

JACQUELINE BRAMBILA, PA-C
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Certified, The American Board of Plastic Surgery

OUTER THIGH 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.*

The best way to reach me is via email: jacqueline@drdubrow.com

ITEMS TO PURCHASE BEFORE SURGERY:

- 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.*
- 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. You will require these garments 3 days after surgery so please plan to purchase your garments accordingly.
- Tight tank top or Kami:** If you find that the abdominal binder is making you itchy, you may wear a tight kami shirt under your binder. This is highly recommended.
- Stool softener/laxative (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 if you are taking pain medication.
- Extra-Strength Tylenol (500mg):** To be used when pain is mild to moderate in place of the narcotic pain medication.
- 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 on day 3 after surgery.
- Single packet alcohol wipes:** These will become useful when "milking" or stripping your drain tubes.
- 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.
- 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.
- 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.
- 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.



ITEMS TO ARRANGE BEFORE SURGERY

- Rapid Recovery and Healing Protocol, IV Therapy:** 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.
- Hyperbaric Oxygen Therapy (HBOT):** Consider this therapy to decrease healing time up to 50% by reducing reperfusion injury, swelling and inflammation. HBOT also improves blood circulation, reduces pain, and upregulates collagen production. Refer to the end of this packet for more information on HBOT.
- Wound Care Center and Primary Care Provider: (for out-of-town patients only):** If you are an out-of-town patient,

please arrange care with a local wound care center and with your primary care provider. Abdominoplasty can result in areas of delayed wound healing that may require additional wound care postoperatively. Should you suffer a complication (i.e., infection or fluid accumulation), you will need to be evaluated and treated by your primary care provider. Should you suffer a complication like delayed wound healing or wound separation, you will need to be evaluated and treated by your local wound care center. We will not be able to provide care to you from a distance. Please make these arrangements prior to your surgery as many providers are hesitant to provide care to patients who have had surgery with other providers.

- a. Establish care with a local wound care center and primary care provider
- b. Sign a medical release form with the above providers granting us permission to send your records over should you need it.

4. 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 72 hours, as you will be weak and drowsy. If you are unable to have an adult stay with you for the first 72 hours, you can arrange for a nurse to care for you at an additional fee. Please contact your surgical coordinator should you require an overnight nurse for longer than 24 hours.
- It is highly recommended that you have a competent adult with you for the duration of your stay if you are an out-of-town patient.

WALKING:

- It is important to get out of bed early and often after your surgery (with assistance) to prevent postoperative problems. Walking encourages blood flow throughout your legs to reduce the chance of blood clot development.
- It is important to walk slightly “stooped over” (bent at the hips) for 7 – 10 days to release tension on the suture lines. Eventually you will notice you can stand straighter each day. By day 10, you should be able to walk straight up.
- **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 required to purchase the 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.
- ***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 or in the car 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 or car, 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 may 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. Please do not mix the Tylenol® with the narcotic pain medication since the narcotic pain medication consists of 325mg of Tylenol®
- We will provide every patient with **1 refill** of the pain medication and the Valium if needed **one week after surgery**. 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.
 - If you are to finish your pain medication or Valium during a weekend or after hours, you will need to wait until regular business hours to visit our office to collect your prescription since we are not open on weekends or after hours.
- If you are under the care of a pain management provider or already take narcotic pain medication or an anti-anxiety medication, our office **WILL NOT** be providing you with an initial RX or refill for the aforementioned. It is your responsibility to obtain the necessary medications/refills from your prescribing provider. Please make sure to bring the necessary medications if you are visiting us from out-of-town as we will not be providing it.
- Our office will not be providing any additional medications that are unrelated to the surgical site (i.e., blood pressure meds, muscle relaxers, sleeping pills, etc.). Should you require these in the postoperative period, you will be responsible for acquiring them from your primary care provider.
- 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 narcotic 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), anti-inflammatories, 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:

- Do not lay on your sides for at least 3 weeks. Remember this creates pressure on your incision and may cause you to compromise the circulation to the area.

- Do not squat or stretch for 3 weeks. Activities can cause pressure in the thigh area and on the incisions causing them to stretch.
- You must sleep on your back for 3 weeks.

