

Liposuction and BBL Pre-Operative Booklet

Patient Name

.....

*Scheduled on ***

C H A R L O T T E S V I L L E
P L A S T I C S U R G E R Y

SURGERY DATE: _____

Location: ___ Monticello Surgery Center
 ___ Sentara Martha Jefferson Hospital
 ___ Sentara Martha Jefferson Outpatient Surgery Center

FOLLOW-UP APPOINTMENT: ___/___/___ at _____ am/pm

Location: ___ Charlottesville Plastic Surgery Main Office

IMPORTANT PHONE NUMBERS

- Plastic Surgery Office: **(434) 227-5333**
- After Hours: Call **(434) 227-5333** and listen to the prompts for “after-hours on-call surgeon.”
- Monticello Surgery Center: call (434) 293-4995 to find out the time of your surgery and when you’ll need to arrive at the surgery center.

YOUR SURGICAL TEAM:



Rhett N Willis Jr, MD

Plastic Surgeon

Dr. Willis is a board certified general surgeon and board eligible plastic surgeon who is committed to you having your best possible surgical result and overall experience. You will meet with him before the surgery to discuss and customize your surgical plan.



Leah Hutchison

Patient Care Coordinator

Leah assists with all aspects of coordinating your surgery. She will schedule appointments and surgery dates, process insurance and work related paperwork, and can answer many questions related to your care. She can be reached by phone during office hours (434-227-5333) or by email at Leah@charlottesvilleplasticsurgery.com

INTRODUCTION

Welcome to the Charlottesville Plastic Surgery and thank you for allowing us to be part of your healthcare team. We recognize that you are receiving a lot of new information and making important decisions regarding your health and well-being.

Please read through this pre-operative packet prior to your surgery. Hopefully it will answer most of your questions about what to expect before and after the surgery, but we encourage you to make a list of any remaining questions and we will be happy to answer them. You may call or email us at any time.

- Included with this packet is a consent form listing possible risks of surgery. Please read it carefully, initial each page and bring it the day of surgery to give to Dr. Willis. There is an extra copy in this book for you to keep as a reference.
- We will typically provide you with medications for pain, nausea, constipation, and an antibiotic to prevent infection. These prescriptions will be called in to your preferred pharmacy prior to your surgical date. These medications are to be taken AFTER your surgery but we suggest you fill them before the day of surgery for your convenience. If you need clarification on any of the medications or have preferences for different medications, please let us know before your surgery.
- Remember not to eat or drink anything after midnight the night before your surgery.

- You will need to arrange for someone to bring you and take you home from surgery and to stay with you the first night after surgery. You should also arrange for transportation to your first post-operative visit.

FINANCIAL POLICIES

Our Patient Care Coordinators are very knowledgeable in this area and will help in the process of determining your benefits. If you do not have coverage, they can provide you with a price quotes and, if necessary, connect you with financial assistance programs.

▪ **PAYMENT OPTIONS FOR SELF PAY**

- On the day of your first consultation, you will be provided a financial quote which includes the surgery, anesthesia, operating room costs, and follow-up care. It does not include pathology costs or prescription medications. It does not include management of complications or revisions.
- A deposit of \$500 will be required to schedule a surgery date. This will be applied toward the total surgery costs.
- Full payment of the quote is due in full **2 weeks** prior to the surgery date.
- We provide a number of payment options that may be used individually or combined according to your wishes.
 - **CASH OR CHECK:** cashier's check or cash. We do not accept personal checks.
 - **CREDIT CARDS:** Visa, Master Card, Discover or American Express.
- **OPTIONAL FINANCING PLANS:** We will be happy to assist you with applying for financing should you so desire.

▪ **CANCELLATION POLICY**

- We understand that a situation may arise that could force you to cancel or postpone your surgery. If this should happen, please call us as soon as possible at 434-227-5333 to discuss your situation. If we do not get enough notice, your deposit may not be refunded.

PRE -OPERATIVE PLANNING

- After your pre-operative appointment, you will work closely with our Patient Care Coordinators to complete any necessary paperwork and requirements for payment.
- We will often have you return for a second, pre-operative visit, a few weeks before your surgery to review the surgical plan.
- If possible, have your prescriptions filled prior to the day of surgery to save time on the way home.
- Do not take medications that contain Aspirin or Ibuprofen (see long list at end of packet) for 2 weeks before your surgery date to reduce the risk of bleeding.
- Check with the pre-operative nurse whether you should take your regular medications on the morning of surgery. You will speak with him or her the day before surgery when you find out your surgery arrival time.
- Do not smoke for 4 weeks before your surgery as this will delay healing! Also avoid second-hand smoke and cigarette replacements such as nicotine patches or gum.
- **Arrange for someone to take you to and from the hospital and be with you during the first 24 hours after the surgery.**
- Call our office if you have any sign of illness or infection the week before the surgery.

Medications to Avoid Before and After Surgery

If you are taking any medications on this list, they should be discontinued 10-14 days prior to surgery and only Tylenol should be taken for pain. It is absolutely necessary that all other medications that you are currently taking must be specifically cleared by your doctor and nursing staff prior to surgery.

