEPARATELY.** There is a chart that you can record the volumes in at the end of this booklet.

Drains are ready *to be removed when there is less than 30 mL of fluid in each drain over a 24-hour period.*

Drains are generally required after an abdominoplasty to removed fluid that your body naturally creates from under the abdominal skin. Sometimes, in certain cases, we do not use drains and instead are able to sew the abdominal skin to the deeper abdominal muscles to prevent fluid from collecting. By suturing the undersurface of the skin to the abdominal muscle layer it removes some of the tension on the incision itself, adding strength, as well as preventing movement and keeping the tension off the incision (= better scar!). We always attempt to avoid drains, however, if you have drains, they are there for a reason!

It is also important to make sure that if you have drains and a compression garment, you keep something in between the drainage tube and the skin to prevent direct pressure from the tube to push on the skin and cause a groove.

2. CARE OF STERI-STRIPS (Surgical Tapes) AND PAPER TAPING

- Steri-Strips (Surgical Tapes) support the incision while it is healing
- They are generally used in most body contouring procedures
- Steri-Strips will fall off by themselves in the first couple of weeks after surgery – if they do not fall off by about the 10th-14th day post-operatively, we may remove them for you
- When Steri-Strips are removed, the usually have old, dried blood on them, which may appear either as red or greenish discharge. Generally, this is not an infection, but

represents old blood against the incision that is being broken down. Signs or symptoms of infection may include redness, increasing swelling, purulent drainage, feeling unwell, fevers/chills, etc.

- Once the steri-strip tapes come off, patients are asked to apply **PAPER TAPE** in a similar way as the steri-strips. Paper taping is continued **for 3 months (or longer)**. Paper tape should only be changed **ONCE EVERY 5-7 DAYS**. Changing it more frequently may cause skin irritation and sometimes can cause the top layer of the skin to peel off. You can shower normally with paper tape and pat it dry afterwards.
- Paper Tape keeps the tension off of the incision directly and allows it to heal with a better scar. Excessive tension on the incision, especially with movement can cause scars to widen.
- Some patients have sensitivities to paper tape. If you do, an alternative for scar therapy is silicone tape which is gentler on the skin.

3. SCAR MANAGEMENT

Following body contouring surgery, it is recommended to avoid *topical scar therapies* until all wounds have healed. Topical scar treatments include any “scar gels”, “bio-oil”, or Vitamin E creams. These may start once wounds are fully healed (at least 4 weeks post-operative).

It is recommended that after the steri-strip tapes fall off to use paper tape. **PAPER TAPE** is easy to find in the band-aid section of any pharmacy and is inexpensive. You place the paper tape over the incision (just like the steri-strips). Patients generally change the tape every 5-7 days. Remove it in the shower and replace afterwards. Paper tape keeps the tension off of the incision as it is healing (leading to better scars). Discontinue any scar therapies if they are causing skin irritation. At least 3 months of paper taping will make for the best scar possible.

For the first six months to a year after surgery, your incisions will be sensitive to sunlight. Direct sunlight should be avoided for about a year. If incisions are exposed to sunlight, then a sunscreen of at least SPF30 and contains zinc oxide should be used for the first year after surgery.

4. SUTURES

In general, the incisions in most body contouring procedures are closed with multiple layers of absorbable sutures. There are generally no sutures to remove, with the exception of the blue sutures holding the drains in.

It is normal (and desirable) for the suture lines to be a bit “bunchy”. There are generally multiple layers of sutures that are holding incisions together, including deeper sutures that are placed to keep the tension off of the skin edges. Each of these sutures may be seen sometimes as a pucker or an indent under the skin along the incision. Once these absorb (within about 6-8 weeks after surgery), the puckering will go away and the skin will flatten out.

Sometimes, you may notice a “string” or “fishing line” that comes out from the skin around the incision. This is an absorbable suture. We try to avoid tying knots under the skin unnecessarily and this represents the suture coming out from the skin instead of a knot. We usually leave this in place

for at least 2-3 weeks and then trim the suture at the level of the skin. The rest of the suture, which is below the skin will absorb over time.

5. PREVENTION OF BLOOD CLOTS

After an abdominoplasty, or any major surgery, you are at a slightly higher risk for blood clots. These generally originate in the legs, but can then go towards the lungs, leading to shortness of breath. If this occurs, you will require some form of medication to thin the blood for a number of months after the blood clot. Some patients require hospital admission and in the most severe cases, death may occur.

It is important for all patients having a general anesthetic to do whatever they can to prevent blood clots after surgery.

