

JACQUELINE BRAMBILA, PA-C
TERRY J. DUBROW, M.D.
Certified, The American Board of Plastic Surgery

BUTTOCK LIFT (WITHOUT IMPLANTS) / BODY LIFT
AFTER CARE INSTRUCTIONS
PLEASE READ ME BEFORE AND AFTER SURGERY ☺

ABOUT JACKIE:

*My name is Jackie, and I am a board-certified and licensed physician associate (PA-C) working alongside Dr. Terry Dubrow. My job is to ensure that you heal optimally in the postoperative period. As Dr. Dubrow's "right-hand gal," I will work very closely with you during your postoperative and follow-up appointments developing diagnostic and therapeutic plans to ensure optimal recovery. You will be seeing me for **all** of your postoperative visits. Thank you for trusting me with your surgical and postsurgical care. These postoperative instructions will help guide your recovery process; *it is imperative that you and any of your caretakers carefully read these instructions before and after surgery.**

THINGS TO PURCHASE before surgery:

1. **ABD pads, surgical pads, or large maxi pads**→These will help to absorb any fluid that may be seeping from the incisions or the drain sites (which is normal). *Please keep in mind that drainage from drain insertion sites is typical for the first 72 hours following surgery*
2. **Compression garments:** See photos below in the "compression garment section" for examples of garments. You should purchase two of each (your usual size and one size larger) either online, at any medical supply store, or at any department store.
3. **Stool softener** (Ducolax, Miralax, Metamucil, or Peri-Colace)—Pain medication can constipate you. Peri-Colace is my favorite as it helps soften the feces ("the mush") and also helps stimulate the bowels ("the push"). These should be started the day after surgery.
4. **Dial® antibacterial bar soap:** You will use this bar soap the morning of surgery to wash the surgical areas. You do not need to use this soap in the postoperative period as it will dry out your skin. You may resume your normal soap postoperatively.
5. **Arnika and Bromelin:** These are herbal supplements that aid in bruising and swelling. You can purchase these products at our office (\$30 for a 1-week supply), Whole Foods or Sprouts. You can begin these supplements up to one week before surgery and use them for 2 weeks after surgery.
6. **Single packet alcohol wipes:** These will become useful when "milking" or stripping your drain tubes.
7. **Compression stockings:** We will provide you with 1 pair of compression stockings immediately after surgery. Please plan to purchase an additional pair at Target® in the event that your socks become soiled or are uncomfortable. They will need to be worn for 5 days postoperatively.
8. **Neosporin pain:** This will come in handy when the drain insertion site become uncomfortable. You can apply this ointment liberally on your drain insertion sites as needed should your drain insertion sites become uncomfortable.
9. **Oral Thermometer:** It is important to monitor your temperature after surgery in the event that you feel "feverish" or hot. You have a fever if you have a temperature above 101.5.
10. **Rapid Recovery and Healing Protocol, IV Therapy with Dr. Todd Newman:** Consider this therapy in our office before and/or after surgery to improve wound healing, decrease recovery time, decrease scarring, improve sense of well-being and reduce pain and discomfort during your post-surgical course. You can find additional information about this in the "Rapid Recovery and Healing Protocol, IV Therapy" section of the post-operative instructions and also in the separate handout provided to you in your preoperative care folder provided to you during your preoperative appointment.
11. **Read the "Preparing for Surgery" document enclosed in your preoperative folder.**



HAVE SOMEONE WITH YOU:

- After surgery, have an **adult** available to stay with you for the first 24 – 48 hours, as you will be weak and drowsy.

WALKING:

- It is important to get out of bed early and often after your surgery (with assistance) to prevent postoperative problems. It is good to walk for 15 – 20 minutes 6 times per day or get up every hour to walk to the restroom and back. This encourages blood flow throughout your legs to reduce the chance of blood clot development.