<u>Aspirin</u> Medications to Avoid
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<ul style="list-style-type: none"> ▪ 4-Way Cold Tabs ▪ 5-Aminosalicylic Acid ▪ Acetilsalicylic Acid ▪ Adprin-B products ▪ Alka-Seltzer products ▪ Amigesic ▪ Anacin products ▪ Anexsia w/Codine ▪ Argesic-SA ▪ Arthra-G ▪ Arthriten products ▪ Arthritis Foundation products ▪ Arthritis Pain Formula ▪ Arthritis Strength BC Powder ▪ Arthropan ▪ ASA ▪ Asacol ▪ Ascriptin products ▪ Aspergum ▪ Asprimox products ▪ Axotal ▪ Azdone ▪ Azulfidine products ▪ B-A-C ▪ Backache Maximum Strength Relief ▪ Bayer Products ▪ BC Powder ▪ Bismatrol products ▪ Buffered Aspirin ▪ Bufferin products ▪ Buffetts 11 ▪ Buffex ▪ Butal/ASA/Caff ▪ Butalbital Compound ▪ Cama Arthritis Pain Reliever ▪ Carisoprodol Compound ▪ Cheracol ▪ Choline Magnesium Trisalicylate ▪ Choline Salicylate ▪ Cope ▪ Coricidin 	<ul style="list-style-type: none"> ▪ Cortisone Medications ▪ Damason-P ▪ Darvon Compound-65 ▪ Darvon/ASA ▪ Dipentum ▪ Disalcid Doan's products ▪ Dolobid ▪ Dristan ▪ Duragesic ▪ Easprin ▪ Ecotrin products ▪ Empirin products ▪ Equagesic ▪ Excedrin products ▪ Fiorgen PF ▪ Fiorinal products ▪ Gelpirin ▪ Genprin ▪ Gensan ▪ Goody's Extra Strength Headache Powders ▪ Halfprin products ▪ Isollyl Improved ▪ Kaodene ▪ Lanorinal ▪ Lortab ASA ▪ Magan ▪ Magnaprin products ▪ Magnesium Salicylate ▪ Magsal ▪ Marnal ▪ Marthritic ▪ Meproamate ▪ Mesalamine ▪ Methocarbamol ▪ Micrainin ▪ Mobidin ▪ Mobigesic ▪ Momentum ▪ Mono-Gesic ▪ Night-Time Effervescent Cold ▪ Norgesic products ▪ Norwich products 	<ul style="list-style-type: none"> ▪ Olsalazine ▪ Orphengesic products ▪ Oxycodone ▪ Pabalate products ▪ P-A-C ▪ Pain Reliever Tabs ▪ Panasal ▪ Pentasa ▪ Pepto-Bismol ▪ Percodan products ▪ Phenaphen/Codeine #3 ▪ Pink Bismuth ▪ Propoxyphene ▪ Compound products ▪ Robaxisal Rowasa ▪ Roxeprin Saleto products ▪ Salflex ▪ Salicylate products ▪ Salsalate ▪ Salsitab ▪ Scot-Tussin Original ▪ 5-Action Sine-off ▪ Sinutab ▪ Sodium Salicylate ▪ Sodal Compound ▪ Soma Compound ▪ St. Joseph Aspirin ▪ Sulfasalazine ▪ Supac ▪ Suprax ▪ Synalgos-DC ▪ Talwin ▪ Triaminicin ▪ Tricosal ▪ Trilisate ▪ Tussanil DH ▪ Tussirex products ▪ Ursinus-Inlay ▪ Vanquish ▪ Wesprin ▪ Willow Bark products ▪ Zorprin
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Medications to Avoid Before and After Surgery

Ibuprofen Medications to Avoid

<ul style="list-style-type: none"> ▪ Actron ▪ Acular (ophthalmic) ▪ Advil products ▪ Aleve ▪ Anaprox products ▪ Ansaid ▪ Cataflam ▪ Clinoril ▪ Daypro ▪ Diclofenac ▪ Dimetapp Sinus ▪ Dristan Sinus ▪ Etodolac 	<ul style="list-style-type: none"> ▪ Ibuprin ▪ Ibuprofen ▪ Ibuprohm ▪ Indochron E-R ▪ Indocin products ▪ Indomethacin products ▪ Ketoprofen ▪ Ketorolac ▪ Lodine ▪ Meclofenamate ▪ Meclomen ▪ Mefenamic Acid ▪ Menadol 	<ul style="list-style-type: none"> ▪ Naprox X ▪ Naproxen ▪ Nuprin ▪ Ocufen (ophthalmic) ▪ Orudis products ▪ Oruvail ▪ Oxaprozin ▪ Piroxicam ▪ Ponstel ▪ Profenal ▪ Relafen ▪ Rhinocaps ▪ Sine-Aid products 	<ul style="list-style-type: none"> ▪ Naprox X ▪ Naproxen ▪ Nuprin ▪ Ocufen (ophthalmic) ▪ Orudis products ▪ Oruvail ▪ Oxaprozin ▪ Piroxicam ▪ Ponstel ▪ Profenal ▪ Relafen ▪ Rhinocaps ▪ Sine-Aid products
<u>Other Medications to Avoid</u>			
<ul style="list-style-type: none"> ▪ 4-Way w/ Codeine ▪ A.C.A. ▪ A-A Compound ▪ Accutrim ▪ Actifed ▪ Anexsia ▪ Anisindione ▪ Anturane ▪ Arthritis Bufferin ▪ BC Tablets ▪ Childrens Advil ▪ Clinoril C ▪ Contac ▪ Coumadin ▪ Dalteparin injection 	<ul style="list-style-type: none"> ▪ Dicumerol ▪ Dipyridamole ▪ Doxycycline ▪ Emagrin ▪ Enoxaparin injection ▪ Naprosyn products ▪ Flagyl ▪ Fragmin injection ▪ Furadantin ▪ Garlic ▪ Heparin ▪ Hydrocortisone ▪ Isollyl ▪ Lovenox injection ▪ Macrochantin 	<ul style="list-style-type: none"> ▪ Mellaril ▪ Miradon ▪ Opasal ▪ Pan-PAC ▪ Pentoxifylline ▪ Persantine ▪ Phenylpropanolamine ▪ Prednisone ▪ Protamine ▪ Pyrroxate ▪ Ru-Tuss ▪ Salatin ▪ Sinex ▪ Sofarin ▪ Soltice 	<ul style="list-style-type: none"> ▪ Sparine ▪ Stelazine ▪ Sulfipyrazone ▪ Tenuate ▪ Tenuate ▪ Dospan ▪ Thorazine ▪ Ticlid ▪ Ticlopidine ▪ Trental ▪ Ursinus ▪ Vibramycin ▪ Vitamin E ▪ Warfarin

