

**Liposuction and BBL
Pre-Operative Booklet**

**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**

434-227-5333

SURGERY DATE: _____

Location: ___ UVA Surgery Center Riverside
 ___ Sentara Martha Jefferson Outpatient Surgery Center
 ___ Soaring 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.”
- If your surgery at Martha Jefferson Outpatient Surgery Center, you will receive a call the day prior to advise you on your arrival time.
- If your surgery is at UVA Riverside or Soaring Surgical Center, you will receive a call couple days prior on arrival time

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.

- 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 Coordinator is very knowledgeable in this area and will help in the process of determining your benefits. If you do not have coverage, she will provide you with a price quote 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 at your pre-op visit 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, personal check or cash. Personal checks must be made payable to Charlottesville Plastic Surgery and received no later than 2 weeks prior to your surgery.
 - **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 Coordinator to complete any necessary paperwork and requirements for payment.
- 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 or after your surgery as this will impair healing! Also avoid second-hand smoke and cigarette replacements such as nicotine patches or gum.
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- **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.
- We recommend scheduling a lymphatic massage within the first week (5-7 days) post operatively, and once or twice a weeks for the next few weeks. They book up quickly so considering scheduling prior to your 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.

Semiglutide (GLP-1 Antagonist such as Ozempic, Wagon, Rybelsis, Trulicity, etc):

If taken *weekly for weight loss*, you must discontinue use for 1 week prior to surgery. If taken *daily for weight loss*, you must discontinue use for one day prior to surgery. If taken for Type II Diabetes, please follow the instructions from your PCP or other Prescriber on your dosage before and after surgery.

<u>Aspirin Medications to Avoid</u>		
<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 ▪ Robaxial 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

<u>Ibuprofen</u> 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 ▪ Feldene ▪ Fenoprofen ▪ Flurbiprofen ▪ Genpril ▪ Haltran 	<ul style="list-style-type: none"> ▪ Ibuprin ▪ Ibuprofen ▪ Ibuprohm ▪ Indochron E-R ▪ Indocin products ▪ Indomethacin products ▪ Ketoprofen ▪ Ketorolac ▪ Lodine ▪ Meclofenamate ▪ Meclomen ▪ Mefenamic Acid ▪ Menadol ▪ Midol products ▪ Motrin products ▪ Nabumetone ▪ Nalfon products ▪ Naprelan 	<ul style="list-style-type: none"> ▪ Naprox X ▪ Naproxen ▪ Nuprin ▪ Ocufen (ophthalmic) ▪ Orudis products ▪ Oruvail ▪ Oxaprozin ▪ Piroxicam ▪ Ponstel ▪ Profenal ▪ Relafen ▪ Rhinocaps ▪ Sine-Aid products ▪ Sulindac ▪ Suprofen ▪ Tolectin products ▪ Tolmetin ▪ Toradol 	<ul style="list-style-type: none"> ▪ Naprox X ▪ Naproxen ▪ Nuprin ▪ Ocufen (ophthalmic) ▪ Orudis products ▪ Oruvail ▪ Oxaprozin ▪ Piroxicam ▪ Ponstel ▪ Profenal ▪ Relafen ▪ Rhinocaps ▪ Sine-Aid products ▪ Sulindac ▪ Suprofen ▪ Tolectin products ▪ Tolmetin ▪ Toradol

<u>Other</u> Medications to Avoid			
<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 ▪ Macrofantin 	<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 ▪ Sulfinpyrazone ▪ Tenuate ▪ Tenuate ▪ Dospan ▪ Thorazine ▪ Ticlid ▪ Ticlopidine ▪ Trental ▪ Ursinus ▪ Vibramycin ▪ Vitamin E ▪ Warfarin

<u>Tricyclic Antidepressant</u> Medications to Avoid			<u>Herbal</u> Medications to Avoid
<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 ▪ Garlic ▪ Fish Oil

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
- **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, 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 Hibiclens (provided to you) and brush your teeth the morning of surgery.
- Clean your bellybutton!
- 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
- 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. This description of the surgery experience will be helpful:

- When you arrive at the surgery center, 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 the plan for anesthesia. You will also meet with Dr. Willis to review the plan for surgery and any questions you might have. Dr. Willis will mark your skin while you stand. You may have your family members step out during the markings if you prefer.
- You will then be brought back to the operating room and the staff will do everything possible to make you feel secure and comfortable. 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. 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 or down your thighs/legs and groin.
- 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 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.
- You will experience moderate to significant drainage from your lipo access sites. Replace the saturated gauze/pads as needed and have a towel to lay on. Drainage should stop after 24 hours.
- Activity Restrictions:
 - You are encouraged to walk around after your surgery.
 - **BBL**: Sleep on your stomach after the surgery. You may want to use your BBL pillows to off-set pressure from your buttock, if applicable
 - **BBL**: 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 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.
 - You may get lymphatic massages to the liposuctioned areas only. Do not lay on your buttocks during massage.

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

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. The incisions may also be red and have a very small amount of exudate.▪ 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.▪ ITCHING: Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massages are frequently helpful. These symptoms are common during the recovery period.▪ REDNESS OF SCARS: All new scars are red, dark pink, or purple. Scars may take a year or longer to fade completely. Avoid direct sun exposure to 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 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, experience and expertise 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 expected to feel and look better "instantly," even though they rationally understand that this is not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As 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 both 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 they 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.

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 occurs, 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.

<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>

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®). 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.

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.

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.

When and How to sit after the BBL surgery

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 recommended that the patient wait for 8 weeks before sitting.