SHOWERING:

- You may shower (but not bathe) in 3 days after surgery even if the drains are intact. You can wear an old belt, ribbon or rope around your waist in the shower to hold your drains in place.
- 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 yellow sticky gauze) when showering. When in the shower, use your hands to gently wash the surgical sites to remove dry blood, sweat and oil.
- When out of the shower, blow dry incisions on a cool setting. If you find that the binder is making you itchy, you may wear a tight kami shirt under your binder. If wearing a Kami, there is no need to use surgical pads on your surgical sites. The incisions may come into contact with the abdominal binder if you are wearing a Kami.
- Make sure someone is with you at your first shower. Make the shower a quick one.

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 Monocryl sutures on your flank incisions (dissolvable) which will be removed at **day 7**. Even though sutures will be trimmed by day 7, it is still **strongly advisable** that you remain in town 2 weeks following surgery (if you have had drains) as a result of the risky nature of this surgery. If drains are not used, you may leave for your hometown at day 7.
 - **If drains are used:** 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 assess you at your 2-week visit. Keep in mind that providers in your hometown may refuse to assess you. It is imperative that you call your local provider in advance to ensure that they are comfortable with evaluating you 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 postoperative appointment elsewhere.
 - **If drains are not used:** If you are an out-of-town patient, please plan to either stay until your 1-week visit, return to our office at your 1-week visit, or have a provider in your hometown assess you at your 1-week visit. Keep in mind that providers in your hometown may refuse to assess you or remove your sutures. It is imperative that you call your local provider in advance to ensure that they are comfortable with evaluating you and 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 and there are no breaks in the skin), you can begin scar treatment.
- Every patient will also have additional layers of dissolvable sutures under their skin. These dissolvable sutures (Monocryl sutures) can take up to 119 days to absorb under the skin. On occasion, you may see or feel what seems to be a fishing line material protruding from the incision. If this should happen to you, please trim the clear stitch at the skin using sterile scissors or plan to visit our office (or your local provider) so that it can be removed.

DRAINS: *If you have them*

- 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.
- 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:

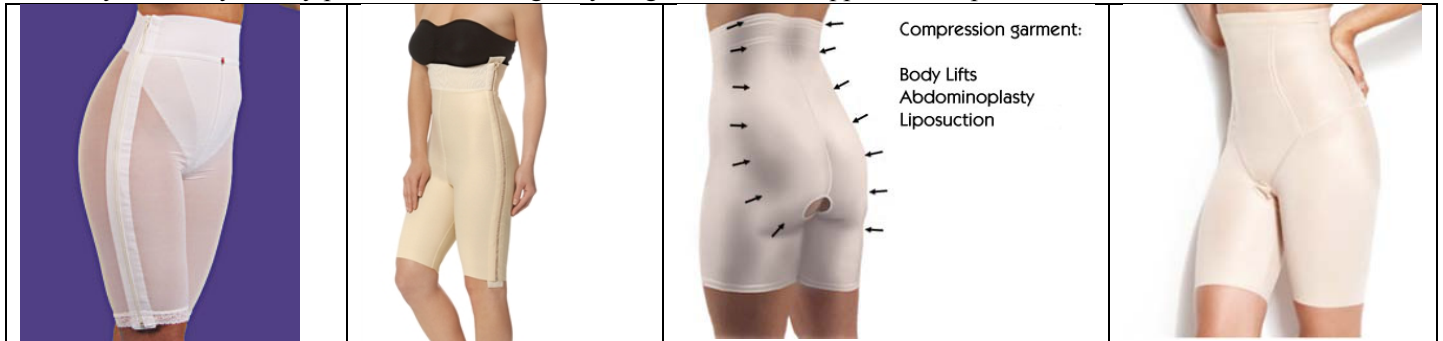
- We use and sell **Silagen® Scar Refinement System** and **Skinuva® Scar** at our office. I will discuss use of these products at your suture removal appointment. Please note that we do carry and sell both of these products at our office.
 - **Silagen®** sheeting are made with the highest quality medical 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.
 - **Skinuva® Scar Cream** is a physician designed and clinically tested scar cream that uses highly selective growth factors within a silicone cream matrix to help improve the appearance of scars. Unlike other scar products on the market, **Skinuva® Scar Cream** is the only one that uses selective growth factors and other ingredients (Silicone, Centella Asiatica, Hyaluronic Acid, Vitamin C, and Aloe Vera) that have been shown to help improve the appearance of scars using peer reviewed medical literature. Rigorous clinical studies have shown that **Skinuva® Scar Cream** improves the appearance of scars nearly 2x more when compared to silicone cream.
- 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.
 - 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 **Silagen®** silicone sheeting is then followed by **Skinuva® Scar cream** which is massaged on to the incision twice daily for 3 months.
- All incisions will be extremely sensitive to sunlight during the healing phase. Direct sun contact or tanning booths are to be avoided for 9 months. Use a water-resistant sunscreen with SPF of 50+ with UVA and UVB protection for at least 9 months. Sun damage to the scars may result in permanent hyperpigmentation or hypopigmentation to your scars.
- Please note that use of medical grade silicone sheeting or silicone cream on surgical scars will temporarily result in red/purple pigment on the scars. This takes place as blood rushes to the surgical incision to create collagen for wound healing and scar maturation. It can take 9 months on average for the discoloration to begin to fade.