<u>Tricyclic Antidepressant Medications to Avoid</u>			<u>Herbal Medications to Avoid</u>
<ul style="list-style-type: none"> ▪ Adapin ▪ Amitriptyline ▪ Amoxapine ▪ Anafranil ▪ Asendin ▪ Aventyl ▪ Clomipramine ▪ Desipramine ▪ Doxepin ▪ Elavil 	<ul style="list-style-type: none"> ▪ Endep ▪ Etrafon products ▪ Imipramine ▪ Janimine ▪ Limbitrol products ▪ Ludiomil ▪ Maprotiline ▪ Norpramin ▪ Nortriptyline ▪ Pamelor 	<ul style="list-style-type: none"> ▪ Pertofrane ▪ Protriptyline ▪ Sinequan ▪ Surmontil ▪ Tofranil ▪ Triavil ▪ Trimipramine ▪ Vivactil 	<ul style="list-style-type: none"> ▪ Echinacea ▪ Ginkgo Biloba ▪ Ginseng ▪ St. John's Wort

PRE-OPERATIVE SUPPLIES

The following is a list of optional items that can help you be prepared for your surgery.

- **Prescription medications-** fill before surgery date
- **Tylenol, Ibuprofen-** These will be the primary pain medications once you are off the prescription medications

- **Multivitamins-** suggested to take 2 weeks before and after your surgery to promote healing
- **Vitamin C-** 500mg 2x day can help your healing. Start 2 weeks before surgery
- **Straws (bendy type)-** will help you drink more fluids to stay hydrated after surgery
- **Ice packs/frozen peas-** can decrease pain, particularly on upper chest and sides
- **Chapstick**
- **Cough Drops** - your throat can be sore after having general anesthesia breathing tube
- **Wetwipes/babywipes for your skin-** you will be restricted to sponge bathing the first two days after surgery and these will be nice to have
- **Neosporin or Bacitracin Ointment-** to be used on incisions after the first follow-up appointment
- **Gauze pads (4x4 size)-** these can be found in the pharmacy and may be useful after the first follow-up visit. Look for the non-sterile multi-packs as they are less expensive.
- **Gentle Foods-** light food is best the first day or two after surgery so as not to upset the stomach. Ideas include crackers, soups, juice and clear soda, light soups, pudding, applesauce, yogurt, toast. Once your appetite returns, you can eat what sounds good.
- **Pillows, donut pillows/BBL pillows and a comfortable place to rest after surgery-** Look on Amazon for BBL pillows to have after your surgery. The goal is to keep pressure off of your buttocks where the fat has been grafted. It can migrate. Avoid sleeping on your back or side for 4-6 weeks.
- **Button-up shirts-** These will be easiest to get in and out of for the first week after surgery. Bring one with you the day of surgery to go home in.
- **Soft, comfortable bras**
- **Abdominal Binder** - you will be provided with an abdominal binder but might like to have an additional binder if the original gets soiled.

THE DAY OF SURGERY

- Do not eat or drink anything after midnight the night before surgery
- Shower with antibacterial soap and brush your teeth the morning of surgery!
- Do not apply moisturizers or wear makeup
- Remove any jewelry and/or piercings and leave them at home if possible
- Bring loose comfortable clothes for after surgery including button-up shirt and soft pants.
- Arrive at hospital at the designated time and check in at the front desk

- Bring your initialed/signed consent sheet (included in this packet)
- You will be taught how to care for your drains in recovery. We have also included instructions at the end of this packet.
- You must have someone with you the day of surgery to drive you home and take care of you the first night after surgery at a minimum.

EXPERIENCE AT THE HOSPITAL ON DAY OF SURGERY Going to the operating room is not a normal experience for most of us. Dr. Willis and all of the professional staff caring for you recognize the natural anxiety with which most patients approach this step in the process of achieving their goals. We believe a description of the surgery experience will be helpful.

- When you arrive at the surgery center, you will check in at the front desk. From there you will be escorted to the pre-op room. You will be asked to change into a gown. A nurse will start an IV and review your health history. You will meet with the anesthesiologist who will review with you the plan for anesthesia. You will meet with Dr. Willis and go over the plan for surgery and go over any questions you might have. Dr. Willis will place surgical markings on your breasts while you stand up. You may have your family members step out during the markings if you prefer.
- The surgery will take about 2-3 hours, but your total time in the hospital will be about 4-6 hours.
- You will then be brought back to the operating room where the staff will do everything they can to make you feel secure. You will lie down on a padded operating table with warm blankets and the nurse and the anesthesiologist will connect you to state-of-the-art monitoring equipment. You will breathe oxygen through a mask as medicines that will make you drowsy will flow through the IV tubing into a vein in your arm.
- When your surgery has been completed, you will be moved to the recovery room. During this period, a recovery room nurse will take care of you and remain with you at all times. If you have pain, she will give you medication through your IV. Your stay in the recovery room will last 30-60 minutes after surgery.
- Once you are more alert, you will be transferred from the recovery room back to the room you started in. Your family and friends will be able to visit you here. When you feel comfortable enough, you will be able to go home with your arranged driver.

