

## **Bra-line back lift** POST-OPERATIVE INSTRUCTIONS

### **INTRODUCTION**

The following is a list of general expectations and instructions for your care prior to and following your Bra-line back lift. Please thoroughly read these instructions, as most of your questions should be answered here. Instructions for your care will also be reviewed with you the morning after surgery. Following these instructions carefully should help you get the best results from your surgery.

### **PREOPERATIVE**

- Please read your entire pre-op packet.
- Plan ahead to ensure a more relaxed recovery; stock the house with comfort foods and arrange a comfortable place to sleep.
- Set up a support system, someone reliable to drive you to postoperative appointments and help with postoperative care.
- NO SMOKING one month before and after your surgery.
- Stop blood thinners (aspirin, Advil, Aleve, Motrin, ibuprofen, Plavix, etc.) one week prior to your surgery, unless otherwise instructed.

### **POSTOPERATIVE CARE**

#### **Help at Home**

It is very important to have a strong support system during the post-op period. You must have someone available to drive you home after surgery and stay with you through the night. We will not perform surgery if these arrangements have not been made. Bra-Line back lift is an operation done on an outpatient basis; therefore it is very important that you have another responsible person available to care for and assist you during the first three days after. It is normal for a patient to become light-headed when rising from a sitting or lying position or when removing dressings; this is why it's important to have someone with you to help.

#### **Medications**

- Prescriptions for post-op medications will be given to you the day of your surgery. You will be given narcotic pain medication. If you have a history of nausea while taking narcotic pain medications, you may also be given a prescription for this. Postoperative antibiotics are usually not needed. Please take these medications as directed when needed, beginning the day of surgery. If you are unable to take any of the medications, please contact our office so we can arrange for other medications to be prescribed.
- If you are prescribed oxycodone, you can also take two extra-strength Tylenol (acetaminophen) every six hours.
- If you are prescribed a version of hydrocodone (Norco, Lortab, Vicodin), this has Tylenol in the pill, and extra Tylenol should not be taken. You may take Tylenol instead of the hydrocodone pill.
- If you experience nausea or vomiting, it is most likely due to the narcotic in the prescription pain medication. Please try to take the prescription with food; if symptoms persist, please contact our office.
- Prescription pain medications can cause constipation. If you feel that you may be getting constipated, take a gentle laxative, such as Milk of Magnesia, or call our office for a stool softener or laxative prescription.
- IF PRESCRIBED XARELTO (BLOOD THINNER), PLEASE BEGIN THE MORNING **AFTER** SURGERY



- Once you have finished the 10 day prescription of Xarelto, you may begin taking Ibuprofen (Advil/Motrin).

### **Diet, Nausea and Vomiting**

Diet and meals are not restricted. Please make sure to drink plenty of clear fluids; we recommend eight glasses of water or fruit juice a day. Do not drink any alcohol for the 48 hours before and after surgery, and limit alcohol intake for the first week after your surgery. If you experience nausea, vomiting or itching, it is most likely due to the narcotic pain medication. Nausea, vomiting and itching can be side effects of all narcotics, not an allergy. Please try to take the prescription medication with food. You may use Benadryl if you experience itching. If the symptoms persist, please contact our office.

### **Dressings and Wound Care**

You will come out of the surgery with a large dressing of gauze, drains and a garment. For the first three weeks following the surgery, wear your garment 24 hours, removing only once a day to launder it and shower. During the fourth week after your surgery, your garment should be worn for 12 hours a day. The incision will not need any ointment applied, unless otherwise instructed. Try to avoid putting tape on your skin.

### **Drains**

You may leave the surgery center with surgical drains in place; these drains are necessary to evacuate the bloody fluid that is expected to form beneath the skin after this type of surgery. These drains will need to stay in place until Dr. Lewis determines that the drainage output has diminished enough for removal, typically 2 days to a week. The nurse taking care of you after the surgery will show you and your family how to care for these drains. Drain care consists of ensuring the drain bulb holds suction, emptying the drain bulb whenever it is full, occasionally “stripping” the drain line to remove small clots, and keeping the drain wound clean and covered.

