

Postoperative Instructions: Abdominoplasty

During Your Hospital Stay:

- You will be in hospital 5-7 days, depending on your drains.
- You will have a drain coming from each side of your abdomen which removes any old blood or extra fluid from the operative site. These drains will be reviewed and output recorded daily during your hospital stay. They will be removed when the drainage becomes minimal, after review by your doctor and prior to your discharge from hospital.
- You will have prescribed medication for nausea, vomiting, pain and constipation. These may not be written up for regular dispensing but at patient's request, so please speak to the nurse looking after in the hospital if you require any of above.
- You will be seen by the physiotherapist on the day after your operation to commence some breathing exercises (to prevent collapsed lung and subsequent pneumonia). Your physiotherapist will also show you how to get out of bed as to minimise the use of your central abdominal muscles. You will be taken for a walk (of appropriate duration) each day.
- The foam tape over your abdomen will stay intact for 2-3 days. During this period, sponge baths will be done as the dressings will need to stay dry and intact.
- When the dressings are removed, you will be able to shower over your wounds and a special abdominal garment will be fitted. This should be worn at all times between showers (24hrs). Please wear your own underpants *under* the garment. The garment has gusset clips at the crotch so you are able to go to the toilet without removing the garment.
- Minimum requirement prior to discharge include: being able to tolerate a normal diet, have regular bowel and bladder function and able to perform most daily self-care activities with minimal assistance. Your discomfort should also be manageable by oral tablets alone without injections.
- You will be discharged from hospital with pain killers and the remaining course of antibiotics.

Pain Medication:

- Take 2x paracetamol tablets (Panamax or Panadol) every 6 hours regularly for the first 2 weeks.
- Take Ibuprofen (Nurofen or Brufen) 400 mg with breakfast, lunch and dinner as required (always with food). Do not take Ibuprofen on an empty stomach. Do not take Ibuprofen if you have asthma, or known allergic reactions to non-steroidal anti-inflammatories such as Aspirin, Naproxen, Naprosyn or Feldene.
- You may be discharged from hospital with stronger pain killers, such as Tramadol, Endone (oxycodone) or Palexia. For severe pain, take as instructed on the packet if required.

Hygiene:

- Shower daily over your surgical tapes and pat dry
- Use your normal soaps and hair products
- Use a hairdryer on a cool setting to dry stubborn areas such as the belly button or pubic areas. Please do not use hot air, your tummy skin is likely to be numb so you could easily burn your skin.
- Wear your garment at all times between showers.

Sleeping:

You can sleep in whichever position that you are comfortable in, however, it is important that your hips are bent and your abdominal muscles are not being stretched – you can achieve this by:

- Having 1-2 pillows under your knees or
- Having 3-4 pillows stacked behind your head and back or
- Sleeping in a reclining chair with your head and legs up.

If you sleep on your side, check that your knees and hips are bent. It can take up to 2 months before you can lie flat on your back or lie on your stomach comfortably. To ensure a good night sleep, make sure you take your pain medications prior to sleeping. It is not unusual to be particularly sleepy and tired after an operation or an anaesthetic. Rest is very important after surgery; you will fatigue easily, so take time to rest as needed and have appropriate support to ensure you can rest as needed.

Diet:

Recovering from anaesthesia is like recovering from the flu. Start with clear liquids; then advance to soft, non-spicy foods over the next 2 days. Nausea and vomiting are not uncommon after surgery, the most important thing to do is drink plenty of fluids to keep your body hydrated. Make sure you ask for anti-nausea medication regularly if the nausea persists. This will pass once the anaesthetic has been eliminated from your system. You should be able to tolerate a full diet by day 5 after surgery. Make sure that you include plenty of fibre in your diet to prevent constipation from the pain-killers, and lots of protein and vitamins to promote wound healing.

Activity:

- You should rest quietly for the first 48 hours.
- During your stay in hospital, the physiotherapist will teach you how to move without straining your surgical site. It is important that you **DO NOT** use your abdominal muscles during transfers in and out of the bed or chair. Use your arms and side flank muscles (see below).



