

NICHOLAS T. HADDOCK, M.D.

Brachioplasty or Arm Lift

Patient Care Instructions

General Information

Brachioplasty or arm lift is a procedure, which shapes and contours the upper arm through the removal of excess skin and fat. It is usually combined with liposuction of the upper arm. The procedure uses different incision patterns to individually address the varying effects of weight loss to give you an improved shape to your arms. This procedure can often be combined with other body contouring procedures.

Things to handle prior to your surgery

Arrange for someone to drive you home from the hospital and stay with you for at least 2 to 3 days.

Necessary medications will be called into your pharmacy. These should be picked up prior to surgery.

Protein supplementation can be started one to two weeks before surgery and should include over 20 grams of additional protein daily.

Have electrolyte containing fluids such as Gatorade or electrolyte water on hand.

Have stool softeners/laxatives on hand, such as Colace, Biscodyl, Milk of Magnesia. These can be purchased at your local pharmacy.

Review the attached list of medications not to take during the perioperative period. If you have any further questions that were not addressed during your consultation then please call Dr. Haddock's nurse (Tina Ethridge) at (214) 645-2353. If you are unsure if you can stop medications then please call the prescribing provider to confirm if this is medically safe.

For your convenience, we have included a *[Suggested Shopping List](#)* in the addendum to these instructions (page 6).

Pre-Operative Guidelines

Smoking should be stopped a minimum of 4 weeks prior to surgery. Smoking should be avoided for at least 4 weeks after surgery as well. Smoking can greatly interfere with healing and lead to postoperative complications.

Do not eat or drink anything after midnight the night before surgery. This includes no water, gum, or hard candy. Blood pressure and/or heart medications can be taken with a sip of water as directed by your prescribing physician.

If you take medication for diabetes then confirm with your prescribing physician how to manage these medications prior to surgery.

If you are prone to nausea or motion sickness let your anesthesiologist know on the day of surgery. Medications can be started prior to surgery or during surgery to help improve your postoperative experience.

Post-Operative Care

Take pain medication as prescribed. Often these medications are necessary for the first 2 to 3 days and then on an as needed basis. Do not drink alcohol with these medications.

Take a suggested stool softener/laxative until bowels begin to function normally after surgery. A combination of anesthesia and pain medication usually makes this necessary for a few days.

Do not smoke or be around smoking as even second hand smoke delays healing and increases the risk of complications.

Get plenty of rest. The general anesthesia and pain medication can promote insomnia; therefore a sleep aid may be taken if needed. Please call Dr. Haddock's nurse (Tina Ethridge) at (214) 645-2353 if you feel this would benefit you.

Follow a well-balanced diet, which includes protein and is limited in salt intake. A high salt diet or meal, can lead to increased swelling and prolonged recovery. It is best to continue the protein supplementation for approximately 3 weeks after surgery.

Oral hydration should include the use of electrolyte containing fluids such as Gatorade or a low calorie substitute. Limit the amount of caffeinated beverages as they can promote dehydration; however, Dr. Haddock recommends you maintain your daily average of caffeine to avoid headaches.

Wear your compressive garment or the ACE wraps for first 10 to 14 days. You may take it off to shower. This will help with the swelling and help maintain the internal tightening as you heal.

Activity Restrictions

Walking is encouraged shortly after the operation and can be increased over the first 2 weeks. Light cardiovascular exercise can be resumed after 4 weeks with all activities to be resumed at 6 weeks.

Wear your upper extremity garment or ACE wrap continuously for the first 10 to 14 days. You may take it off to shower.

When lying down, elevate your arms above your heart using 2 pillows on each side and with elbows slightly bent.

Do not lift anything heavier than 10 pounds for 4 weeks. Limit lifting to under 30 pounds for 6 weeks.

Do not drive for at least 1 week or until you are no longer taking oral pain medications.

Do not run, lift weights, play tennis or golf for 6 weeks after surgery. It is important to keep your heart rate under 100 beats per minute for 4 weeks.

Light cardiovascular exercises can be resumed gradually after 4 weeks.

Heavy lifting/stretching (Yoga) can be resumed after 6 weeks.

Incision Care

You will have a clear skin glue dressing on all incisions which will remain on for 3 weeks.

If you have persistent sutures, they will be removed in 7 to 14 days.

You may shower the day after the operation. Make sure someone is with you at your first shower.

The arm garment or ace wrap can be removed to shower. Any gauze and tape can be discarded and does not need to be replaced after the first shower.