What We Do to Prevent Blood Clots During Surgery:

- Calf compression stockings or stockings that inflate and deflate during surgery to prevent blood pooling in the legs
- Adequate hydration

What We Do to Prevent Blood Clots After Surgery:

- **Early ambulation** is key! Walking around even right after your surgery will help move the blood in the legs and prevent it from pooling. *PATIENTS SHOULD GET UP AND WALK AROUND EVERY HOUR IN THE FIRST FEW DAYS AFTER SURGERY WHILE THEY ARE AWAKE!*
- If you are driving home and you live > 1 hour from Edmonton, please stop and walk around while driving. This will also prevent pooling of blood in the legs
- You may be asked to wear **white compressive stockings** after surgery that you will put on prior to surgery. We recommend leaving these on (except to shower) for about a week.
- Some patients will be given **PRADAXA (DABIGATRAN)**, which is a low dose (prophylactic) blood thinner. This is to be taken once a day orally. This medication does not increase your risk for bleeding post-operatively, but does decrease one's risk of blood clots. If you have had liposuction with your surgery, you may have leakage of fluid or blood tinged drainage from the sites where the liposuction cannula was inserted. This is normal for the first couple of days after surgery. It is still recommended to take this medication even with leakage like this.

6. UNUSUAL SENSATIONS

Sensations in the breast such as numbness, electrical shock type sensations, tingling and burning are common during the healing process and will gradually disappear over time.

7. SWELLING POST-OPERATIVELY

TIP: IF YOUR ABDOMINAL BINDER IS TOO TALL FOR YOU (THE BINDER SHOULD GO FROM JUST BELOW THE BREASTS/BOTTOM OF RIB CAGE TO GO JUST BELOW THE INCISION), YOU CAN CUT OFF THE BOTTOM OF THE GARMENT ALONG ONE OF THE SEAMS TO MAKE IT SHORTER.

Post-operative swelling at and around the site after surgery is a normal occurrence and is expected. You are given fluid through the intravenous during and after the surgery, and the stress of surgery will also make you retain fluids elsewhere in your body. Some patients have swelling of the hands and feet that may last a few days to a couple of weeks after surgery.

Some patients may weigh more after surgery than before surgery. This is due to swelling and retention of fluid. Do not weigh yourself on the scale during this time. It is misleading. Over the first two weeks after surgery, your body will mobilize this fluid and you will notice that you will increase the amount of urine your body produces.

COMPRESSIONS GARMENTS ARE EXTREMELY IMPORTANT TO WEAR AND WILL HELP MINIMIZE SWELLING!



Patients Undergoing Panniculectomy/Abdominoplasty:

****Many patients will have swelling immediately above the abdominal incision for a number of weeks after surgery, even though the majority of the swelling from the abdomen has decreased. This is normal and due to the interruption of structures that remove fluid from the soft tissues (“lymphatics”). Many patients find that swelling in this area is worse later in the day and improves first thing in the morning when they wake from sleep. The more activity one does, the more swelling that may occur in this area.*

Patients Undergoing Liposuction as a Part of Their Surgery:

****Areas that are treated with **liposuction** swell for a number of weeks after surgery and generally are the last places for improvement in swelling. This is due to the trauma of liposuction. Swelling may last for weeks in these areas and the final results are not seen until **weeks to months** after surgery. It is important to be patient with the swelling.*

****The type of liposuction generally used is called “SAFELipo” which involves breaking up the fat mechanically with a special cannula prior to removal of the fat with a suction cannula. Following this, the remaining fat is “equalized” (broken up with a special cannula) to smooth out the remaining fat layer, resulting in smoother contour and decreased risk for post-operative contour irregularities.*

8. BREAST SURGERY - Key Points

- Depending on your surgery (breast lift, breast lift after weight loss, breast reduction), you will be placed in a surgical bra immediately after surgery
- Please leave the bra intact until your first follow-up visit. We will change your dressings and possibly remove drains at that time as well (if you have any).
- ***It is advised to wear a good supportive sportsbra for THREE (3) WEEKS, day and night after surgery.*** You may remove the bra to shower and for dressing changes.
- Please do not wear underwire bras for at least 4-6 weeks following surgery.
- Leave your steristrips over your incisions (surgical tapes) intact until they fall off by themselves. If they do not fall off by about 10-14 days, we may remove them for you. We then start to use paper tape to support the incision and provide scar care.

