

Mommy Makeover Pre-Operative Booklet

CHARLOTTESVILLE PLASTIC SURGERY

SURGERY DATE: _____

Location: ___ UVA Surgery Center - Riverside
 ___ Sentara Martha Jefferson Hospital
 ___ 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.

- Included with this packet is a listing of possible risks of surgery and post-operative instructions. Please read it carefully!
- We will typically provide you with medications for pain, nausea, a blood thinner (to prevent blood clots postoperatively), constipation, and possibly 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, 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.
- Full payment of the quote is due at the preoperative appointment or at least **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:** Cash, cashiers or personal check. Checks must be payable to Charlottesville Plastic Surgery at least 2 weeks prior to surgery.
 - **CREDIT CARDS:** Visa, Master Card, Discover or American Express.

- **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. Please refer to your initial estimate for further cancellation details, or contact the Patient Care Coordinator and she will advise you.

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.
- Have your prescriptions filled prior to the day of surgery.
- 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 Dr. Willis or the Patient Care Coordinator as to whether you should take your regular medications on the morning of surgery, and/or the weeks prior to.
- Do not smoke for 3 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.
- Shower with Hibiclens (provided to you) the night before AND the morning of the surgery. DO NOT use lotions, creams, or deodorant.
- DO NOT shave pubic area at least 5 days prior to surgery. This could cause folliculitis and put you at risk for infection.

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.

SEMI GLUTIDE (GLP-1 Antagonist such as Ozempic, Wegovy, 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 instructions from your PCP or other Prescriber regarding your dosage before and after surgery.

Aspirin Medications to Avoid		
<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 Isolyl Improved Kaodene Lanorinal Lortab ASA Magan Magnaprin products Magnesium Salicylate Magsal Marnal Marthritic Meprobamate 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 Sodol 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

Medications to Avoid Before and After Surgery

<u>Ibuprofen</u> Medications to Avoid			
<ul style="list-style-type: none"> ▪ Actron ▪ Acular (ophthalmic) ▪ Advil products ▪ Aleve ▪ Anaprox products ▪ Ansaïd ▪ 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 ▪ Macroclantin 	<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

MEDICATIONS

"You will be prescribed the following medications. Please start these medications the afternoon after your surgery, unless specified otherwise."

Oxycodone 5mg - you will take this every 4 hours the first few days, as needed, for pain. You may alternate with Tylenol (Over the counter Tylenol and follow the dosing instructions on the back of the bottle). You can stagger these medications so every two hours, you are taking one and then the other. It is advised to take a Oxycodone prior to going asleep the first few nights so you do not wake up with some discomfort overnight. AFTER 48 HRS, you may start Ibuprofen. You can then alternate Tylenol and Ibuprofen and only use the Oxycodone for breakthrough pain.

Colace (docusate calcium) 240mg - This is to prevent constipation. Take this twice a day while you are on Narcotics

Zofran (Odansetron) 4mg - This is an anti-nausea medication. You may feel nauseated or vomit due to general anesthesia. This is normal in about 20% of the population. If you take Oxycodone on a empty stomach, it may also make you nauseous. Take it with some food. Take the Zofran as needed for nausea.

Keflex (or Clindamycin) 500mg every 12 hrs - You will take this starting the afternoon after the surgery **if you received implants or fat grafting only**. Please take the entire course of the antibiotics. If you think you are having a rash, or reaction, to the antibiotics, please call our office and stop the antibiotics.

Lovenox or Eloquis - You may receive this medication to prevent post-operative blood clots if you are undergoing a tummy tuck or a larger surgery. Do not inject the Lovenox into the abdomen if you underwent a tummy tuck or liposuction. Please take the entire course as prescribed.

PRE-OPERATIVE SUPPLIES

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

- **Prescription medications-** fill before surgery date
- **Hibiclens** - Shower with this the night before/morning of surgery
- **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 and a comfortable place to rest after surgery-** a recliner is helpful for getting up and down but any comfortable space is fine. You will not be sleeping on your side or stomach afterwards so having multiple pillows to arrange around you will help keep you comfortable.
- **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.
- **Abdominal Binder** - you will be provided with an abdominal binder but might like to have an additional binder if the original gets soiled.
- **ABD Pads**
- **Soft, comfortable bras-** You will be provided a bra to use for approximately 4 weeks after the surgery. Then, you will need to wear a soft, comfortable bra WITHOUT underwires for 6 weeks after surgery.
- **Liposuction Foam (if applicable)**
- **Large, Soft White Cotton T-Shirt (to wear under binder)**

