The Center for Plastic Surgery

(859) 263-8083

Patient Instructions

Pre-Procedure Instructions:

- Review your medications at your pre-op appointment for any restrictions related to your surgery. DO NOT stop prescription medication you are currently taking unless advised to do so.
- Avoid tobacco, alcohol, aspirin, OTC medication, Ibuprofen, herbs or supplements for one week before and one week after surgery.
- If you are on a blood thinner make sure you consult your personal physician to make sure it is safe for you to discontinue this medication.
- Notify us immediately of any change in your health to include a rash, skin infection, open wound or respiratory infection, or fever.
- Drink at least 1-2 liters of water per day for one week prior to surgery to avoid dehydration following surgery.
- Please fill prescriptions and leave them at home. All medications will be provided for your procedure.
- Have a supply of large maxi (Poise) pads for anticipated leakage.

Day of Procedure Instructions:

- It is necessary for you to arrive promptly at the scheduled surgical time for check in.
- Eat a light meal and drink fluids regularly, but AVOID CAFFEINE. Do not eat or drink anything after you have left for the SurgiCenter.
  - Bring your blood pressure medications with you (if you are on blood pressure meds) but leave other medications at home. DO NOT TAKE any sedating medications before instructed to do so. This is necessary for you to be alert and give proper informed consent on the day of surgery.
  - For your safety, you must have a responsible adult, at least 18 years of age, drive you home after surgery and be with you the first 24 hours. This person must sign you out after surgery. This is necessary because some medications used will be in your system for many hours and you could develop symptoms requiring attention.
  - If you are diabetic your glucose will be tested in the SurgiCenter. If you are insulin dependent, please bring your insulin with you.
  - Wear dark-colored loose fitting clothing that will be easy to get on and off preferably without having to go over the head. Warm socks are advised. Clothing may become soiled and may need to be discarded. Bring a change of underclothes.
  - Bath and wash your hair the night before AND the morning of surgery using antibacterial soap and Hibiclens given to you in your post-op bag. Avoid applying any creams, lotions, oils, make-up, hair gel and perfume or powders.
  - Do not bring any jewelry or valuables. Patients assumes full responsibility for personal belongings.
  - Use large towels to protect car, bedding and seating surfaces from anticipated drainage.

Post Procedure Instructions: Strict adherence to these post-procedure instructions is critical to assist in the recovery process and to aid in maximizing your final result.

- **MEDICATIONS**: Complete your course of antibiotics. Consider taking Extra Strength Tylenol in place of the narcotics to avoid problems with nausea or constipation. Take medications with food to reduce nausea. Resume pre-procedure medications unless otherwise directed by your physician. Avoid Ibuprofen, aspirin for a week post-op. You may take Arnica to help reduce problems with bruising.
- **GARMENTS**: You may be provided with a garment the day of your surgery depending on the type of surgery you have had. For our liposuction patients it is necessary to wear a compressive garment 24/7 for the first week post-op. At your first post-op appointment you will be told if you can remove your garment at night. It is best to always have your garment on until all of the swelling has dissipated...usually 3 months. A garment should provide compression without being uncomfortable. It is a good idea to wash your garment while you shower. Do not place the garment in the dryer. Hang it overnight to dry. Biz or Oxyclean can be used to remove any blood stains present. Post-operative garments are intended to reduce swelling, control pain and improve surgical results. If you have any questions please contact our...
office. For our breast patients, you have either been placed in an ace wrap (breast augmentation) or a breast garment (breast reduction). Leave the dressing on for at least 2 days as instructed by the staff on the day of your surgery.

- **BATHING**: If you have only had liposuction you may shower the day after your procedure. If you have had more than just liposuction, you may shower 2 days after surgery. **DO NOT** bathe, swim, hot tub or whirlpool until all of the incisions are fully sealed (usually 3 weeks). You may feel light-headed upon removing the compression grant, standing and being in hot water. A shower assistant is advised.

- **BRUISING**: Bruising is normal, and varies on the extent of the surgery. It may last as long as 3 weeks. Arctia may be used to reduce bruising.

- **DRAINAGE**: Expect significant drainage, often blood tinged, from the incisions for several days. Initially this may seem to be a large amount which is primarily the anesthetic and fluid injected during surgery.

- **INCISIONS**: Keep incisions clean and dry using absorbent dressings as needed. Liposuction ports are intentional left open to allow drainage to occur and to prevent fluid accumulation. They are very small incisions and will heal on their own. Once incisions are closed and the drainage has stopped (usually 1 week) you may use a scar cream provided for you in your post-op kit. Avoid sun to the incision areas until they are completely closed. Always use an SPF of 30 or greater. The incisions may become thickened and red which is usually part of the normal healing process. Please call the office for any concerns or questions.

- **SUTURES**: Any visible sutures will be removed at your first 1 week post-operative appointment.

- **DRAINS**: In some areas it may have become necessary to be placed. You will receive specific post-op instructions.

- **TREATMENT AREAS**: There will be an initial period of swelling and light bruising. Swelling may be noted below the surgery site as gravity pulls the fluid downward. This may be especially prominent in the pubic area after abdominal surgery or in the calves or ankles after thigh surgery. Also under the breasts along the chest wall after breast surgery. This may last up to 2 weeks and although dramatic in appearance is not of significant concern. Do **NOT** apply heat or ice to the treatment areas but cool compresses may be used. Treatment areas may be hard or lumpy for up to 6-9 months. You may begin gentle massage over your garment as soon as you feel comfortable. After 2 weeks you may directly massage the treated areas with a Vitamin E type moisturizer. Decreased skin sensation in the treatment area is normal and may take several weeks to resolve. Decreased sensation along the skin incisions is normal several months.