- **IF YOU HAVE SHORTNESS OF BREATH, LEG SWELLING, AND/OR LEG PAIN AT ANY POINT IN YOUR POSTOPERATIVE HEALING, GO TO AN EMERGENCY DEPARTMENT IMMEDIATELY (OR CALL 911) AS THIS COULD SIGNIFY A BLOOD CLOT.**

COMPRESSION STOCKINGS/TRAVELING/PRECISION DVT PREVENTION DEVICE:

- **Compression Stockings:**
 - If compression stockings were provided, please leave the stockings on for 5 days after surgery. They may be removed when showering but must be replaced after your shower. You can also purchase additional compression socks at Target® if needed if the ones provided in surgery are too large or too small or become soiled.
- **Precision DVT Prevention Device:**
 - If it is determined that you are a high-risk patient for developing a blood clot, (a DVT), you will be provided with a DVT prevention device to be used on your legs in the postoperative period.
 - You will need to wear your device anytime you are not ambulating for the first 30 days after surgery.
 - The device will stay charged for up to 8 - 10 hours. The device will charge in 2 hours.
 - The device is yours to keep and can be worn in the future for DVT prophylaxis when traveling long distances.
 - Please plan to bring your device to your first 3 postoperative visits so that we can document the amount of time the device has been worn (to ensure compliance).
- **Traveling:**
 - If you are an out-of-town patient and will be traveling back home after your surgery, please wear your compression stockings and DVT prevention device on the plane and remove them after landing.
 - If you do not have the DVT prevention device, please only wear the compression stockings and when on the airplane, please be sure to get up every hour to walk around and encourage blood-flow in your legs. Also, be sure to wiggle your ankles when sitting as if pressing a gas pedal to promote blood flow.
 - It is safe to fly 1 week after surgery if you have been cleared by Jackie to do so.
 - If you experience shortness of breath after a flight or leg pain with extreme leg swelling, please visit an Emergency Department immediately to rule out a blood clot.



PAIN AND PAIN MEDICATION:

- Take pain medication with food. You will be given an anti-anxiety/muscle relaxant medication (Valium) that you may take as well to prevent aggravation of the pain cycle. When taking Valium, take it 1 – 2 hours after the pain medication.
- Percocet (Oxycodone + Acetaminophen) or Vicodin (Hydrocodone + Acetaminophen) should be taken as directed:
 - **Mild to moderate pain:** 1 tablet every 4 – 6 hours as needed
 - **Severe pain:** 2 tablets every 4 – 6 hours as needed
- If your pain is mild, or if you do not like the effects of the narcotics, you can take Tylenol® (Acetaminophen) 1000mg every 8 hours (which would be 2 tablets of the Extra Strength Tylenol®, purchased over the counter). Please do not exceed 3000mg in a 24-hour period.
- We will provide every patient with **1 refill** of the pain medication and the Valium if needed **one week after the last prescription was filled**. No additional refills will be provided.
 - If you require additional pain medication, please reach out to your primary care provider for pain management or visit an urgent care as we will not provide additional refills after the 1 allotted refill.
- We cannot call-in/fax/email/mail a refill for pain medication to a pharmacy. If you are an out-of-town patient, visit your local provider, urgent care, or ER for pain management.
- Take a stool softener with pain medication to prevent constipation.
- **DO NOT DRIVE WHILE TAKING PAIN MEDICATION** or Valium. These medications can result in drowsiness. If you are pulled-over while driving under the influence of narcotics or scheduled substances, you will get a DUI!
- **DO NOT DRINK ALCOHOL WHILE TAKING PAIN MEDICATIONS** or Valium. This can be a deadly combination.
- Only take the pain medication if needed. The quicker you can wean off of the pain medication, the better you will feel and heal.

DO NOT SMOKE. This is very important!!!

- Smoking (tobacco, marijuana, or vapes) can result in a lack of blood supply to tissues and fat causing tissue death or delayed wound healing. Even 0% nicotine vapes contain a trace amount of nicotine that the FDA accepts as 0%.

- Smoking can resume 6 weeks after surgery as long as no challenges in healing are present.