THE DAY OF SURGERY

- Do not eat or drink anything after midnight the night before surgery
- Shower with antibacterial soap (Hibiclens) 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 surgery center at the designated time and check in at the front desk
- You will be taught how to care for your drains in recovery.
- 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.
- Once awake enough, walk for approximately 5 minutes every 2 hours, 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.
- 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, surgical support bra, and, if applicable, liposuction foam on continuously, except to shower. You may shower 48 hours after surgery.
 - You may wash the binder, let it hang dry and then replace.
 - You may replace the lipo foam if needed, but do not cut it.
 - You may remove any bandages prior to showering, but do not remove the tape (if any) as it will eventually remove itself.
 - Replace bandages only if the original bandages continue to have drainage from the incisions
 - The bottom of the binder should be no higher than the top of your pubic area
 - It is okay if the drain insertion site is under the binder
- WALK; it is very important to avoid postoperative blood clotting. Wear compression socks for one week after the procedure
- You may ice your mons area and breasts for comfort but this is not necessary.
 - Do not ice over the incision or above the incision
- 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 breasts, 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.
- You will have two abdominal drains- one on each side. The nurses in post-op will show you how to empty the drains and record the output.
 - The drains will have red/pink output and this is normal
 - You may see flakes of solid material in the tubing and/or drains- this is normal
 - Drainage output will vary day to day
 - If the drains are emptying out 2+ bulbs in a 12 hour period immediately after your surgery, please give Dr. Willis's office a call as this could be a sign of bleeding
- Activity Restrictions (for the first four week postoperatively):
 - You are encouraged to walk around after your surgery. You will likely be in a hunched over position as your abdomen relaxes over the ensuing week
 - You will want to sleep in a flexed position. Either a recliner or with pillows under your knees and upper back
 - Minimal arm activity to prevent bleeding
 - No heavy lifting (10+ lbs), bending, reaching
 - No driving for at least 3 days and until you are off all narcotic pain medication.
 - No long distance travel (including airline travel)
- 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.
 - Bring your drain recordings to this visit and the first drain may be pulled at this time
 - We will demonstrate implant massage, if applicable, during this visit to allow the tissues to relax and the implants to "drop"

SECOND WEEK AFTER SURGERY

- Activity restrictions:
 - May begin to stand up more straight.
 - You will have your first follow-up this week; one drain may be removed if the output is less than 30 cc's for two consecutive days
 - May use arms gently. Moving arms above your head is ok as long as it is comfortable (ie. washing hair). Avoid repetitive arm motions, stretching, and heavy lifting (over 10 lbs).
 - Continue to wear abdominal binder and surgical bra AND continue to walk
 - You may return to light duty/desk jobs after 2 weeks if you are recovering well

THIRD WEEK AFTER SURGERY:

- Your second follow-up visit will be 2 weeks after the surgery.
 - The second drain and bellybutton sutures will likely be removed during this visit
- Begin scar massage if all incisions healed (no scabs or open areas).
- Walking still encouraged

FOURTH AND FIFTH WEEK AFTER SURGERY:

- You can transition from a abdominal binder to a tight fitting Spanx and a support bra with no underwire.
- You may be advised when to begin using the silicone scar tape.
- 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 1 month after second visit, then 3 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. Armpits may also be affected with a breast procedure.▪ 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 armpit, 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.▪ 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 on the face usually fade within 3 to 6 months. Scars may take a year or longer to fade completely.
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 us 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 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.
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<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>

Caring for a Closed Suction Drainage Tube

A drainage tube removes fluid from around an incision. This helps prevent infection and promotes healing. The collection bulb at the end of the tube is squeezed and plugged to create suction. The bulb should be emptied and reset when half full to maintain adequate suction. You need to empty the bulb and clean the skin around the drain as often as your health care provider tells you to. Follow the steps below.

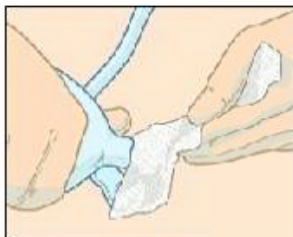
What you'll need:

- Disposable gloves
- Measuring cup
- Record sheet
- Gauze or paper towel
- Sterile cotton swabs or 4" x 4" gauze pads
- Sterile saline or soap and water



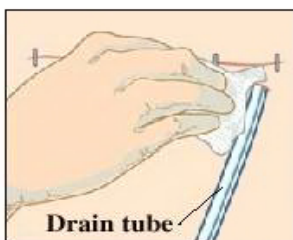
Step 1. Empty the bulb

- Wash your hands and put on a new pair of disposable gloves.
- Point the top of the bulb away from you and remove the stopper.
- Turn the bulb upside down over a measuring cup. Squeeze the fluid into the cup. Make sure the bulb is totally empty.
- Put the cup to one side. You can record the volume of liquid in the cup after you clean and reconnect the bulb in step 2.



Step 2. Clean and reconnect the bulb

- Clean the top of the bulb with clean gauze or a paper towel, if needed.
- Squeeze the bulb tight, and put the stopper back on the top.
- Record the amount of fluid in the cup. Then, empty the cup as directed.



Step 3. Clean the site

- Remove your disposable gloves and wash your hands before cleaning the site.
- Put on a new pair of disposable gloves.
- Wet a sterile cotton swab or 4" x 4" gauze pad with sterile saline or soap and water.
- Gently clean the skin around the drain. Always wipe away from the incision.
- Apply an antibacterial ointment if directed.

When to call your health care provider

Call your health care provider if you notice any of these changes:

- The amount of fluid increases or decreases suddenly.
- Large amount of blood or a clot in drainage.
- The color, odor, or thickness of the fluid changes.
- The tube falls out or the incision opens.
- The skin around the drain is red, swollen, painful, or seeping pus.
- You have a fever over 101.5°F (38.6°C) or chills.

If the tube isn't draining

- Uncurl any kinks in the tube.
- With one hand, firmly hold the base of the tube between your thumb and index finger. Do not touch the incision.
- Put the thumb and index finger of your other hand on the tube, next to the first hand. Pinch your fingers together. Then pull them along the tube toward the bag. This will help push any clogged fluid through the tube. This is called "stripping the tube." You may find it helpful to hold an alcohol swab between your fingers and the tube to lubricate the tubing.
- If the tube still does not drain, call your health care provider.