



Lower Body Lift 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) Sleeping is usually most comfortable on your back, propped up on pillows, but you may sleep on your side if comfortable
- c) It is often most comfortable to lift and roll yourself up to a sitting position from your side, to get out of bed
- d) Avoid the sitting fully upright position for the first two weeks, if possible, as this puts a lot of strain on the lower back incision. Standing straight and lying down are best, and the semi-reclining position is also acceptable.
- e) Wear your abdominal binder at all times, to reduce swelling and support the contour of your abdomen
- f) The dressing is to remain dry and in place until I see you for your first post-operative visit. Sponge baths are acceptable
- g) Empty and record the output from your drain 2-3 times per day
- h) It is advisable to go for brief walks every few hours (while awake) to improve circulation in your legs
- i) You may eat a regular diet
- j) No driving until discussed with me
- k) 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
- l) 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 of the abdomen
 - (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
- (b) Low grade temperature is often seen early after surgery
- (c) Nausea, vomiting, and constipation are occasionally encountered after surgery

2) Late post-operative period:

- a) No heavy lifting (more than 5 pounds), 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 abdomen
- d) Wear your abdominal binder 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.
- f) Your stitches will 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.**

Wishing you a speedy recovery,
H. Silverman, MD