**LIPOSUCTION**

**Preoperative and Postoperative Instructions**

**Preparing for Surgery**

**One month before surgery:**

* See your primary care provider within 30 days of your surgery for your pre-operative exam and ensure that they send Dr. Ridgway’s office a copy of your medical clearance note.
* Stop tobacco use and avoid being around anyone who smokes for at least 1 month before and 2 weeks after surgery. This includes nicotine patches and gum, chewing tobacco and vaping. Smoking impairs wound healing and increases your risk of infection. It also increases your risk of anesthesia complications including pneumonia, cardiac events and blood clots. Due to a strong risk for delayed healing, we will likely perform a urine test on the day of your surgery to test for by-products of smoking. If the test is positive, your surgery will be cancelled. If you have not been able to stop, please let us know as soon as possible and we can reschedule your surgery.
* Start eating a healthy diet to prepare your body to heal smoothly. Increase your protein intake to ideally 70 grams per day and add foods high in Vitamin C to your diet -- dark leafy greens with kale and spinach, strawberries, broccoli, bell peppers, kiwi, cantaloupe, Brussels sprouts, papaya and oranges. You may also want to supplement with a daily zinc supplement or multivitamin. Zinc is found in shrimp, cashews, lentils, sesame and pumpkin seeds, lamb, turkey and quinoa. Protein, Vitamin C and zinc have all been shown to help healing.
* If you have diabetes, you are at increased risk for wound infection and problems healing. We want to have your glucose levels optimized and well controlled prior to surgery. Work with your PCP to ensure this goal is reached.
* If you have rheumatoid arthritis, ulcerative colitis, lupus or are taking any chemotherapy, steroids or immunosuppression for another reason, you are at increased risk for wound healing problems and infection. Please alert us of these medications as we will attempt to work with your prescribing doctor to stop these medications. If it is not possible to stop these medications, the risks of complications may outweigh the benefits of surgery.
* If you have a history of a blood clot - deep vein thrombosis (DVT) or pulmonary embolism (PE) - you are at increased risk for a DVT or PE happening again. A PE can be fatal. We will need to speak with you to your doctor and a hematologist about perioperative blood thinners such as Lovenox®.

**Two weeks before surgery:**

* If you take blood thinners, such as Coumadin®, Plavix® or Lovenox®, please speak with Dr. Ridgway and your primary care provider about stopping these medications. Sometimes the risks of stopping these medications outweigh the benefits of surgery.
* Stop taking all aspirin and ibuprofen products 14 days before surgery and at least 2 days after your surgery, unless otherwise directed. These products thin your blood and may increase bleeding. To be safe, please take acetaminophen (Tylenol®) only for pain relief in the 2 weeks prior to surgery.

Other blooding thinning products to avoid are:

* Vitamin E
* Fish oil
* Ginkgo biloba
* Garlic supplements
* St. John’s wort
* Herbal teas
* Ginger supplements
* Excessive intake of avocado, cayenne pepper, cranberries, raisins or dried cherries
* Continue to take your prescribed medications unless otherwise advised by your doctor. If you have questions about your medications, ask your doctor or pharmacist.
* Stop drinking alcohol at least 7 days prior to surgery. Alcohol consumption (even weekend binge drinking) can impair your ability to stop bleeding and to fight an infection. Alcohol consumption also increases your risk of complications from anesthesia.
* Stay well hydrated.
* Arrange for a support person to help you after surgery with the following:
	+ Fill your prescriptions
	+ Receive instructions for your care
	+ Drive you home and stay with you for at least the first 24 hours after surgery
	+ Bring you back to the clinic for your first post-op visit
* Attend your pre-operative appointment.

**The day before your surgery:**

* A representative from the office will call you before your surgery to let you know the time of your surgery.
* Do not eat or drink anything after midnight. Hydrate well the day and week before surgery.
* Pick up your prescriptions.
* Shower the night before and the morning of surgery with an antibacterial soap (Hibiclens®, Dial®, or Lever 2000®). Take special care to wash your intended surgical site.
* DO NOT apply deodorant, powder, or lotion.
* DO NOT wear any jewelry or nail polish. Sculptured nails may have to be clipped for monitoring purposes.

**Helpful preparation hints:**

* Make sure items like milk, juice, and water are in small containers. Gallon and half gallon containers will be too heavy for you to lift.
* Have pre-made dinners on hand so you can cook them in the microwave.
* Prepare foods high in protein such as meat, poultry, fish, and eggs. Eating more protein will help you heal at a faster rate, as will adding dark green vegetables.
* Have crackers or pretzels on hand to eat with your medication or if you have an upset stomach.
* Use paper plates and plastic cups so you do not need to wash dishes.
* Bring items down from high shelves so you do not have to reach. Bring up items on low shelves so you do not need to bend down.
* Plan to wear button-down shirts, loose pants, and slip-on shoes, as it will be difficult to raise your arms or bend at the waist.
* Have your night clothes, slippers, dressing supplies, and medications set up and ready for when you come home. Have a phone in easy reach, as well as remote controls, and reading material.
* Try to have someone available to run to the store for you. Driving can be hazardous the first two weeks and while you are taking narcotics. Your range of motion may be limited and you may not be able to react quickly enough in response to a dog running into the road or a car cutting you off.