### **Activity**

During the first 24 hours, you will need to rest. During this time it is also important to frequently get up and walk around; this will reduce your chances of developing a blood clot in your legs. Take it easy and avoid any strenuous activity for the first six weeks after your surgery. After that point, you may resume “normal” activities such as walking, shopping and light chores as tolerated. Do not drive until you are off your prescription pain medication and have good lower body coordination; this is about a week for most. You may walk on a treadmill starting one week after surgery. After four weeks, you can do low-impact aerobic activities (bicycle, stair-stepper, etc.). No weight lifting, skiing or high-impact aerobics for two to three months after surgery. If you must lift any weight (such as a child or a box), draw the weight in close to the chest and lift with your legs, not your back or stomach. Take a shower daily, but do not use a hot tub or Jacuzzi for the first two weeks after your surgery.

### **Sun**

All incisions will be dark for two to four months post-op; sun exposure will cause the incisions to remain dark longer. Any time you are in the sun, be cautious and apply sunscreen with SPF greater than 30.

### **Smoking**

Smoking greatly increases the risks associated with surgery. You should have stopped smoking one month prior to surgery, and will need to remain smoke-free for one month after surgery. If you cannot stop smoking for one month prior to surgery, we will cancel the surgery. Nicotine causes the majority of the bad effects from smoking and therefore, nicotine replacements (patches, gum, etc.) are not allowed either.

## **POSTOPERATIVE EXPECTATIONS**

### **Discomfort**

Post-operative discomfort usually comes from sleeping/sitting in a way to avoid pressure on the incisions. Any post-operative pain largely resolves during the first week. It is normal to have a lot of pulling or pinching sensations for weeks, and sometimes months, following the surgery. The surgical area may turn very hard and feel numb; this is scar tissue and a normal part of the healing process, please be patient.

### **Bruising**



Bruising is variable from person to person; any bruising you experience should clear in one to three weeks.

## Temperature

Slight temperature elevation during the first 48 hours after surgery is a natural consequence of the body's reaction to surgical trauma. If you are prescribed oxycodone, you will want to take Tylenol to control mild fevers. If you are prescribed hydrocodone, there is Tylenol in your pain medication that should control mild fevers. If your temperature goes higher than 101.5 degrees, please call us. After 48 hours, call for any fever.

## Depression

It is not unusual for an individual to experience a period of mild depression following cosmetic surgery. This depression often comes from the shock of seeing your body swollen, and perhaps, discolored. Your mood will improve after you see the swelling and bruising fade, until then it may help to divert your attention to other thoughts and activities.

## Menstrual Irregularity

Premature or delayed onset of monthly menstruation is a common side effect of any significant surgery.

## POSTOPERATIVE APPOINTMENTS

Your first post-op visit to our office will be two to four days after the surgery; you will return a week after that, and then in another two weeks. If you or Dr. Lewis have any concerns, your post-op visits will be more frequent. Further visits will be decreasing in frequency, but Dr. Lewis would like to see you every one to two years indefinitely. Postoperative appointments are very important to keep, since this is how we monitor your healing and make decisions about when to remove drains, if a seroma exists, how the scars are doing, and the like. Detecting early signs of problems is the key to an uneventful recovery, and we cannot do this unless we see you regularly. Please keep all your post-op appointments as scheduled.

## FINALLY

- You will have bruising that will last two to three weeks.
- The tissue is stiff initially, but will soften over time.
- Your incisions will be dark and red for months, but will fade with time.
- You will have some numbness around the area of surgery; this will improve with time.

## CALL DR. LEWIS IF:

- Temperature greater than 101.5
- Redness around incision
- Increasing pain that is intolerable
- Pus coming from incision
- Severe or sudden swelling
- Swelling in one or both legs
- Shortness of breath ▪ Heavy bleeding

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Go to the emergency room if you feel like you need to be seen immediately.

Please do not hesitate to ever contact our office

**804-267-6009**