BINDER AND COMPRESSION GARMENTS:

- Wear the white surgical binder (compression garment) that we have provided for until your drains are removed (if you do not have drains, you may wear a compression garment of your choosing after your first shower which is 3 days after surgery). Once your drains are removed, please wear a compression garment or SPANX like garment for a total of 12 weeks following surgery. Wear a muscle shirt or Kami under the white compression binder provided to prevent rashes or itchy skin.
- Wear to buy:
 - I like the Marena compression garments which can be purchased online at <https://marenagroup.com/garment-store/womens-recovery/girdles-shorts/>
 - Additional garments can be purchased online by typing “compression garment for buttock implants” on Google or at a medical supply store.

- 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.
- If you wish, you may purchase a full length Lycra girdle without zippers at a department store to wear for comfort.



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:

- Abdominal bloating is to be expected in the early postoperative period. Bloating results from sodium present in your medications and in the anesthesia.
- Most patients report difficulty sleeping and difficulty with pain management the first night after surgery. This is usually secondary to the effects of anesthesia and should subside within 24-28 hours.
- 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.
- About 20% of patients experience fluid build-up in the flank area after the drains are removed. If this happens, you will notice a fullness or sloshy feeling in your flanks. I will assess the surgical site for this complication at the 2-week visit. If you should have fluid in your flank area (called a seroma), I will easily aspirate it using a syringe and needle. The procedure is painless because the surgical site is numb.
 - If you are an out-of-town patient and will be leaving before suture removal, it is your responsibility to ensure that your medical provider rules out a seroma at your suture removal appointment.
- It takes **6 MONTHS FOR FINAL RESULTS** to appear. In the interim, you may notice:
 - Incision asymmetry
 - Thigh 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.
- “Spitting sutures” are to be expected. Every patient will also have additional layers of dissolvable sutures under their skin. These dissolvable sutures (Monocryl sutures) can take up to 119 days to absorb under the skin. On occasion, you may see or feel what seems to be a fishing line material protruding from the incision. If this should happen to you, please trim the clear stitch at the skin using sterile scissors or plan to visit our office (or your local provider) so that it can be removed.
- 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.

COMMON COMPLICATIONS:

SEROMA:

- About 20% of patients experience fluid build-up in the flank area after the drains are removed (if you have drains). If this happens, you will notice a fullness or sloshy feeling in your flank area laterally. A seroma can develop even if drains are not used.
- I will assess the surgical site for this complication at the 2-week visit (if drains are used) or at the 1-week period (if drains were not used). If you are an out-of-town patient and will be leaving before the 2-week period, it is your responsibility to ensure that your medical provider rules out a seroma.
- If a seroma is detectable (palpable or visible) then it can be treated through aspiration. Your medical provider (me or your local provider) will use a small needle and syringe to drain the fluid out of the surgical site through your incision which is typically numb.
- A patient with a seroma may require serial weekly aspirations. Typically, as a patient's body heals, less fluid will be recruited into the area. A seroma will resolve within 3 - 6 weeks with appropriate treatment.
- If a seroma does not continue to improve despite serial aspiration or is difficult to aspirate, your provider will send you for an ultrasound of the surgical area for ultrasonic guided aspiration or drain placement.
- If a seroma persists for many months, surgical excision of the seroma cavity may be indicated (rare).

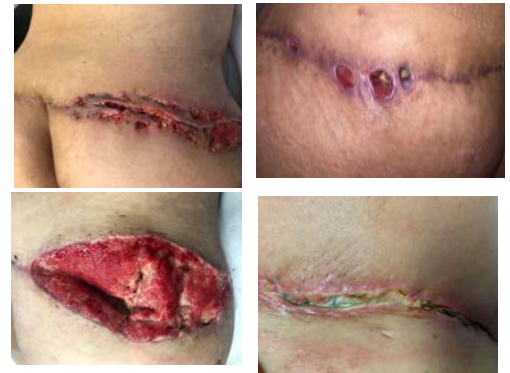


SPITTING SUTURES:

- Spitting sutures are to be expected. Every patient will also have additional layers of dissolvable sutures under their skin. These dissolvable sutures (Monocryl sutures) can take up to 119 days to absorb under the skin. On occasion, you may see or feel what seems to be a fishing line material protruding from the incision. If this should happen to you, please trim the clear stitch at the skin using sterile scissors or plan to visit our office (or your local provider) so that it can be removed.