- During the first few days in hospital, it is likely that you will be asked to follow the regime below:
 - Day 1 – sit out of bed for 10 minutes and walk to the toilet and back as required.
 - Day 2 – sit out of bed for 15 minutes for your meals, walk 1x lap around the ward.
 - Day 3 – sit out of bed for 15-20 minutes for your meals, walk 2x laps around the ward.
 - Day 5 – sit out of bed for 20-25 minutes for your meals, walk 3x laps around the ward.
- By the time you leave the hospital, your level of activity for the 1st week at home should only be walking to the toilet and back, 3-4 x walks around the house. These short walks around the house are encouraged to prevent clots in the legs. Sit out 3-4x a day – maximum 30-40 minutes, and the rest of the time, reclining on the couch (NOT sitting). This level of activities will need to be maintained for at least the first 2 weeks at home, then it can be slowly increased from week 4-6.
- It is not unusual to walk 'bent over' after the operation. It can take up to 4 weeks for you to comfortably straighten your back.
- The post operative period can be an emotional time, feeling teary is normal and will pass.

- Avoid bending over, lifting (anything over 500g), pushing, pulling or straining for at least 6 weeks (this includes house work, lifting children, groceries etc).
- You can move body in all directions – it won't tear anything out as long as the movements are within your comfortable range, slow and controlled. Be careful with any sudden or straining movements, as this can result in sharp stabbing or pulling pain.
- No driving for a minimum of three weeks. After three weeks, you should be able to drive when you can turn and look over your shoulder- so that you can change lanes safely. You must also be able to apply your brake heavily in an emergency, or able to turn the steering wheel comfortably.
- Gentle walking around the house is good exercise after four weeks and at 6 weeks, you should be able to venture out of the house for longer walks. After 8 weeks you may be able to start exercising at 25% of your normal level, it is important to progressively increase your exercise level over a few weeks. Make sure you wear your supportive garment during your exercises for the first 3 months. Sit ups are not recommended for a minimum of 2 months.
- Most patients with desk jobs can return to work after 4 weeks, but those with more manual jobs (especially repetitive or heavy arm movements) need a minimum of 8 weeks off work.

Temperature:

A low-grade fever up to 37.5 degrees Celsius for 1-2 days is normal. Call the office if:

- Your temperature is 38 degrees Celsius or over.
- You feel feverish, chills, or unwell

Swelling:

Swelling reaches its peak at 48-72 hours after surgery. Some patients have swelling and bruising that tracks all the way down into their genital areas. Bruising can be a range of colours from dark purple, green to yellow. Give your body at least 2 weeks for the bruises to start fading and 4 weeks for the swelling to improve. It will take at least 3 months for the swelling to completely disappear. The shape, size and appearance of your tummy can take up to 3-6 months to settle.

Garment & Clothing:

- You need to wear a supportive abdominal garment for 2 months. To ensure this does not need frequent washing/changes, it is encouraged to wear your usual underwear under your garment. Whilst your garment is in the wash, you can wear a high-waisted bike pant or shape-wear to support your tummy.
- After 6 weeks, you can change over to softer supportive tummy-control panties if you prefer.
- You are welcome to contact the office if you would like to purchase additional garments.
- Delay clothes shopping for at least 3 months – as your body shape and size will continue to change until the swelling has completely settled.

Follow-up:

- Your surgeon will visit you in hospital regularly to check your progress until your discharge from hospital. If you have any concerns whilst in hospital, please talk to your surgeon or your ward nurse directly.
- Your first outpatient follow-up appointment is usually 5-7 days after discharge from hospital - for wound check and dressing change. This appointment is for our dressing clinic with one of our experienced nurses. Make sure you call the office to establish date and time if you have not already received your first post-operative appointment on discharge from the hospital.

- A second appointment is made with the nurses at 3 weeks after surgery for removal of the transparent surgical tape on your wound and re-checking of your wound.
- Additional dressing clinic appointments will be made for you if there are any areas on your wound that is slow to heal.
- Your surgeon will see you at 8-12 weeks and check your progress and scars. Additional advice in regards to exercises, activities and scar management will be discussed with you further during this consultation.
- Further appointments after this will be made if necessary.
- You are encouraged to contact rooms at any stage if you have any concerns prior to your next appointment.

