

Post-Operative Instructions for Thighlift

There may be information here that contradicts information on the general Post-Operative Instructions sheet. Any time this occurs, follow these procedure specific instructions. If you have any questions, please call the office at (775) 284-2020.

In recovery: you will be in a compression body suit that you will be wearing 24/7 for first week. You will have 1-2 drains placed on each leg. Stage 2 garment will be given at 1 week appointment to be worn 24/7 for the following 5 weeks. Usually spend 30-60 minutes in recovery.

First night home: Take it easy! Restrict your general activity to bed rest for the first night, getting up only to use the restroom with help. Drink plenty of fluids to help rid your body of the anesthetics.

Medications: Be sure to take your medications as prescribed. Please note first 3-5 days are the toughest. Swelling and discomfort gradually increase over the first 3 days and then will gradually subside. Don't be alarmed if things feel worse before they get better (for example, day 2 you might feel better than day 4 – that's normal).

Pain Medication (Percocet or Norco): Only to be used as needed for 3-5 days. Always eat something before taking Narcotic regardless of time to help prevent nausea. **Narcotics may cause constipation;** you should take over the counter stool softeners. Colace is a good option but if you are prone to constipation, Miralax or Milk of Magnesia might be a better choice for you. Please prophylactically start taking a stool softener as directed the night of your surgery and continue to use while on the Narcotics. After 5 days, you may switch to Tylenol and after 2 weeks you may use ibuprofen.

Anti-nausea medication (Zofran or Phenergan): If you get nauseated with pain medication; take your anti-nausea medication 20 minutes before pain pill.

Antibiotics (Keflex or Clindamycin): You will be instructed on when to start your antibiotics on the day of surgery.

Nerve Medication (Gabapentin): Take this medication 3 times a day for 7 days.

Diet: Clear liquids or a soft bland diet for the first night home (i.e. soup, apple juice, crackers, and jello). If you are able to tolerate this well, you can resume a normal diet. Please keep in mind to limit salt intake, as this will make you retain more water.

Hygiene:

No shower until after your one week post op visit. You will have a dressing placed to help promote healing and must be in place for one week. Sponge bath ok. Do not submerge incisions under water until completely healed without scabs (approx. 4-6 weeks).

Drains will be removed when drainage is **less than 30 cc's in a 24 hour period/ per diem**. Drainage amounts should be logged and taken to each postoperative visit, make sure you "strip or milk" your drains a few times a day to keep them from clotting. You will not be allowed to shower until 24 hours after all the drains are removed.

Position: Remember to position yourself as instructed by your surgeon; avoid bending and over stretching your legs. It is normal for your thighs to feel very tight, this will gradually improve. When **sleeping and resting** stay on your back. Keep your head elevated about 45 degrees and keep legs elevated on pillows for the first week. You must change your position or get up and move around every 2 hours to reduce the dangers of blood clots.

Activity: Day after your surgery walk around inside every 2 hours while awake (2-5 mins).

First week is mostly resting, getting good nutrition and staying hydrated.

Second week you can start to do minimal activities with periods of rest. You will be able to return to **non-strenuous** work approximately 2 - 4 weeks after surgery.

Third week may go back to work and resume most activities that don't cause discomfort.

First 3 weeks after surgery, **NO** aerobic exercise/activities that raise your heart rate or blood pressure. **NO** heavy lifting, pushing or pulling of 10 lbs. or more for 6 weeks. Approximately 6-8 weeks post op strenuous activity will be allowed.

NO HOT or WARM compresses. NO COLD or ICE compresses to the area.

What to expect: You will be seen for your **first post op visit** the day after your surgery.

-Moderate discomfort, which should be relieved by the pain medications.

-Moderate swelling and bruising around the incisions as well as swelling to the lower portion of your lower legs and feet. There may be some bloody drainage on the dressings.

-Expected to wear your compression garment as close to 24 hours as possible for the first 6 weeks. The more you wear your garment the less swelling you will have. Leave the compression garment on, even while sleeping until instructed otherwise. This will decrease the risk of a seroma (collection of fluid). If the compression garment feels too tight or causes pain re-adjust it, we don't want the compression garment to interfere with circulation to the skin.

-No driving for at least a week and must not have taken Narcotic for 24 hours.

-No intercourse for a minimum of 3 weeks. If this procedure is done in conjunction with another procedure there may be additional recommendations.

-No smoking for a minimum of 3 weeks following surgery.

-Scars should continue to flatten and fade between 4 months and 2 years after surgery.

Healing: Regeneration of sensory nerves is accompanied by burning, tingling or shooting pain. This will disappear with time. If; however, this is accompanied with swelling, redness, infection or bleeding, then you will need to be seen in the office.

Call the office if you experience:

-Severe pain not responding to pain medications.

-Excess swelling or swelling that is greater on one side than the other.

-A bright red spot on the bandage which continues to enlarge or bright red blood in drains that seems to be clotting.

-Incisions that appear to be opening or becoming very red, hot to the touch or containing pus

-Any type of allergic reaction symptom such as rash, itching, etc.

-A fever over 100.4

-Call if you have any questions at **(775) 284-2020**.