THE FIRST WEEK AFTER SURGERY

- Keep the abdominal binder on continuously, except to shower.
 - You may wash it, let it hang dry and then replace.
- You may ice your mons area for comfort but this is not necessary.
 - Swelling will migrate to dependent portions of your body such as your mons
- You may shower 2 days after the surgery.
 - You may need assistance showering after surgery, as you may feel fatigued/weak.
 - Having a plastic stool/chair in the shower may help
- Try to avoid ibuprofen or aspirin for 3 days after the surgery as this can lead to more bleeding. After 3 days, however, we encourage you to start taking these medications and weaning off the other pain pills.
- Remember that there will be swelling of the abdomen, groin and mons area after the surgery. While there is always some asymmetry with the swelling, if one side looks significantly different or more painful than the other side, that might be a sign of bleeding and you should call us to discuss your concerns.
- Activity Restrictions:

- You are encouraged to walk around after your surgery.
- You will want to sleep on your stomach after the surgery. You may want to use your BBL pillows to off-set pressure from your buttock
- NO sleeping or sitting directly on your buttock or hips after the surgery for 4-6 weeks as this could displace the grafted fat
- No heavy lifting, bending, reaching
- No driving for at least 3 days and until you are off all narcotic pain medication.
- Call our office or the hospital operator if you have ANY concerns after surgery; specifically increased bleeding or drainage, swelling, uncontrolled pain, fever, rashes, or other problems.
- Your first pre-op visit will be one week after the surgery.

SECOND AND THIRD WEEK AFTER SURGERY

- Activity restrictions:
 - Still no strenuous activity, no heavy lifting over 10 lbs, etc.
 - You may return to light duty/desk jobs after 1 week if you are recovering well
 - Avoid prolonged direct pressure on your buttock. You may sit briefly

AFTER THREE WEEKS:

- Your second follow-up visit will be 3 weeks after the surgery.
- Begin scar massage if all incisions healed (no scabs or open areas).
- Walking still encouraged

FOUR-FIVE WEEKS AFTER SURGERY:

- You can transition from a abdominal binder to a tight fitting Spanx.
- You can resume light duty exercise
- You will still have numbness and some tingling or shooting pain as your nerves recover.
- After 6-8 weeks, you may begin to increase your exercise tolerance. Listen to your body!

ADDITIONAL FOLLOW-UP

- We typically will schedule a follow-up at 6 weeks, 3 months, 6 months, and again at 1 year post surgery at which time we take post-op photographs

WHAT TO EXPECT WHILE YOU HEAL

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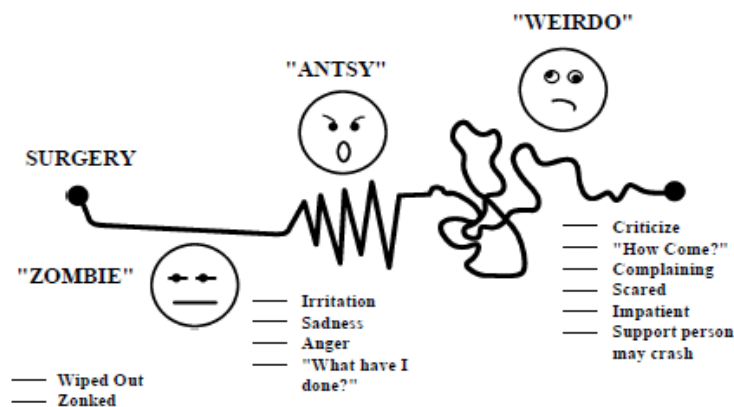
Normal Symptoms	<ul style="list-style-type: none"> ▪ SWELLING AND BRUISING: Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection. Swelling and bruising may extend down into the genitals, groin and upper thighs. ▪ DISCOMFORT AND PAIN: Mild to moderate discomfort or pain is normal after any surgery. Our goal is to minimize your discomfort using oral pain medication. This will not eliminate all pain, but it should allow you to perform basic daily activities like walking. You may experience some pain into the thigh and groin/inner thigh. If the pain becomes severe and is not relieved by pain medication, please call us at (434) 227-5333. ▪ CRUSTING ALONG THE INCISION LINES: We usually treat this with antibiotic ointment. ▪ NUMBNESS: Small sensory nerves to the skin surface are cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns--usually within 2 or 3 months as the nerve endings heal spontaneously. However, there may always be some degree of numbness or impaired sensation in the surgical area.
Contact Your Physician's Office	<ul style="list-style-type: none"> ▪ Fever over 100.4 F ▪ Pain not controlled by current prescription medications ▪ Uncontrolled nausea and vomiting ▪ Increased bleeding or drainage from the surgical site ▪ Severe swelling, bruising or increasing redness

SOME CONSIDERATIONS AS YOU HEAL

- **FAMILY & FRIENDS**
 - Support from family and friends is very helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your result to be. Please trust in our knowledge and experience when we discuss your progress with you.
- **DEPRESSION**
 - Quite frequently patients experience a brief period of "let-down" or depression after surgery. Some may subconsciously have expected to feel and look better "instantly," even though they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understanding that this is a "natural" phase of the healing process may help you to cope with this emotional state.
- **HEALING**
 - Everyone heals at their own pace. It is important to listen to your body and allow yourself to heal. Also, follow the advice of your surgical team and don't hesitate to ask questions! The guidelines in this packet are just that—guidelines—and they may need to be adjusted and individualized to your personal healing.
- **FOLLOWING INSTRUCTIONS**