Patients Undergoing Breast Lift, Breast Reduction:

******Your breasts will be swollen on the day after surgery. They will be VERY HIGH, and look almost like breast implants. Swelling takes time to resolve, and the breasts will drop in the first few weeks after surgery, and the shape will change to look more natural. This is normal.***

Patients Undergoing Breast Augmentation:

******If you are having breast augmentation, we usually have you wear a supportive sportsbra. In certain cases (about 25% of people), we will supply you with a Velcro band to be worn over the top part of your breasts to keep the implants in a lowered position.***

9. ABDOMINAL SURGERIES – Key Points

- If you are having abdominal surgeries (including abdominoplasty or panniculectomy, lower body lift), you will have an abdominal binder placed immediately following surgery. It is important to wear this abdominal binder continuously, except for when undergoing dressing changes or showering. Once your drains are removed, you can switch from wearing the original abdominal binder to a “Spanx” or any other compression garment.
- Most patients experience a patch of numbness in the lower abdominal region after surgery that improves over time. Gradually, this patch of numbness may become a small area just above the incision in the midline (similar to the numbness of a C-Section).
- Swelling in the abdominal region takes weeks to months to fully resolve – please see “Swelling” Section for details.
- The pubic area may swell quite a bit after surgery if you are having any type of resuspension. This may last a number of weeks.

Patients Undergoing Vertical Resection of Skin the Abdomen:

******If you have a vertical resection of abdominal skin (“up and down scar”), you will likely have a significant amount of swelling in the upper abdomen in the midline. The swelling in this area takes weeks to resolve. It is reduced by ensuring that the abdominal binder does not slide downward and that adequate compression on this site is maintained.***

****Your belly button will be sewn into the vertical incision and will likely be difficult to see at first after surgery. This is because the belly button stretches out over time to become the correct size after a few weeks after surgery.*

****Do NOT allow anyone to place steri-strips directly overlying the area of the belly button.*

10. **ARM OR THIGH/LEG SURGERIES** – Key Points

- if you are having arm or leg surgery, your extremities will be wrapped in compressive dressings post-operatively. Leave these intact until the first clinic visit. It is also important to keep the extremity (eg: hands or feet) that has been operated on elevated to minimize swelling and pain.
- If you have had an arm lifting procedure, keep arms/hands elevated during rest and while sleeping with a pillow.
- After arm surgery, your arms will swell, but most noticeably, swelling will occur in the backs of the hand. This is normal and generally occurs in most patients. This will take a minimum of a few days before this resolves. It is important not to wear any rings during this time to prevent them from cutting off the finger circulation when swelling is at its peak.

11. **SHOWERING** – Showering is generally allowed beginning **the 2nd day after surgery**. If you have drains, please shower so the drains entry sites are facing away from the shower (eg: if you have abdominal drains, let the shower hit your back).

12. **PLEASE ADVISE US +/- GO TO YOUR CLOSEST EMERGENCY ROOM TO SEEK MEDICAL ATTENTION IF YOU FEEL UNWELL, HAVE FEVERS OR CHILLS, HAVE UNCONTROLLABLE PAIN, DISPROPORTIONATE AND INCREASING SWELLING, REDNESS OR SWELLING FROM THE SURGICAL INCISIONS OR DRAIN SITES, OR ARE EXPERIENCING ANYTHING CONCERNING TO YOU.**

IV). DIET, HYGEINE, AND ACTIVITY AFTER YOUR PROCEDURE

1). DIET: There are generally no dietary restrictions following the procedure. Drink lots of fluid and maintain adequate protein intake for wound healing.

2). PERSONAL SKIN CARE:

- **Shaving:** do not shave any area with a suture post-operatively.

- **Sun Exposure:** The skin is sensitive to sunlight after surgery. Protect your incisions from excess exposure from the sun. Wear sun-screen (SPF-15 or greater) if you anticipate the incisions being exposed to sunlight. We usually recommend that sun precautions be carried out for at least *6-12 months post-operatively*.

3). PHYSICAL ACTIVITY: You should be able to get up out of bed on the night of, or morning after your surgery. Care should be taken when getting up at first, as you may be dizzy from the anesthesia or pain medications. You should have assistance in ambulating. Strenuous physical activity should be avoided for at least 3 (THREE) weeks depending on the procedure you have undergone. If you have had abdominal surgery, we suggest NO sit-ups or abdominal exercises or heavy lifting for at least 6 (six) weeks post-operatively. If you have had breast surgery, we suggest that you always wear a supportive bra/sportsbra while exercising.

Keep in mind that the more exercise you do (also the more activity performed – this includes going back to work and being on your feet more) the more the surgical areas may swell. This usually is worse at the end of the day and better in the morning when you wake up. This will likely resolve over time, but may take weeks to months before this occurs.

4). DRIVING – you may resume driving when you are no longer taking narcotic pain medications and feel unrestricted by pain.

