



Arm Lift (Brachioplasty): Post-operative instructions

Congratulations on your decision to pursue cosmetic surgery! I have prepared several pointers which will help you to best recover from your recent procedure, in order to obtain the safest and most satisfactory outcome.

1) Immediately after surgery:

- a) No heavy lifting (more than 5 pounds)
- b) Wear your compression garment at all times (if provided- some patients will be best suited with gauze dressings alone, depending on the procedure performed), to reduce swelling and support the contour of your arms
- c) The dressing is to remain dry and in place until I see you for your first post-operative visit. Sponge baths are acceptable
- d) If drains are present, empty and record the output from your drain 2-3 times per day; (not all patients will have drains)
- e) It is advisable to go for brief walks every few hours (while awake) to improve circulation in your legs
- f) You may eat a regular diet
- g) No driving until discussed with me
- h) Take all medications as prescribed:
 - i) Usually tylenol #3 or percocet, 1 or 2 tablets every 3 to 4 hours **as needed** for pain. This may be supplemented by over the counter anti-inflammatories, such as motrin or Advil
 - (1) Note that the pain medicine may make you nauseous or constipated
 - (2) Avoid straining with bowel movements: you may use over-the-counter stool softeners such as colace, if constipated.
 - (3) Antibiotics, usually Keflex, every 6 hours for 5 days. This is not as needed, but mandatory
 - i) Call my office to arrange a follow-up appointment for about 5 days after surgery. Your bandages will be removed, and then you may shower.
 - (1) **Things to watch out for; the presence of these conditions warrants a call to myself**
 - (a) A rapid increase in pain, swelling and firmness in the arms
 - (b) Difficulty breathing
 - (c) Vomiting after the first 24-48 hours
 - (d) High fevers above 38.5 C or 101.5 F
 - (e) Pain and swelling in one, or both, legs
 - (f) Inability to urinate
 - (2) **The following are normally seen after surgery, and are not usually cause for alarm**

- (a) Pain, bruising, and mild swelling are normal and expected after surgery, and often involves the hands
- (b) Low grade temperature is often seen early after surgery
- (c) Nausea, vomiting, and constipation are occasionally encountered after surgery
- (d) Drainage onto the bandages (sometimes bloody) is commonly seen after surgery

2) Late post-operative period

- a) No heavy lifting (< 5 lbs.), weight training, or vigorous exercise such as aerobics, jogging or swimming, for 4-6 weeks after surgery
- b) Driving is allowed once you are off narcotic pain medication, **and** can move comfortably enough to react to any driving situation appropriately. Check with me first if unsure.
- c) You may shower after the first office dressing change, and may gently wash directly over the arms
- d) Wear your compressive garment at all times for the first 6 weeks, unless otherwise directed
 - i) The binder may be removed for showering, and for washing (air-dry garment only)
- e) Dry gauze may be placed over the incision if small amounts of drainage persist. Occasionally, fluid may leak around, rather than through the drains (if used).
- f) Your stitches will usually be removed two weeks after surgery. Creams and lotions over the scars are not to be used unless otherwise directed
- g) Normal activities may be resumed as tolerated by 6 weeks after surgery

3) If any of the above information is unclear, or any other questions arise, please do not hesitate to contact my office

- a) **During office hours, Monday to Friday: 613-792-4137**
- b) **After hours and weekends: call my office, where you will be directed to the Plastic Surgeon on call;**
 - i) **Alternately, call the Queensway-Carleton Hospital switchboard at 613-721-7878, ext. 0, and identify yourself as a present patient of mine who needs to speak to the Plastic Surgeon on call.**
 - ii) **Additionally, my personal email is askdrsilverman@rogers.com, though I cannot guarantee an emergent response via email.**

Best of luck in your recovery,
H. Silverman, MD