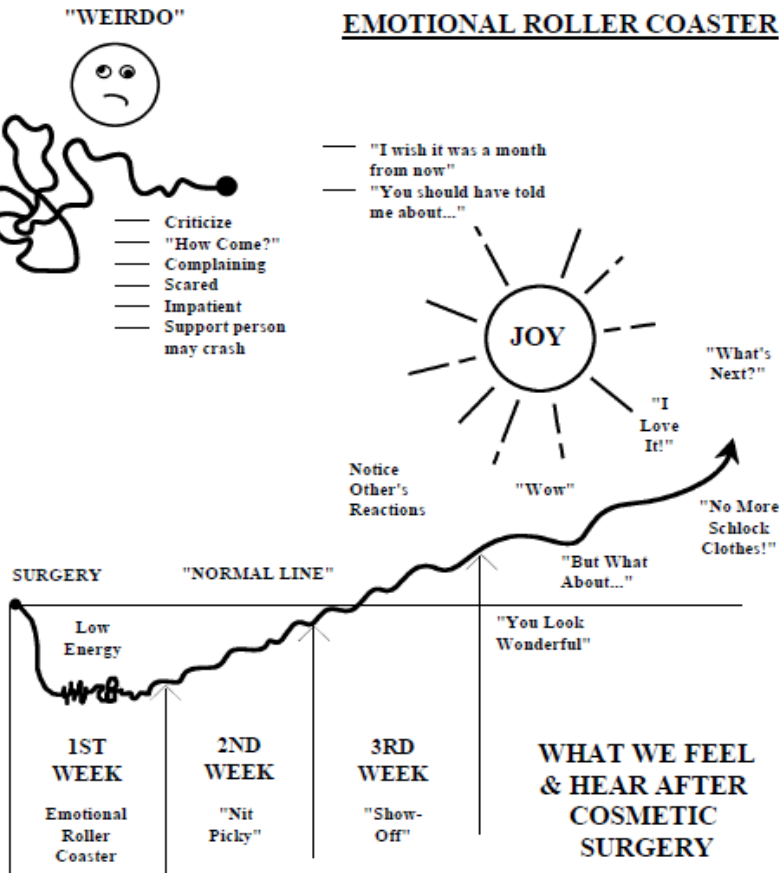
- Another major factor in the course of healing is whether you follow the instructions given by Dr. Willis verbally and in this booklet. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything which may interfere with recovery. It is imperative that you recognize that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise. Please ask if you have questions or need clarification!
- **COMPLICATIONS**
 - Complications are rare, but unfortunately happen from time to time despite our best efforts. If and when they do occur, we are there to help you get through it. The vast majority of complications result in a delay in the normal healing process but do not affect the final result. Please trust is to help you get through it.

EMOTIONAL AND PHYSICAL REACTIONS



When patients come to see me for their pre-op visit I tell them, "Don't plan on doing anything taxing for a week because you may become tired and want to close your eyes sooner than you normally do. You may find that watching TV is also a strain. You may also experience some facial pain (if facial surgery) during the first couple of days."

I tell patients, "You can count on some bruising swelling and being tired; you can count on some discomfort for the first couple of days, but if you don't have that, what a nice surprise!"



One of the things I ask people in a pre-op visit is "Who will take care of you?" Then I say, "You want to have somebody who's really going to take care of you, who won't say to you when you first get home: "What the heck did you do that for?" Get somebody who's going to be really supportive and caring and who will be warm, because you're really going to need that."

The emotional stages the patient is going through affects the caretaker too. At the end of the first week the support person may be tired and need to go back to work.

Surgery affects each person differently. These curves are just a basic outline. The most common reaction is to be depressed on the third or fourth day. However, some patients say, "Well, not me. I didn't feel depressed." But three weeks later, they may have a crying jag while driving to work."

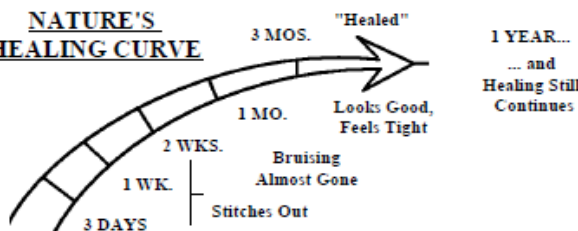
"Sometime near the end of the second week they've begun to feel good. And there's a day in there when they realize that they look magnificent."

"Patients experience feedback, both positive and negative. Some people tell

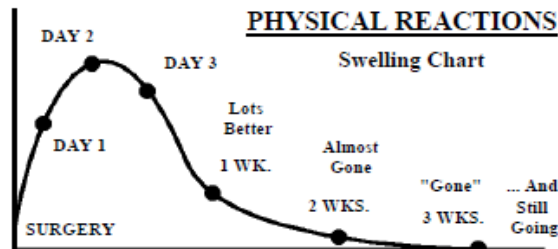
me that they're a bit irritated because people are now paying them more attention than they did before." And I say to them, "Isn't that why you had the surgery? Because you wanted to be more attractive?" And they reply, "Yes, but why didn't they like me the way I was?" But eventually people start to really enjoy the extra attention."

Anyone who has cosmetic surgery has shown they are a person of courage and they may now demand great deeds from themselves. They have given up the excuse called—"I'd be too afraid to do that."

NATURE'S HEALING CURVE



PHYSICAL REACTIONS



UNDERSTANDING SURGICAL RISK

We want you to understand fully the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. All of us at Charlottesville Plastic Surgery will use our expertise and knowledge to avoid complications in so far as we are able. If a complication does occur, we will use those same skills in an attempt to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overestimated.

In general, the least serious problems occur more often and the more serious problems occur rarely. If a complication does arise, you, your surgeon, and the nursing staff will need to cooperate in order to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your final result.

All Plastic Surgery treatments and operations are performed to improve a condition, a problem or appearance. While the procedures are performed with a very high probability of success, disappointments occur and results are not always acceptable to patients or the surgeon. Secondary procedures or treatments may be indicated. Rarely, problems may occur that are permanent.

Please read through the following pages that describe potential risks. Mark any that you would like to discuss in more detail on the day of surgery as you will have a chance to ask questions to your surgeon.