SUPPLEMENTS:

- Do not take aspirin (or products containing aspirin) or Ibuprofen (Advil®, Motrin®, Midol®) for 3 weeks after surgery. Also do not begin herbal supplements until 3 weeks after surgery.
 - Arnika, Bromelin and Vitamin C are okay to take.
- Phentermine or appetite suppressants should not be taken until 6 weeks after surgery as these supplements increase heart rate and blood pressure and can interfere with your recovery.

REMEMBER THE FIVE W'S:

- *The most common cause of an **elevated temperature/fever** after surgery is due to collapse of the lungs (atelectasis). This is a normal occurrence as a result of anesthesia and the physical stress your body is undergoing. In order to decrease your body temperature and expand the lungs, it is important to do the following:*
 - **Wind:** Take 10 deep breaths per hour for the first 72 hours.
 - **Water:** Dehydration can also cause an increase in body temperature. It is important that you remain hydrated since surgery can deplete your body of water. 64 ounces of water a day is encouraged.
 - **Walk:** Get up and walk once every hour to keep your blood moving. This is key for preventing a blood clot.
 - **Wonder drugs:** Take your pain medication or Tylenol® as needed. An increase in pain can cause an increase in body temperature.
 - **Wound:** Observe the wound for redness, heat, discharge (pus), and openings.

POSITIONING:

- You should consider sleeping on your stomach and resting on your stomach for the first 2 weeks following surgery.
- You should limit your sitting for the first 2 weeks or consider sitting at an angle with the least amount of flexion on your back to prevent wound separation and suture rupture.
- Do not lay on your back for 10 days.
- Do not squat or stretch for 3 weeks. These activities can cause pressure in the buttocks and on the incisions causing them to stretch.

SHOWERING:

- You may shower (but not bathe) in 3 days after surgery.
- Do not allow the showerhead to face the surgical area for the first week—the pressure of the water on your incision might be painful. Allow the water to strike your front and trickle backward. You may use a cup or Tupperware® to splash the surgical area with water while showering. You may wash the surgical area with soap (any kind) and water (lukewarm, never hot). Do not use surgical soaps to wash the area as these are drying to the skin. Use regular soap.
- Remove all your garments, dressings (including the sticky yellow gauze) when showering. When out of the shower, blow dry incisions on a cool setting, apply ABD pads along incision sites, and apply usual compression garments.
- Make sure someone is with you at your first shower. Make the shower a quick one.
- If you find that the binder is making you itchy, you may wear a tight kami shirt under your binder.

DIET:

- A light diet is best after surgery. Begin by taking liquids slowly and progress to soups or Jell-O. You may start a regular diet the next day.
- Though it is impossible to get rid of gas entirely, there are strategies to reduce it. Eat and drink slowly, chew thoroughly and cut down on carbonated drinks. Avoid sugar-free gums and sugar-free candies that contain sorbitol or zylitol – both sweeteners are poorly digested and can result in bloating.
- Stay on a soft diet, high in protein, for 2 – 3 days and avoid spicy food which can cause nausea and gas. Then you may resume a normal, high protein diet.

SUTURES:

- We use Prolene sutures which are made of a non-absorbable material. Sutures will be removed between **12 - 14 days** from surgery depending on your healing progression.
 - If you are an out-of-town patient, please plan to either stay until your 2-week visit, return to our office at your 2-week visit, or have a provider in your hometown remove the sutures.
 - Keep in mind that providers in your hometown may refuse to remove your sutures. It is imperative that you call your local provider in advance to ensure that they are comfortable with removing your sutures prior to you leaving us. We do not and will not provide referrals for postoperative care for out-of-town patients. Patients are

responsible for coordinating their own postoperative care should they choose to have their sutures removed elsewhere.

- Do not apply anything on your incisions for 3 weeks unless Jackie asks you to do so. Keep the incisions clean and dry.
- 3 – 4 weeks after all sutures have been removed (or when all of your scabs have fallen off), you can begin scar treatment.