You may gently begin washing your incisions with mild soap and water but do not submerge the incisions for at least 4 weeks.

Do not use a heating pad; heat may burn the area.

Drain Care

Dr. Haddock may place one small silicone tube under the skin in the area of surgery. These will be connected to a suction bulb. These drains help collect fluid, which can normally occur in the area of healing. They will each be removed when ready.

Care for the drains will be reviewed by the nurse on discharge.

Keep your drainage bulbs collapsed to create a mild suction. Record the time and amounts of drainage over a 24 hour period. It is very important to accurately record each individual drain output.

Generally, drains will remain until individual daily drainage is 30 cc or less. A sheet is provided to you for recording these amounts.

Call the clinic at (214) 645-2353 to make an appointment with Dr. Haddock's nurse (Tina Etridge) to have these removed once they meet the above criteria.

What to Expect after a Brachioplasty

Moderate swelling of arms is expected. This will subside in 6 to 9 weeks.

The most common complaint is swelling in both hands with numbness and tingling for the first 1 to 2 days. This is related to the effects of operation combined with the compression garment ending at the wrist. This will improve with elevation and the removal of the ACE wrap/garment.

You can expect some slight bloody oozing from the suture lines and swelling of the incisions. Gauze may be reapplied if it is bothersome. However you should call the clinic if you have continuous bleeding, significantly more swelling on one side than the other, or any severe pain associated with swelling.

Tightness of the upper arms, elbows and hands are a normal feeling after this surgery. This may worsen over the first 2 days. This will relax with time and can be relieved with elevation of the arms above the heart.

There may be a feeling of numbness of the upper arms that will subside with time.

Red discoloration of the incisions may occur if there is significant swelling, especially in the area of the sutures. This will resolve when the glue falls off and the stitches are removed.

Constipation is common after any operation, and is secondary to the anesthetic, pain medication and dehydration. Please stay well hydrated and use the recommended stool softener and/or laxative until bowels return to normal.

When to Call the Office

If you have increased swelling and bruising on one side significantly more than the other. Remove the compression garment or ACE wrap to make this determination. This may represent a hematoma (collection of blood) or a seroma (collection of clear fluid).

If you have significantly increased drain output over an 8 hour period (greater than 150 cc).

If you have increasing redness or swelling around the incision.

If you have severe pain not relieved by pain medication.

If you have any side effects from the medication: rash, nausea, headache, vomiting.

If you have fever over 101.

If you have yellow or greenish drainage from an incision or notice a foul odor.

If you notice some vaginal burning and itching as a result of the antibiotics used during and after surgery.

Dr. Haddock will be paged/called on his cell phone for any urgent or emergent medical issues.

Follow-up Care and Appointments

If you stay overnight, Dr. Haddock will see you in the aftercare facility the day after your procedure.

Schedule a nurse visit with Dr. Haddock's nurse (Tina Ethridge) when the drain output meets the above criteria for drain removal.

Your sutures will be removed in 7 to 10 days if they are not dissolved. Generally, they are dissolvable and will fall out.

Your first follow up appointment with Dr. Haddock will be approximately 1 week after surgery. You should then schedule to see Dr. Haddock at 6 weeks, 3 months, 6 months and 1 year.

Call to schedule your appointments at the UT Southwestern Medical Center Plastic Surgery Clinic at (214) 645-2353.

For any surgical scheduling concerns, please call: Lindsay Carpenter at (214) 645-3118

For medical questions, please call: Tina Ethridge, RN at (214) 645-2353

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Suggested Shopping List

Items to have on hand prior to surgery

Brachioplasty

- Prescriptions will be called into your local pharmacy as ordered by Dr. Haddock. Typical medications are as follows but these will be tailored to your needs.
 - Norco (pain medication)
 - Keflex (Antibiotic)

- Ibuprofen (Motrin)

- Gatorade or another low calorie alternative, such as water with electrolytes

- Protein Supplements

- An upper body long sleeve compression garment can be purchased. An ACE wrap will be placed in the operating room (you do not need to purchase the ACE wrap) but this can be exchanged to a body sleeve after showering.

- Stool softener / laxative (choose one):
 - Docusate (Colace) 100 mg orally two to three times daily when taking pain medication
 - Milk of Magnesia 30cc/1 Tablespoon twice daily when taking pain medication
 - Prune juice or Sorbitol orally
 - Biscodyl or Magnesium Citrate as needed for constipation