<p>General Surgical Risks</p>	<ul style="list-style-type: none"> ▪ HEMATOMA: Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result. ▪ INFLAMMATION AND INFECTION: A superficial infection may require antibiotic ointment. Deeper infections are treated with antibiotics. Development of an abscess usually requires drainage. ▪ WOUND SEPARATION OR DELAYED HEALING: Any incision, during the healing phase, may separate or heal unusually slow for a number of reasons. These include inflammation, infection, wound tension, decreased circulation, smoking or excess external pressure. If delayed healing occurs, the final outcome is usually not significantly affected, but secondary revision of the scar may be indicated. ▪ SENSITIVITY OR ALLERGY TO DRESSINGS OR TAPE: Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape or sutures used during or after surgery. Such problems are unusual and are usually mild and easily treated. In extremely rare circumstances, allergic reactions can be severe and require aggressive treatment or even hospitalization. ▪ THICK, WIDE, OR DEPRESSED SCARS: Abnormal scars may occur even though we have used the most modern plastic surgery techniques. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally necessary. Some areas on the body scar more than others, and some people scar more than others do. Your own history of scarring should give you some indication of what you can expect. ▪ INJURY TO DEEPER STRUCTURES: Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare. ▪ POOR RESULTS: Asymmetry, unhappiness with the result, poor healing, etc. may occur. Minimal differences are usually acceptable. Larger differences frequently require revision.
<p>Serious Surgical Risks</p>	<p>Medical complications such as pulmonary embolism, DVT (blood clot), severe allergic reactions to medications, cardiac arrhythmias, heart attack, and hyperthermia are rare but serious and life threatening problems associated with surgery. Having a board-certified anesthesiologist present at your surgery reduces these risks as much as possible. Failure to disclose all pertinent medical data before surgery may cause serious problems for you and for the medical team during surgery.</p>
<p>Smoking Risks</p>	<p>Smoking may adversely affect wound healing and cause loss of skin. Smoking reduces arterial (blood) oxygen supply which is necessary for normal wound healing. Exposure to second hand smoke has also been implicated in delayed or abnormal wound healing. It is best to avoid smoking and or second hand smoke in the peri-operative period. Nicotine causes blood vessels to constrict and may interfere with normal wound healing. When blood vessels constrict there is less blood supply to the wound and therefore less oxygen for normal wound healing to take place. Avoid cigarette replacements such as the nicotine patch or nicotine gum or inhaler in the peri-operative period as these have similar effects as smoking and second hand smoke.</p>

I acknowledge that the risks and complications of the surgery I am to undergo have been explained and discussed with me in detail by Dr. Willis and by the nursing staff. I have been given the opportunity to ask questions and any concerns I had about my surgery have been explained to me.

My signature here attests to my understanding and satisfaction with the answers I have been given.

Signature: _____ Date: _____

CONSENT FOR SURGERY

I, _____, desire Rhett Willis, M.D. and such assistants as may be assigned by him, to perform the elective procedure(s) of:

Abdominoplasty

The nature and purpose of the operation(s), possible alternative methods of treatment, including no treatment/surgery, risks and possible complications have been fully explained to me by Dr. Rhett Willis and her team during my preoperative consultation. I understand that this operation is not an emergency and I have elected to proceed. I have been advised that all surgery involves general risks, including but not limited to bleeding, infection, nerve or tissue damage and, rarely, cardiac arrest, death, or other serious bodily injury. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained.

I understand that anesthesia will be given and that it, too, carries risks. I consent to the administration of anesthesia by either Rhett Willis, M.D. or a qualified anesthesiologist and to the use of such anesthetics as he may deem advisable.

It has been explained to me that during the course of the operation unforeseen conditions may be revealed that necessitate an extension or deviation from of the original procedure, and I hereby authorize my doctor and/or such assistants as may be selected by him to perform such procedures as are necessary and desirable, including but not limited to the services of pathologists, radiologists, or a laboratory. The authority granted in this paragraph shall extend to remedying conditions that are not known to my doctor at the time the operation commences.

I understand that photography is important in planning and evaluating surgery, and I give permission for photographs to be taken before, during and after my surgery for the purposes of documentation only.

I agree to keep my doctor informed of any change in my permanent address so that he can inform me of any important new findings relating to my surgery. I further agree to cooperate with him in my aftercare until I am discharged from his care.

In signing this consent, I hereby certify that I understand the risks, benefits, and alternatives to my procedure(s) and that I have discussed them with Dr. Rhett Willis

Please do not give your permission or sign this consent form if you have any questions regarding your procedure(s). Please advise a staff member of these questions or concerns so that arrangements can be made for Dr. Rhett Willis, M.D. to discuss them

Signature: _____ Date: _____

How long will BBL results last?

Enduring results become apparent after the recovery period. During recovery, some of the fat cells are reabsorbed by the body, and a new blood supply must form to supply the healthiest transferred fat cells. After this process is complete, the BBL results are mostly permanent.



BBL results can be long lasting

The size of your buttocks will change if you gain or lose weight. If you gain weight, your buttocks will become larger because the fat cells in that part of the body will get bigger. If you lose weight, your buttocks will get smaller because the your own fat volume will decrease.

After a buttock augmentation surgery, some of the fat cells that are transferred to the buttocks get resorbed by the body. The healthiest fat cells remain and after a few months of recovery, become permanent.

Fat cells that are removed from the abdomen and transferred to the buttocks, behave as they did before the transfer.

Therefore, if you gain or lose weight in your abdomen, those abdominal fat cells that were transferred to your buttocks will gain or lose weight in the same fashion after the BBL as they did before the BBL. As such, a BBL can cause a dramatic, positive

transformation in healthy patients and the results can be long-lasting.



Brazilian Butt Lift surgery results can be long-lasting. Once the fat has revascularized, the fat is permanent.

How to make you fat transfer results last?

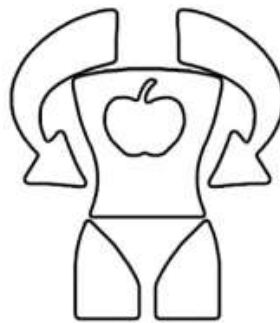
It's important to remember that the transferred fat cells will behave much like the fat cells in the rest of your body. In other words, transplanted BBL fat cells will be susceptible to weight changes. To increase the odds that your results will be long-lasting, patients need to maintain and not lose weight after their bbl procedure.