Wound and Scar Management:

- Once your surgical tape has been removed at 3 weeks, the nurses will apply a white Fixomull/Hypafix tape to all your scars. The tapes can be showered and pat dry (with or without the assistance of a hair dryer). The tape need to be changed weekly for 4 weeks.
- If you notice any oozing or breakdown of your scars while changing your tape, please contact the rooms. These could be signs associated with healing problems, fluid collection or fat necrosis – although not detrimental, will need to be managed appropriately to minimise scarring and prevent infection.
- You can start massaging along the scar (over the white tape) at 3 weeks if all areas are intact with no breakdown. Use your fingers or thumb, press firmly and massage in a rotating motion along the scar. It should only take approximately 5 minutes, using both hands starting at both edges of the scar. Regular massage at least 5-6 times a day is recommended for 3 months. Your nurses will demonstrate this for you at your visit.
- If you find that your scar is still quite lumpy and red at 8 weeks (when the taping has finished), it may be worth investing in a tube of silicone gel from your chemist. *Smear* a coat of gel on your scars twice a day. Continue with massage *over* the gel coating 5-6 times during the day. This is effective to assist with modifying scars if used for at least 2 months and up to 6 months after surgery.
- Please do not hesitate to contact the rooms and make an appointment to see either Dr Vrtik or our experienced nurses if you have any concerns about your scars at any stage.

What to Expect after an Abdominoplasty:

- While your tummy is swollen in the first few weeks, it may appear to be quite protuberant. Allow at least 3 months for the shape and size to settle.
- Your skin will be irritated and sensitive after surgery. You should avoid the sun, and use a gentle cleanser and moisturiser.
- Often the area around your belly button and on your lower abdomen will be numb after surgery. Sensation may or may not return fully, but it will be a few months before any sensory recovery begins as the nerves take time to reconnect. When the nerves are recovering, you may experience tingling, buzz, crawling or electric shock sensation periodically in the abdomen. This is expected, and will disappear after a few months.
- Your nurse can show you some effective gentle distraction techniques to reduce these sensations.
- The abdomen may feel firm and lumpy in places, especially if you have had some fat necrosis within the abdominal skin. Gentle massage over whole abdomen and these lumpy areas can begin 4 weeks after surgery. It takes time for the tissue to regain their normal suppleness and

softness. Lumpy areas can take up to 6 months to soften; in some rare instances, they can take up to 2 years to disappear.

- Sometimes, the skin will appear irregular, puckered and pleated around the suture lines. All this will take time to smooth out as the scar relaxes and the deep sutures dissolve. The scar itself can feel like a hard ridge in the first three months. Again, massaging of the scar is important to help these settle.
- Remember, surgery takes time to settle, often patients look better at 6 months than at 1 month after surgery.
- It is important that you contact the rooms in the first instance (and not your GP!) at any stage if you have questions or concerns. We need to be fully aware of any problems you may be having, and our nurses are experienced in postoperative care; they are more than happy to help with any queries or concerns you may have, and will be able to organise an appropriate timely appointment for you if required.

Please Contact Us if:

- You develop a fever or become unwell.
- You develop spreading redness/rash over the operative area or suture lines.
- You feel fluid build up in your tummy or sudden swelling in the area.
- You have pain which is not relieved or controlled by your pain-killers.
- You have sudden copious discharge of fluid or oozing from your wound.

Your Medications:

- Antibiotics: Please start your antibiotics as soon as possible after your procedure. Follow the instruction on the box as dispensed by the pharmacist. Please complete the course.
- If you have any vomiting or diarrhoea associated with either the antibiotics or pain-killers, please cease them immediately.
- Blood Thinners: If you have stopped your blood thinners before surgery, you can restart it the day after your procedure. Please take your usual dose at your usual times, unless otherwise instructed.
- Diabetic Medication: If you have stopped or adjusted your diabetic medications prior to surgery because you were fasting, you can restart it as soon as you have started eating and drinking normally again. Please take your usual dose at your usual times. Please do not restart it if you are vomiting.

Your Postoperative Appointment:

Your follow-up appointment will be with our practice nurse in the dressing clinic

Date _____ Time _____ at

- Sunnybank Australis Specialist Centre Clinic
- Everton Park Clinic

Contact Telephone Numbers:

During Office Hours and Non-Urgent Matters – 3353 6165

After hours and for Emergencies only – the hospital you were discharged from