- **DISCOMFORT**: Post procedure discomfort often takes the form of deep muscle soreness and generally improves over 7-14 days. The amount of post-operative discomfort one experiences is highly individualized and cannot be predicted. Post operative discomfort can be influenced by a variety of factors. One’s overall health and well being plays a vital role resulting in a healthy recovery. Additional influential factors include, number and location of treatment areas and the extent and/or difficulty of the procedure. Some patients report a burning or “rubber band snapping” sensation felt to be the nerves recovering which may last several months. Use home and prescribed medication as needed.

- **ACTIVITY**: Begin walking and non-strenuous activities immediately (10 minutes every 2 hours minimum while awake). You should not do any heavy lifting (greater than 5 lbs) or strenuous activity for at least 3 weeks post-op. You may resume normal activity in 4 weeks after your surgery.

- **CLOTHING**: Avoid tight clothes or bands for 1 month in the treatment area as this could cause permanent marks or depressions.

- **DIET**: Advance diet slowly. Drink plenty of fluids to avoid dehydration.

- **SMOKING**: The use of tobacco products is known to cause wound complications after surgery such as poor healing, delayed healing and infections.

**OTHER**: Infrequently there my be menstrual irregularities, flushing, low grade temperature or depressed mood.

**PRECAUTIONS**

- **WE ARE AVAILABLE ANYTIME DURING OFFICE HOURS TO SEE YOU FOR IMMEDIATE CONCERNS.**
  YOU MAY REACH THE OFFICE AT 859-263-8083.
  **YOU CAN REACH US DAY OR NIGHT FOR ANY CONCERNS YOU HAVE BY CALLING 859-263-8083**
  You may also reach Dr. Bouzaglou directly by calling/texting her mobile at (859) 229-3466.
  **CALL US IMMEDIATELY FOR ANY OF THE FOLLOWING:**
  Fever over 100.5 F. Excessive or increasing pain, bleeding, expanding swelling, redness, warmth, or INCREASED drainage. Swelling, cramping, pain, warm to touch or redness in the Leg, Calf, or Ankle. Shortness of breath, chest pain with breathing, difficulty breathing, fast heart rate or lightheadedness.

**EVERYONE HEALS DIFFERENTLY AND WE CANNOT CONTROL WHAT SYMPTOMS YOU MAY HAVE, HOW MILD OR HOW SEVERE THEY MAY BE OR AT WHAT SPEED YOU WILL RECOVER.**

- A healthy lifestyle of diet and exercise will help you obtain better results. Liposuction is not a weight loss procedure.
- Full benefit from any surgery may not be seen for 6 months. You may notice a temporary weight gain due to retained fluids from the procedure.
- You will receive a follow-up phone call from us after your surgery.
- Follow up appointments are most commonly scheduled at 2 days, 1 week, 1 month, 3 months post-op. We are happy to see you anytime as well.
• DO NOT DRIVE, OPERATE HEAVY MACHINERY, MAKE IMPORTANT DECISIONS OR SIGN LEGAL DOCUMENTS FOR 24 HOURS FOLLOWING SURGERY OR WHILE TAKING PAIN OR OTHER MEDICATION THAT MAY MAKE YOU DROWSY

• IF YOU BELIEVE YOU ARE HAVING A MEDICAL EMERGENCY CALL 911.

SPECIFIC INSTRUCTIONS FOR YOU:

___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Medication Discontinuation/Resumption: No chronic medication. Patient to continue with Rx meds

PATIENT ACKNOWLEDGMENT:
I certify that I am a competent adult of at least 18 years of age. I understand and will follow these instructions knowing that this will improve my outcome and lessen the possibility of complications. I have fully reviewed these instructions. I have had all of my questions answered to my satisfaction. I understand and agree to comply with the instructions and I have received a written copy.

*** I agree that I will have a responsible adult, at least 18 years of age, drive me home after surgery and observe me the first 24 hours. I understand I should not be left alone for the first 24 hours. 

Patient Initials_______

Surgery is scheduled for:____________________________at ______________________________

Patient Name:__________________________________________________Date:_________________________

Patient Signature:______________________________________________Date:__________________________

Witness Signature:_____________________________________________Date:___________________________

POST-OPERATIVE INFORMATION:
Your post-op visit is scheduled for:________________________________________________________________

Your last dose of pain medication was given at:___________Time at which to take your 1st dose of antibiotic:____________

Driver Release: I certify that I am a responsible adult of at least 18 years of age with a valid driver’s license, that I will provide said patient with transportation home, that I will stay with them for 24 hours or until relieved by another responsible person, I will ensure they receive all associated paperwork provided to me on their behalf, that I will call the office or 911 if I detect a medical emergency and that I will provide care as reasonably determined in my judgment.

Printed Name:______________________________________________________

Signature:__________________________________________________________

Date:_________________________Time:_________________________________

• Patient given a copy at the Consultation Visit

• Patient given a copy at the pre-operative visit

• Patient /driver given a copy Post-operatively on the day of surgery