**Items to have on hand:**

 Some supplies which may be helpful during your recovery are:

* Arnica ointment to apply to areas of bruising
* A gentle laxative for constipation while taking narcotics
* Yogurt or probiotics to prevent yeast infections while on antibiotics
* Thermometer
* Slip on shoes
* Several house robes
* A pillow to use under your seat belt
* High protein foods
* Antibacterial soap
* Aquaphor® ointment
* Extra gauze or nursing pads
* Paper tape
* A flexible straw for drinking
* A list of phone numbers/emergency contacts for your helpers

**Day of Surgery**

* Arrive at the location for your surgery at the time requested.
* Do not drink or eat anything the morning of your surgery.
* Take your normal medications.
* Your support person can wait in the surgery waiting room. He or she should plan on waiting about 3 to 5 hours.
* Your surgery normally takes around 2 hours.
* In some cases, patients need to spend the night. However, the majority of patients go home in 2-4 hours following surgery.

***The first night of surgery, you are at risk for bleeding under the skin. This would present with increased swelling, increased pain and possibly increased bruising or drain output. This may be a surgical emergency so please call and we will ask you to meet us in the clinic or hospital to evaluate you.***

**FOLLOWING SURGERY**

The healing process is different for each person and/or procedure.

**What to Expect after Surgery**

* A moderate amount of pain or discomfort
* Swelling will increase in the first week, and then begin to decrease.
* Bruising may take up to 3 weeks to resolve.

**Pain Medication**

* We will prescribe pain medication at your pre-operative visit. You should take it as directed and only as needed. Review your “Narcotic Use and Post Op Pain” handout for proper use of your pain medication. DO NOT drink alcohol or attempt to drive while taking a narcotic pain reliever.
* Avoid aspirin and ibuprofen products for the first 2 days unless your doctor tells you otherwise. You may take Tylenol® instead of your narcotic.

**Activity and Exercise**

* For the first 48 hours, walk often for short walks such as in your home or down your short driveway. Keep your activity limited during this time. Do not lift more than 5 lbs. for the first 48 hours.
* Gradually go back to your normal activities, except strenuous exercise. No running or jumping until the third week. An increase in pain and swelling is a sign that you are doing too much.
* You may go back to your normal level of exercise in 4-6 weeks.

**Bathing**

* You may shower after 48 hours.
* Do not soak or swim until the incision sites are healed.

**Returning to Work**

* Dr. Ridgway will let you know when you can go back to work. If you had a small area of liposuction, you may be able to return to work the next day. For larger or multiple areas of liposuction, you may be away from work for up to one week.

**Care of Your Incision**

* If you have stitches, they may need to be removed in 7-12 days.
* Dry dressings and a compression garment are placed and left in place for the first 48 hours. You may need to change your dressings in the first 48 hours if they become wet. After 48 hours you do not need a dressing.
* Wear the compression garment day and night for the first 2 weeks. Then wear it during the day with activity for the next 3-6 weeks. If it causes any discomfort or it too tight, stop using it.

**Complications**

Liposuction is not a simple surgery, but is normally safe when performed by an experienced and board-certified plastic surgeon.

There are, however, always risks of complications, including bleeding, hematoma, seroma (fluid collection), infection, contour irregularities, blot clot (DVT or PE), asymmetries, or complications from anesthesia.

* In 3-6 weeks, after swelling goes down, you may see lumpiness, dimples, and depressions. Much of this will get better on its own with more time. For this reason it should not be revised in the first 6 months.
* You may have numbness at the surgical site, but this should gradually get better after 3-6 months.
* If you have leg pain or swelling, trouble breathing, a fever or area of increased swelling, please call and be seen in the office as soon as possible. Trouble breathing and leg pain/swelling could indicate a DVT or PE, which can be fatal – please be seen by Dr. Ridgway or an emergency room that day.

**Do’s and Don’t’s for the next 6 weeks**:

* DO NOT drive a motor vehicle for 2 weeks until you can handle the steering wheel without discomfort. Do not drive while taking your narcotic. You will be able to wear a seat belt if you place a small pillow over your chest area.
* DO NOT engage in sexual activity for at least 1 week.
* DO NOT smoke or be around anyone who smokes for 2 weeks. Smoking delays healing and can lead to infection.
* DO NOT lift more than 5 pounds or bend at the waist to lift for 2 weeks.
* DO NOT participate in strenuous activities such as running or aerobics for 6 weeks. When you do resume these activities, do so slowly. If it hurts, it is too early.
* DO NOT tan at the incision lines for at least 12 months.
* Do resume walking at a gentle pace.
* You may return to work in 1 to 6 weeks (average time is 3 weeks) depending upon your work activity.
* Do report signs of infection. We want to see you as soon as possible if you have any of these signs.

Signs of Infection:

* A temperature over 101˚ F or 38˚ C.
* Redness at the incision line that is beginning to spread away from the incision after the first 48 hours.
* Yellow pus-like or foul smelling drainage larger than dime size from the incision or drain sites.
* Increased pain/discomfort that is not relieved by your pain medicine.
* Increased swelling.

**CONTACT INFORMATION**

**Office hours:** 8:00 am – 4:00 pm, Monday – Thursday; 8:00 am – 1:00 pm Friday

Please call 406-586-2620 during office hours, after office hours, and weekends.