SUMMARY OF RESTRICTIONS FOR PHYSICAL ACTIVITY FOR PROCEDURES

****this represents restrictions in physical activity in general for the average patient as a guideline. Each patient is different. If you are uncomfortable performing certain physical activities or have pain with specific physical activities, please refrain from doing them.

a). Breast Lift/Breast Reduction

- May start gentle aerobic exercise (eg: faster walking, elliptical) at around 2-3 weeks post-operatively
- No heavy lifting for 4 weeks after surgery
- Avoid reaching upwards too much, especially if you have an incision in the fold under the breast (increases the risk of wound separation)

b). Panniculectomy/Abdominoplasty

- May start gentle aerobic exercise (eg: faster walking, elliptical) at around 2-3 weeks post-operatively

- ***No heavy lifting or sit-ups for 6 WEEKS (SIX)! Especially if you have had “ab muscle” tightening!***
- Most people will find they will want to be slightly flexed at the waist for around 7-10 days after surgery due to the abdomen feeling tight. This reduces tension on the incision. Most patients find they will gradually be able to straighten up over time

c). Brachioplasty/Arm Lift

- May start gentle aerobic exercise (eg: faster walking, elliptical) at around 3-4 weeks post-operatively
- Keep arms elevated when at rest or sleeping by having pillows under each arm at your side

d). Inner Thigh Lift

- May start gentle aerobic exercise (eg: faster walking, elliptical) at around 3-4 weeks post-operatively
- Keep feet elevated when at rest. This will reduce swelling in the feet that may last for weeks to months after surgery.

e). Lower Body Lift/Buttock Surgery

- *******You will have tension on the incision in both the abdominal and buttock areas! Be careful NOT to bend over too much, especially in the first 3-4 weeks post-operatively. This may increase your risk for separation of the incision in the buttock area! You may be a little bit numb around the back incision as well, so it important to avoid putting too much tension on the back incision!*******
- May start gentle aerobic exercise at around 3-4 weeks post-operatively

f). Upper Body Lift

- There will be a significant amount of tension on your back incision. Be careful not to bend over too much in the initial first three weeks after surgery.
- May start gentle aerobic exercise at around 3-4 weeks post-operatively

V). RETURN TO WORK

Most patients will feel somewhat tired after surgery, especially if you are having multiple procedures performed at the same time. Aside from the surgery itself, reasons for this include: prolonged general anesthetic (some combination surgeries take up to six hours), stress of surgery on the body, blood loss during the surgery/low iron stores, etc.

Estimated need for time off work post-operatively depends on what type of work you do, the need for heavy lifting, how well you are feeling after surgery, and the type and number of procedures you are undergoing. Dr. Toy will let you know when you are ready to return to work. This decision is made on a case-by-case and individual basis.

If you are having multiple procedures performed at the same time, you may need more time off work than the individual procedure listed. In general, the procedure with the most required time for recovery sets the duration of time needed off work.

Below is a list of estimated duration of time off work for specific procedures.

<u>PROCEDURE</u>	<u>RECOVERY TIME</u>
Breast Reduction	2-3 weeks off work, up to 4 weeks if heavy lifting
Breast Lift	1-2 weeks off work, up to 4 weeks if heavy lifting
Breast Lift After Weight Loss ("Dermal Suspension Mastopexy")	1-2 weeks off work, up to 4 weeks if heavy lifting
Panniculectomy, Abdominoplasty	10 days to 2 weeks off work depending on surgery and returning work duties (desk work) 3-6 weeks off work if heavy lifting is required
Arm Lift (Brachioplasty)	2-3 weeks off work
Inner Thigh Lift	3-6 weeks off work, depending on length of incision
Lower Body Lift	3-6 weeks off work

******Inner Thigh Lifts and Lower Body Lifts generally require the most amount of post-operative recovery time******

JP DRAIN CHART

****Only applicable to you if you have drains from your surgery site****

A nurse will instruct you regarding the care for your drains. Please refer to the section “Home Care of JP Drain Tube”. Empty the fluid from your drains twice a day (at the same time each day) and record the fluid collection on the table below. Please bring this form with you on your first post-op appointment.

The fluid coming from the drains will initially be red (bloody) in color. Over the next few days post-operatively, the color of the fluid will change to become more straw colored.

Drains in the breasts usually remain in place for 2-4 days. This may vary however, depending on the volume of drainage from each drain. Abdominal drains generally stay in place for 7-10 days depending on the volume of drainage.

Most patients are able to shower starting 48-72 hours after surgery. If you have drains in place, allow the water to hit your back and avoid direct spray on your drain sites.

When drains are removed, expect a small amount of drainage from the sites where the drains are placed for a few days after drain removal. This is normal. Keep these covered with a light dressing.

Date/Time	Drain #1	Drain #2	Drain #3	Drain #4	Drain #5	Drain #6