

NICHOLAS T. HADDOCK, M.D.

Abdominoplasty or Tummy Tuck

Patient Care Instructions

General Information

Abdominoplasty, otherwise known as a tummy tuck, is a procedure that shapes the abdomen and waist through the removal of excess skin and fat combined with the tightening of the abdominal muscles. It helps to reverse the effects of pregnancy and/or weight gain. Depending on the specifics, patients may prefer to stay in the hospital for one night.

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.

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 (Molly Mazie) 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. Secondhand smoke is just as bad as a patient smoking themselves.

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

Medication will be prescribed on the day of the operation. This can either be collected at the hospital or sent to your home pharmacy. Take pain medication and muscle relaxers as prescribed. Often these medications are necessary for the first two days and then on an as needed basis. Do not drink alcohol with these medications.

Ibuprofen (Motrin) can be started the day after surgery.

Take a suggested stool softener/laxative until bowels begin to function normally after surgery. A combination of anesthesia, muscle relaxants and pain medications usually make 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, muscle relaxants and pain medication can promote insomnia; therefore a sleep aid may be taken if needed. Please call Dr. Haddock's nurse (Molly Mazie) 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 binder continuously for the first 10 to 14 days. You may take it off to shower. The binder will help with the swelling and help maintain the internal tightening as you heal. When taking the binder off for the first time you may become dizzy.

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.

It is important to walk slightly “stooped over” bent at the hips for 5 to 10 days to reduce tension on the lower abdominal incision. This helps to protect the incision as it heals and improves the scar long-term.

Keep your head elevated to about 40 degrees (2 pillows) with knees slightly bent and hips in a flexed position. A recliner or back wedge pillow can be helpful to make this position tolerable for one week.

Do not lift anything heavier than 10 pounds for 6 weeks.

Do not drive for 7 to 14 days or until you are no longer taking oral pain medications or muscle relaxers.

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.

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

Incision Care

You will have a clear skin glue dressing on all incisions except for the umbilical/belly button incision, which will have non-adherent gauze and absorbable sutures around it. The glue will protect the incision 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.

If a clear plastic dressing is in place it can remain attached to the skin. Gently pat it dry following each the shower. This dressing can be removed if saturated or uncomfortable.

The abdominal binder should be removed only for showering, but it should otherwise be worn at all times. Any gauze and tape can be discarded and need not be replaced after the first shower. White foam pads are sometimes placed and can be replaced under the abdominal binder after it is temporarily removed.

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.

Sleep with pillows under your knees. Some women choose to sleep in a recliner or lounge chair.

Drain Care

Dr. Haddock may place one or two small silicone tubes 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 in a 24 hour period. A sheet is provided to you for recording these amounts. Please refer to the drain instruction sheet. Typically one drain is removed at a time.

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

Umbilical/Belly Button Care

On the day after surgery, the umbilical dressing can be removed but if dry and intact, it can remain on until the first post-operative office visit. When it is removed, apply Polysporin (Neosporin) ointment to the incision around the umbilicus/belly button. This can be done 2 times per day for 2 days only. Continuing longer than 2 days may result in skin irritation. Apply just enough to keep crusts from forming on the stitches and to keep the area from feeling tight.

What to Expect after an Abdominoplasty

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

It is common to have discomfort at the outside of the abdomen and mild burning around the lower incision after abdominoplasty surgery. This is normal and will improve shortly after surgery.

Discomfort in the areas of the abdominal surgery and muscle repair may worsen with increased activity and relates to internal sutures that Dr. Haddock places to shape this area of the abdomen.

You can expect some slight bloody oozing from the suture lines and swelling of the incisions. Gauze may be reapplied if it is bothersome. 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 abdomen is a normal feeling after this surgery. This may worsen over the first 2 days. This will relax with time and can be relieved with maintaining the flexed position, keeping compression on the abdomen and utilizing medication for muscle spasms (Valium).

You can expect some back sourness over the first few weeks. This is secondary to the flexed position that you will maintain during the immediate postoperative period. This will improve as you are able to stand straight.

There may be a feeling of numbness of the lower abdomen 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 incisions heal.

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 abdominal binder 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 ccs).

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

A nurse visit should be scheduled when the drains are ready for removal. This is usually within 1 to 2 weeks. Refer to your Drain Care Instructions.

You should schedule follow up visits to see Dr. Haddock in 2 weeks, 6 weeks, 4 months, and 1 year. These can be schedule at (214) 645-2353

Dr. Haddock's NP, Kristi Elliott, APRN, FNP-C, may also be involved in your perioperative care.

For medical questions please call: Molly Mazie, RN at (214) 645-2353

For surgery scheduling issues please call: Lindsay Bolger at (214) 645-3118

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Suggested Shopping List

Items to have on hand prior to surgery

Abdominoplasty

- 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.
 - Tylenol #3 or Tramadol (pain medication)
 - Valium (muscle relaxant and anti-anxiety medication)
 - Keflex (Antibiotic)

- Ibuprofen (Motrin)

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

- Protein Supplements

- Stool softener / laxative (choose one):
 - Ducosate (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

- Arnica montana and Bellis perennis can be taken to help with drain outputs, bruising, and swelling