DRAINS:

- Keep your drainage bulbs collapsed and record time and amounts of drainage over a 24-hour period. All patients heal differently according to many factors. Generally, the drains will be removed when the drainage is 25 cc or less in a 24-hour period, which usually occurs in 7 – 14 days. Please see drain instruction sheet for details.
- Empty drains on a schedule. You can choose to empty the drains and record the value three times a day (every 8 hours), twice a day (every 12 hours), or if not producing too much fluid, once a day at the same time. **Please bring your drain information to every visit.**
- 24 hours before your 1-week appointment, be sure to not empty your drains so that Jackie can see how much fluid you have collected in a 24-hour period.
- It is normal for your drain sites to leak fluid for the first few days. **Do not be alarmed if this happens.** You can place ABD pads or maxi pads on groin at drain site to collect draining fluid.
- Be sure to “milk your drains” in order to encourage the fluid to flow through into the drain bulbs. Please watch the following video for an example: (<https://youtu.be/C5m0CYCt59E>). You can do this 3 – 4 times per day to encourage drainage.
- It is normal for drain site to sting or ache a bit or for one drain to drain more or less than the other.
- It is normal for over-activity to result in more drainage.
- It is normal for stringy clots to appear in your drain bulb.

SCAR THERAPY:

- We use **Silagen® Scar Refinement System** (<http://www.silagen.com>) at our office (you can purchase this at our office). Silagen® silicone gels and sheeting are made with the highest quality medical grade silicones that create a protective barrier over scars which increase hydration and help stop excessive collagen buildup. This will help flatten and soften scars and reduce redness, itching, and pain.
- You may begin using Silagen® as soon as the skin is fully closed, after all sutures are removed and after all scabs have fallen off. This usually occurs anywhere between 3 – 6 weeks from surgery.
- How to use:
 - We recommend you use at least 2 months of Silagen® silicone sheeting which is customized to your incision site. Each sheet can be worn for up to 4 weeks and must be replaced every 4 weeks.
 - The sheet must be worn for 24 hours/day. It is removed every 24 hours so you can shower, clean and dry the area. You must wash the strip with soap and water and allow to dry before placing it back on. For more information read product instructions on packet.
 - You must remove the sheets to shower, exercise, and swim.
 - Two months of sheeting is then followed by Silagen® gel which is massaged on to the incision twice daily for 2 - 4 months.
- All incisions will be extremely sensitive to sunlight during the healing phase. Direct sun contact or tanning booths are to be avoided for 6 months. Use a sunscreen with SPF of 15 with UVA and UVB protection for at least 6 months.



BINDER AND COMPRESSION GARMENTS:

- Wear the white surgical binder (compression garment) that we have provided for 3 days. You may wear a compression garment of your choosing after your first shower which is 3 days after surgery. Please wear a compression garment or SPANX like garment for a total of 12 weeks following surgery.
- Where to buy:
 - I like the Marena compression garments which can be purchased online at <https://marenagroup.com/fbos-open-buttock-above-the-knee-girdle/>
 - Additional garments can be purchased online by typing “compression garment for Brazilian Butt lift” on Amazon or at a medical supply store.
 - Wear a muscle shirt or Kami under the white compression binder provided to prevent rashes or itchy skin.

- The garment is to be worn 24/7 for the first 4 weeks following surgery.
- After 4 weeks, the garment is to be worn for 16 – 24 hrs/day daily for an additional 8 weeks.



EXERCISE AND SEXUAL ACTIVITY:

- No overheating for the first 3 weeks (spas, exercising in the sun, etc).
- At 4 weeks, you can consider passive or less vigorous sexual activity that will not cause abdominal movement.
- Cardio may resume at 3 – 4 weeks following surgery.
- Do not lift anything heavier than 10 lbs for the first 6 weeks.
- All other exercises (including squats or any activity that requires flexion at the hip) may resume 6 weeks after surgery.
- You may begin swimming 4 weeks post-operatively if healing is complete.

