

Pre and Post-Operative Instructions for Thigh Lift

Charleston Plastic Surgery

You have undergone major surgery. For a speedier recovery, please follow these instructions:

- Someone must be with you for the first 24-48 hours following surgery. This is to make sure you are taking our medicine properly, to assist you when walking if needed, and to get in touch with us if needed.
- You may experience a sore throat after surgery. This is common after anesthesia and will clear up in a few days.
- NAUSEA: Mild nausea is common after surgery. If you have moderate to severe nausea, please use Phenergan as directed. If vomiting occurs, use ice chips until clear liquids can be tolerated.
- PAIN: You will be given prescription medications for pain, please take as directed on the bottle. Starting the day after surgery we want you to take Ibuprofen 200mg, 4 times per day if not contraindicated (ie – history of bariatric surgery). You will be taking this in addition to your prescription pain medication to help reduce inflammation and swelling. When you are off the prescription pain medicine during the day, you are welcome to increase the Ibuprofen to reduce inflammation/swelling AND for pain. Please do not exceed 3200mg of Ibuprofen per day. Remember, narcotics may cause constipation, please drink plenty of water. You may use a stool softener if you have not had a bowel movement in 3 days.
- SMOKING: No nicotine is tolerated at least 4 weeks prior to surgery and for at least 8 weeks after surgery. Avoid secondary smoke. Nicotine will constrict blood vessels, leading to poor wound healing.
- DRIVING: Do not drive a car or operate machinery until you are cleared by your doctor. When riding in a car, lie as flat as possible.
- EXERCISE/ACTIVITY: Please be sure to walk around the house the day after surgery to prevent post-operative complications. Please be sure to have assistance when you first get out of bed. Gradually work up to your normal daily routine. For the first 4 weeks, you should not lift anything greater than 10lbs and walking should be your only form of exercise. Further lifting instructions will be given to you at your first post-operative appointment.
- REST: When you return home from surgery, please try to rest as much as possible for the first 24-48 hours. You should lie as flat as possible, but you may rest your head on 1-2 pillows. When you need to get out of bed, please be sure to move your legs together and try to avoid sitting. If you spread your legs apart, this could lead to complications. When you begin to walk, shorten your stride to take smaller steps. When sitting on the commode, please keep legs together as much as possible. *It is imperative that you begin light walking around the house the day after surgery to prevent post-operative complications.* Example: When you get up to use the restroom, take a lap around your house. Please be sure someone is with you when you get up for the first time.
- COMPLICATIONS: Complications, albeit uncommon, may occur following any surgical procedure. These may include (but are not limited to) bleeding, infection, damage to surrounding structures, scarring, tissue necrosis, wounding, fluid accumulation (seroma), residual laxity of the skin, asymmetry, fat necrosis, contour irregularity, changes in skin sensation, prolonged swelling, chronic swelling (lymphedema), DVT/PE or need for future surgery. If you experience a sudden fever of 101 or greater, increased swelling, redness, heat, or profuse bleeding please call our office for advice: 843-722-1985

Specific Instructions:

- You can expect to have two drains in place when you wake up from surgery. These are suction drains that are very simple to care for. The drainage bulb must stay compressed. If the bulb is not compressed, the drain is inactive. Drainage must be measured and recorded at least twice daily. Most often, drainage will be the consistency and color of blood for the first 24-48 hours. Drainage may start to decrease but it will start to increase with activity around 48-72 hours. Bloody drainage may start to become clear and can turn red, orange or yellow. This is normal as long as there is a clear tint to the drainage. If there is pus or green drainage, please contact our office.
- You may shower 2 days after surgery. To do so, please remove the ace wraps and the underlying white gauze pads. Please leave the tape over your incisions in place. To avoid having your drains dangle in the shower you may want to pin them to a long necklace or lanyard. You may shower normally with soap and water but please keep your back to the water. When done, pat dry. If there are regions which are draining, it is OK to reapply gauze pads to these areas and re-wrap (snugly) your legs in ace wraps.
- You will leave surgery with your legs wrapped in ace wraps. You will wear this compression 24/7. You may remove the ace wraps for showering and to launder. Drains will typically be removed 1-2 weeks after surgery depending on your drainage. You will then transition compression into a girdle. Additional information will be given at your follow up appointments.
- You will return to our office 1 week after surgery.
- *Please be sure to shower daily, after the first post-operative appointment to prevent wound infection.*
- It is OK to use moisturizer on your skin about 1 week after surgery. We do not recommend utilizing formal scar gels or sheets over the incision line until about 6 weeks after surgery. Any scar gel or sheeting containing silicone is sufficient.