Maximizing Fat Survival (When you can do to make your Results Last)



Avoid pressure
on your Butt



Maintain
a healthy Lifestyle



Wear the Garment

Maximize your fat survival - Maximize your BBL Results

- **Don't sit on your buttocks.** for the specified period of time recommended by your doctor (usually 2 to 8 weeks). If you need to sit, use a special BBL pillow (some popular choices include: Booty Buddy®, BBL Pillow®, Derriere Mate®) or follow a special sitting position (see video). Only sit if you absolutely need to and only for short periods of time.
- **Avoid putting pressure on the grafted areas.** Rest on your stomach or sides and avoid placing stress on the areas where fat cells have been transplanted. If you had a tummy tuck with your BBL, resting on your stomach is not recommended.
- **Maintain a Healthy Lifestyle** - Don't smoke and eat well-balanced, healthy meals. The results of your BBL can last for a long period of time if you maintain a healthy lifestyle.
- **Wear your compression garment all day.** every day (24 x7) for the first 3 weeks. Make sure it fits properly and that it's comfortable and does not squeeze the buttocks. If your special compression garment leaves marks on your skin, it may be too tight. Report this problem to your doctor.



Don't sit on your buttocks. Avoid putting pressure on the grafted areas. Wear your compression garment all day. Maintain a Healthy Lifestyle.

How much fat will survive?

The number of transferred fat cells that will survive transplantation is impossible to predict exactly, but it is normal for some of the fat cells to die and be reabsorbed by the body.

We consulted multiple cosmetic and plastic surgeons and the ISAPS (the International Society of Plastic Surgery) and

discovered that typically between 50 - 80% of transferred fat cells remain after patients recover.



During the recovery the body can absorb between 20% to 50% of the fat (ISAPS)



Some doctors over-inject fat cells to compensate for the projected fat cell loss and still achieve the desired results.

How to wear the Compression Garment?

Doctors usually recommend that cosmetic surgery patients wear the garment from 3 to 6 weeks.

For the first 2 to 3 weeks, patients should wear the compression garment 24 hours a day. It should only be removed for washing or when you are taking a shower.

After the first 2 to 3 weeks, patients will need to continue wearing the compression garment for 12 hours per day, either during daytime hours or at night.



Your BBL Garment should have supportive, non-compressive buttock pockets

To be effective, the garment should fit snugly and not be too tight as to cause a lot of pressure on the buttocks. Inspect your skin if you feel discomfort. The compression garment should not be so uncomfortable that it prevents you from sleeping. The tightness of your garment should feel like a bandage wrap that you might wear as a brace around your knee or an ankle. The garment should not cause indentations or puckering of the skin where the liposuction or fat grafting has been performed.



Wear your compression garment all day, every day (24 x7) for the first 3 weeks. The most important thing is to follow your surgeon's advice.

When and How to sit after the bbl surgery?

Doctors use different techniques to perform BBL surgery and therefore the different recommendations about sitting after a BBL. Some doctors recommend **avoiding sitting at all during the first 2**

weeks after surgery. Others recommend sitting only using a bbl cushion during the first 6 weeks of the recovery.

Newly injected fat cells initially do not have a blood supply. Until they develop a blood supply, it's easy for a fat graft to get damaged by pressure if it is applied for a long period of time. **The first 2 to 6 weeks after surgery are a critical time period** for transplanted fat cells. Prolonged pressure caused by sitting on the fat cells will cause them to die.

During the first 6 weeks of the **BBL recovery time**, the body will generate a blood supply around the new fat cells. Once this blood supply is established, it is safe to sit without the bbl cushion.

If you must sit during these first weeks, do it only when absolutely necessary and always use the BBL pillow. Try to rest by laying on your stomach or legs.

Sitting is almost inevitable for most patients. When 16 brazilian butt lift specialists were surveyed, 8 said it was okay to sit after 2 weeks, 6 said sitting was okay after 6 weeks, and 2 recommended that the patient wait for 8 weeks before sitting.



Our research shows that 6 weeks can be considered a safe period of time to avoid sitting after BBL surgery. We encourage patients to discuss the issue of sitting with their plastic surgeon.

How should I sit after a BBL surgery?

Try to minimize your sitting time. If you do sit during the critical 2 to 6 week recovery period, always use the BBL cushion.

Especially during the first 2 weeks of recovery try sitting periods no longer than 5 minutes. Alternate sitting with standing up and stretching to stimulate blood circulation.

Elevated Butt Sitting:

Sit on the back part of your thighs, leaving your buttocks in the air. You can do this with the BBL pillow, or by using an elevated cushion underneath your thighs.

Edgy Backwards Chair Sitting:

Instead of sitting normally in the chair, turn the chair around and place legs on either side of the chair. Make sure to leave your buttocks out of the chair seat. You can rest your arms on the back of the chair.



When are Results visible?

Fat grafting is a delicate and unpredictable procedure. If patients don't follow their surgeon's recommendations precisely, they may not see the expected results.



Immediately after your procedure, you should see obvious results. Your buttocks will be bigger in size at this time. Throughout the recovery process, your buttocks may vary in size, which is normal and to be expected as the body heals.

Not all of the transferred fat cells you see at the beginning of your recovery period will survive. After the first 6 weeks of recovery, the results will be very close to what the end result will look like.



It may take 6 to 12 months in total to see the final, permanent results from the procedure.

When can I resume my activities?

Immediately following surgery, high impact, strenuous activities should be avoided. Any type of bouncing can damage to newly transplanted fat cells. After the first month of recovery, light activities such as fast-paced walking can be performed. After the fat cells are fully established, the patient can resume more rigorous activities such as jogging or running. It is important to listen to all of the surgeon's post-operative instruction to ensure good outcomes from the procedure.



Most patients can return to their normal daily routine within 6 to 8 weeks after the surgery, depending on their response during recovery.

When can I shower?

Like for the other recommendations, surgeon's opinions differ for this one too.

Some doctors are very strict in recommending that patients **wait at least 24 to 48 hours** after the procedure to shower. Showers are preferred over baths and very hot water should be avoided. As a general rule, BBL patients should avoid the beach, pools, baths, and hot tubs until the doctor approves them. This is to avoid infection and weakening of the incisions.