WHAT TO EXPECT:

- Moderate swelling to the surgical area is to be expected. You may find that your clothes may not fit as easily as before. Be patient. The swelling will gradually subside and you will be back to normal in 3 – 6 months. Swelling will be at its worst between 3 – 5 days. Swelling starts to subside at 6 weeks but may take 6 months to resolve.
- Bruising is a normal expectation following surgery. Bruising could be apparent for as long as 3 – 4 weeks afterwards. The bruises will move down your body as they are absorbed.
- Infrequently after surgery, you may have fluid build-up in the lower back area after the drains are removed. If this happens, you will notice a fullness or sloshy feeling in your abdomen. Please contact our office so we can aspirate it easily. This is called a seroma.
- It takes **6 MONTHS FOR FINAL RESULTS** to appear. In the interim, you may notice:
 - Incision asymmetry
 - Buttock asymmetry
 - Pleating along incisions
 - Swelling that changes from day-to-day
 - Be patient please and try not to focus on these issues before the 6-month period.
- A burning sensation (raw, sensitive) or sharp shooting pains along the surgical areas and incision sites is normal and indicative of nerve regeneration. These “neuralgias” will burn out by 9 months.
- Numbness is expected to resolve by 9 months on average.

EMOTIONAL EXPECTATIONS FOLLOWING SURGERY:

- It is not unusual for patients to undergo significant emotional “ups and downs” after any type of surgery. Factors such as underlying stress, medications, and/or psychological tendencies can result in patients experiencing a “post operative depression” that generally resolves after a few weeks. Having a partner, family member, or friend who is supportive can help with this process. Understanding the stages of emotional “ups and downs” can help patients stay calm and recover from this emotional process faster:
 - **Phase 1: Being Out of It**
 - Swelling and discomfort is most severe over the first few days after surgery. Pain medications also can make you disoriented and emotional.
 - **Phase 2: Mood Swings**
 - Having just had surgery, patients are adjusting to a sudden change in their appearance with much anticipation. The presence of bruising, swelling, and asymmetries will distort a patient’s results thereby concealing the final outcome. Mood swings (especially sadness), worry and depression are common emotions as a result. Patients may even ask, "What have I done?" or think that "I never should have done it."
 - **Phase 3: Being over critical**
 - During the second week, patients will probably be feeling a lot better. The swelling and muscle cramping/spasms will be decreasing and sutures will be out. Because of anticipation, it is natural for

patients to look critically at their new body worrying about symmetry, scars, and so on. At this point, it's normal to wonder if they have achieved their goal and what they paid for. This is too soon to tell and most concerns are resolved with time.

- **Phase 4: Happy at last**
 - Finally, about **3 – 6 months out of surgery**, patients will probably start liking how they look and are feeling much better. They may be in the mood to check out some bathing suits or outfits to show off their new figure.

RAPID RECOVERY AND HEALING PROTOCOL, IV THERAPY PACKAGE:

- There are numerous benefits to receiving the Rapid Recovery and Healing Protocol, IV therapy package. Those benefits include, but are not limited to, improved wound healing, decreased recovery time, decreased scarring, improved sense of well-being and reduced pain and discomfort during your post-surgical course.
- Our single (pre-operative) IV package is typically given one to two days before your surgery. This easy to administer, 30 to 40-minute, infusion can be given at our Newport Beach office or in the comfort of your hotel room. A powerful mixture of fluids, vitamins, minerals and cofactors (glutathione), it is designed to optimize your nutritional status prior to surgery. Our infusions will give you everything you need to prepare your body for the stress of surgery, maximize your ability to heal and help you feel energized.
- Additional therapy sessions are undertaken on the first three days after surgery and beyond, as needed. During those days we will deliver additional fluids, vitamins, muscle relaxants, anti-nausea agents and non-narcotic pain relievers under the care of our M.D. wellness physician, Dr. Newman.
- Additional options to improve your surgical experience include pre-operative nutritional guidance as well as 4, 8 and 12-week post-operative nutrition and supplement programs. Finally, we can deliver delicious custom designed meals, snacks and beverages, to your home or hotel. These packages are not only delicious, but help to reduce inflammation, curb sugar craving, support healthy intestinal flora, and form a framework for a healthy eating habits long beyond your time in our care.