DELAYED WOUND HEALING:

- Outer thigh lift can result in areas of separation at the incision sites or in areas of delayed wound healing well beyond the 1-week/2-week visit. Should this happen to you, you will need to visit with your local wound care center for evaluation and treatment. Wound cultures may be necessary to rule out infection. Wound care using daily wound dressings may also be necessary to speed up the healing process. In most instances, the incisions heal very well with no evidence of a complication.
- Wound separation is a VERY COMMON complication that takes places after an outer thigh lift because of the high tension to the area. It is imperative that you seek care with your local wound care center should your incisions separate.



KELOIDS:

- Keloids are firm, rubbery, lumpy lesions or shiny fibrous nodules on the skin that's usually raised. It often looks like liquid spilled on the skin and then hardened. When skin is injured, fibrous tissue called scar tissue forms over a wound to repair and protect the injury. In some cases, scar tissue grows excessively, forming smooth, hard growths called keloids. An estimated 10 percent of people experience keloid scarring.
- If keloids are detected, your provider can:
 - Inject corticosteroids to the keloid to reduce inflammation (usually one injection every 6 weeks for up to four sessions)
 - Continue silicone gel sheeting
 - Begin laser treatments and micro needling to reduce scar tissue
- In addition to keloid formation, patients with flankplasty can form dark and wide scarring along their incision sites. These types of scars can be addressed with light therapy (like intense pulse light) at your local medical spa/dermatologist or with scar revision. It is important to note that poor scarring can be secondary to a person's immune system.



INFECTION:

- Infections are most likely to take place between day 10-14 from surgery.
- Symptoms and signs of infection include:
 - Redness, warmth, fever, tenderness, pus, malaise
- Most infections, if detected early, can be treated with proper antibiotic therapy. If infections are severe or not responding to antibiotic therapy, then prompt visit to an ER for IV antibiotic therapy or wound exploration may be necessary.



- If you are an out-of-town patient and you develop an infection, you will need to visit with your local provider or local ER for evaluation and care. If fever and pus accompany redness, please visit with your local ER.
- It is not recommended that you travel long distances with an infection

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.

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: Day 3 and Day 7	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 ● Suture removal 	<ul style="list-style-type: none"> ● Assessment of infection of surgical site or fluid accumulation (seroma) ● 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 four 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 is 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.**

HYPERBARIC OXYGEN THERAPY at O2 HEALTH LAB

- Hyperbaric oxygen therapy is **highly encouraged** for all abdominoplasty, brachioplasty, thighlift, facelift, breast reconstruction, breast lift and buttock lift procedures. Hyperbaric Oxygen Therapy (HBOT) will significantly improve your chances of optimal healing. HBOT decreases healing time by up to 50% by reducing reperfusion injury, swelling and inflammation. HBOT also improves blood circulation, reduces pain and upregulates collagen production. HBOT is especially recommended in patients with a history nicotine use, smoking, significant scarring or in patients with a history of necrosis. 10 sessions are recommended.
 - **How to schedule:**
 - **Step 1: Complete waiver form online**
 - Go to www.o2healthlab.com/new-client/
 - Click on the hyperlink for HBOT “Complete Waiver Form”
 - **Step 2: Call to schedule appointments and provide credit card information**
 - Office number is 949-541-2000 ext 1
 - **Location:**
 - 230 Newport Center Drive, Suite 120, Newport Beach, CA 92660
 - Near Spa Gregories/Muldoons
 - O2 Health Lab is located in the same 230 building as FedEx and Yoga Works. When facing the 230 building, turn left and drive around to the rear of the building. Park in rear of building. O2 lab is located on ground floor
 - **Hours:**
 - Monday – Saturday: 9 am – 5 pm; Sunday: 10 am – 4 pm; 24-hour cancellation needed.

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. 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 IV Wellness Specialists.

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.
 - 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

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, pain not controlled with pain medication, uncontrollable nausea/vomiting, 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.