Wait at least 24 to 48 hours - this depends on what your surgeon recommends. Avoid hot baths.

Are massages recommended?

Here it is important to distinguish between massages for the lipo areas and massages for the buttocks.

Massages for the Lipo areas

Doctors disagree over whether post-surgical massages are beneficial or not following liposuction surgery. Some surgeons don't see post-liposuction massage as necessary while others recommend massage to promote lymphatic drainage and aid in the removal and smoothing of lumps and bumps.

Your doctor may recommend lymphatic massage after your procedure ([source](#)). This type of massage is meant to be applied only to donor areas of the body, the areas that were treated with liposuction. Post body contouring massages can aid in the healing process, improve skin smoothness, prevent or correct the formation of lumps, and stimulate the blood flow to help drain excess fluids from the treated areas.

Massages for the Buttocks

Massages for the buttocks are NOT recommended because massage can cause pressure on the freshly transplanted fat cells. Most doctors agree that massaging the newly transplanted fat cells can disrupt the formation of a blood supply and cause damages that negatively impact the final result.



Massages on the BBL area should be avoided during the first 6 weeks of the recovery period.

What is a BBL Recovery Kit?



The BBL recovery kit: courtesy of [Dr. Cole Atlanta Liposuction](#)
Prepare for your brazilian butt lift recovery. Below is a list of all the essential gear that you'll need during your recovery period:

- **Compression Garment** - This is usually provided by the doctor.
- **Abdominal Lipo Board** - This is a flat board made of foam that helps prevent creases from developing on the skin and flattens the skin in specific areas of the body. Some doctors may recommend that you use this to enhance the results of your procedure.
- **Booty BBL Pillow** - This is a special seat cushion that protects the newly transplanted fat cells from receiving too much pressure when the patient is seated. The pillow provides support for your weight on your thighs rather than on your buttocks.
- **Compression Socks** - These socks are recommended by some surgeons to minimize the risk of developing a dangerous blood clot in the legs.
- **Female Urinal Set** - This special kit was designed to allow women to pee in a standing position.

- **Arnica Cream** - Some doctors recommend using Arnica to reduce pain, swelling, and bruising. Arnica has natural anti-inflammatory properties.
- **Plastic Mattress Cover for the Bed** - This is used to protect your mattress from staining by body fluids during the initial recovery period.
- **Chuck Pads** - Chuck pads are absorbent pads that add another layer of protection against post-op body fluid leakage.
- **Gauze Pads**
- **Wet Wipes**
- **Pill Organizer** - This is used to store the scheduled doses of medications that are recommended by your surgeon.
- **Loose Clothing** - Maxi dresses, sweaters, and button-down shirts are recommended during the recovery period.



Brazilian butt lift recovery tips

This is what you should do after a bbl

- Walk. Stretch your legs. You need to keep moving to decreasing the risk of developing blood clots after surgery.
- Wear your compression garment at all times. Remove it only to take a shower. Then, put it back on.
- For the first 2 to 3 weeks, rest only on your stomach or on your legs. After that, you can use the BBL Pillow to sit.
- Drink fluids to stay hydrated.
- Take all medications prescribed by your doctor.

This is what you should NOT DO after a bbl

- Do not sit on your buttocks for the first weeks of recovery (2 to 8 weeks, depending on your doctor's recommendation). Use the BBL Pillow to sit on the back of your thighs.

- Do not put any stress on the area of the buttocks that received fat transplants.
- Do not smoke. Avoid smoking for at least 2 months after the procedure. The use of cigarettes and drugs can seriously increase the risk of developing complications.
- Do not wear a compression garment that's too tight. The garment should fit snugly, but it should not cover your buttocks.

What symptoms are expected?

- **Buttock Size Changes:**
- Some surgeons say that patients often see a 20-30% loss of newly transplanted fat cells while other doctors say that patients could lose as many as 50% the fat cells. ([source](#))
- **Fluid Leakage:**
- Excess tumescent fluids may drain from the incisions during the initial days of recovery. There's no reason to be alarmed if the fluid is tinged with blood. This is completely normal. A few days after surgery, the incisions will heal, and the fluid leakage will stop.
- **Bruises:**
- After liposuction surgery, it's normal to experience swelling and bruising. Many patients also noticed reduced skin sensitivity as well, particularly during the first week of recovery.
- **Inflammation:**
- It can take 6 to 8 weeks for general inflammation to improve. Inflammation in the areas of the body that were treated with liposuction could last several months.
- **Itching:**
- Itching during the recovery period is a normal part of the healing process after liposuction surgery. Superficial nerves are slightly traumatized during the liposuction procedure and as they begin to heal and regenerate, patients often report a

variety of strange skin sensations from pins and needles or numb tingling sensations to itching or pain.

What are the Risks?



The Brazilian Buttock Lift/Micro Fat-Grafting procedure (as it is also known), is a very technically advanced plastic surgery procedure that should only be performed by an experienced, Board Certified plastic surgeon. When done well, the results are amazing!

All surgical procedures involve some risk of complications. These risks cannot be ignored, but there are things that patients can do to minimize the risk of complication. Patients who undergo BBL surgery receive both liposuction treatment as well as a treatment that involves fat grafting. The risks associated with the procedure pertain to these two surgical treatments.

Liposuction procedures in which more than 5 Liters of fluid is removed is considered a High-Volume Liposuction treatment. High-Volume Liposuction involves a significantly higher risk of complications than tumescent liposuction performed on a normal volume of fat. High-Volume Liposuction requires the careful monitoring of fluids in the body both during the procedure and through the recovery period.

Other risks associated with BBL include:

- Pulmonary embolism
- Infection
- Fluid shifts
- Seroma (a collection of fluid between the skin and the muscles)
- Skin irregularities
- Fat embolism