FOLLOW UP APPOINTMENTS:

- It is important to be seen by Jackie at your initial post-op checks.
- Jackie will see you in follow-up appointments:

| Day 1 | Week 1 | Week 2 | Week 6 |
|--|---|---|--|
| <ul style="list-style-type: none"> • Dressing change • Observe tissue for necrosis or wound separation | <ul style="list-style-type: none"> • Assessment for infection of surgical site • Possible drain removal | <ul style="list-style-type: none"> • Assessment of infection of surgical site or fluid accumulation (seroma) • Suture removal • Discussion of scar therapy | <ul style="list-style-type: none"> • Assessment for keloids and management with steroid injections if warranted |
| Month 3 | Month 6 | | Month 12 |
| <ul style="list-style-type: none"> • First conversation regarding aesthetic results/concerns | <ul style="list-style-type: none"> • Second conversation regarding aesthetic results/concerns | | <ul style="list-style-type: none"> • Final conversation regarding aesthetic results/concerns |

- **The first three appointments are highly recommended. It is strongly advised that you stay locally for the first 2 weeks following surgery if you are an out-of-town patient.**
- It's important to keep in mind that these appointments are patient-specific and may vary depending on your own individual healing and/or complications.
- If you are from out-of-town and cannot see Jackie at the recommended frequency, then it is strongly advised that you establish a relationship with a provider in your hometown who can follow your progress or evaluate you in case of infection, wound separation, or seroma.
- **Jackie and Dr. Dubrow cannot evaluate you or treat you over the phone, via email, or from a distance. If you have a cosmetic or functional complication, please plan to visit our office for a postoperative visit or seek care from your local provider or local plastic surgeon. We cannot provide referrals and cannot manage complications from a distance.**
- Call to schedule your appointments at (949) 515-4111 between the hours of 9:00 AM and 5:00 PM, Monday – Thursday and between 9:00 AM and 2:00 PM on Fridays. The office closed on Saturday and Sunday.
- **The office is closed on Saturday and Sunday. Should you experience a complication over the weekend, you will need to be seen by an urgent care and/or Emergency Room.**

PLEASE EMAIL JACKIE (PA-C) AT JACQUELINE@DRDUBROW.COM IF:

- You have general questions regarding your postoperative care or aesthetic concerns. Keep in mind that Jackie is seeing patients throughout the day and may not respond immediately. She checks her email at 9 am and at 5 pm and will respond accordingly.
 - Keep in mind that a discussion of aesthetic concerns requires a physical postoperative visit. If you need to schedule an appointment, please call the office at 949-515-4111.
 - Do not email Jackie to schedule appointments as she does not have access to the schedule.
- ***Please include your name, surgery, date of surgery, and question in Email!!!***

PLEASE CALL THE OFFICE AT 949-515-4111 IF:

- You have redness, increased pain at surgical incision sites, sudden increase in swelling, warmth, drainage (pus), or oral temperature greater than 101.5°F
- You have nausea and vomiting despite Zofran use, rash, shortness of breath, leg pain with swelling, or diarrhea after taking your medication

PLEASE VISIT AN EMERGENCY ROOM OR CALL 911 IF:

- **At any point you experience shortness of breath or leg pain with swelling as this could indicate a pulmonary embolism (blood clot in lung) or dvt (blood clot in legs) and could be deadly if untreated.**

PLEASE VISIT AN URGENT CARE ON THE WEEKENDS OR WHEN THE OFFICE IS CLOSED IF:

- You have redness, sudden increase in swelling, warmth, drainage (pus), or oral temperature greater than 101.5°F

Any questions in regards to scheduling, rescheduling, preoperative concerns, or confirming appointments should be communicated with the office staff (not Jackie) at 949-515-4111. If it is the weekend and you have scheduling questions, please contact your surgical coordinator (Maryam or Kim) with those questions.