

THE FIRST GLANCE

ABDOMINOPLASTY POST OPERATIVE CARE INSTRUCTIONS

DRESSING AND WOUND CARE

Your abdominal incision will be covered with dressings after surgery, and you will be placed in an abdominal binder or compression garment. You have two options for managing your initial dressings:

OPTION 1 – IF YOU WOULD LIKE TO SHOWER:

- You may remove the outer dressings **2 days after surgery**.
- Leave the Steri-Strips (white tape) or surgical skin glue directly over your incisions in place. Allow these to fall off naturally.
- If you have drains, cover the drain exit sites with waterproof dressings before showering. Keep these sites dry.
- You may shower using regular soap and water. Avoid scrubbing your incisions. Gently pat dry with a clean towel or allow to air-dry.
- After showering, put your abdominal binder or compression garment back on.
- You may place clean gauze, abdominal pads or maxi pads between your incisions and the compression garment for additional padding and comfort.
- Once your outer dressings have been removed, you may find it more comfortable to wear a soft, clean T-shirt or tank top underneath your abdominal binder to reduce rubbing and irritation. An older shirt that you don't mind getting stained works well.

OPTION 2 – IF YOU PREFER NOT TO SHOWER DURING THE FIRST WEEK:

- You may leave all your initial surgical dressings in place until your first postoperative appointment with the nurse or with Dr. Doucet.
- Keep your dressings clean and dry.
- You may sponge bathe or wash around the dressings, taking care not to get them wet.
- Continue wearing your abdominal binder or compression garment as instructed.

ADDITIONAL WOUND CARE INSTRUCTIONS

- Do not soak your surgical sites for at least 3–4 weeks (no baths, swimming pools, hot tubs, or lake water), and until all incisions are completely healed.
- Do not use hydrogen peroxide or rubbing alcohol on your incisions.
- **Do not apply Polysporin, Vaseline, lotions, or other ointments over surgical skin glue or Steri-Strips.** These products may cause the adhesive to loosen prematurely.
- If your Steri-Strips fall off before your incisions are fully healed, begin applying a thin layer of Polysporin 1–2 times daily to the exposed incisions.

COMPRESSION GARMENT

- Wear your abdominal binder or compression garment **20–24 hours per day for the first 4 weeks**, followed by **12 hours per day for an additional 2 weeks**.
- You may remove the garment briefly for showering and hygiene.
- Your garment should feel snug but not excessively tight.
- Avoid folding, rolling, or bunching the garment, as this may create pressure points along your incisions.
- Contact the office if your garment causes significant pain, numbness, skin irritation, or excessive pressure.

DRAIN CARE

- You will typically have one drain on each side of your abdomen.

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- Empty your drains at least twice daily, or more frequently if needed.
- Record the amount of fluid from each drain separately over each 24-hour period. Bring your drain records to your follow-up appointment.
- Drains are usually removed after **7–14 days**, once the output is less than **30 mL per drain over 24 hours for 2 consecutive days**, depending on your healing.
- After drain removal, a small amount of yellow, pink, or blood-tinged fluid may leak from the drain sites for up to 3 days.
- Apply a thin layer of Original Polysporin to each drain site daily, if instructed, and cover with clean gauze or an absorbent pad. Avoid getting ointment on nearby skin glue or Steri-Strips.
- Drain sites typically close within 3 days.
- If you have not already resumed showering, you may shower 24 hours after your drains are removed. Cover the drain sites with waterproof dressings for 2–3 days, until the openings have closed or formed a scab.
- Contact the office if a drain stops working, falls out, suddenly fills with bright red blood, or if you notice increasing redness or foul-smelling drainage.

MEDICATIONS

Pain Management

- Take your prescribed pain medication as needed and as directed.
- You may take Tylenol (acetaminophen) 1,000 mg every 6 hours as needed for pain, up to a maximum of **4,000 mg in 24 hours**. A lower maximum may apply depending on your medical history.
- **Avoid anti-inflammatory medications**, including Advil (ibuprofen), Motrin, Aleve (naproxen), and other NSAIDs, for at least **3 days (72 hours) after surgery**, unless otherwise instructed by Dr. Doucet. These medications may increase bleeding and bruising.
- After 72 hours, you may take Advil (ibuprofen) 400–600 mg every 6–8 hours as needed, if cleared to do so and if you have no contraindications.
- **If taking Tylenol #3, Percocet, Tramacet, or other prescription pain medications containing acetaminophen, include this amount in your total daily acetaminophen intake.**
- Do not drive or consume alcohol while taking opioid pain medication.

Other Medications

- Resume your regular medications unless otherwise instructed.
- If prescribed antibiotics, take them as directed and complete the full course.
- If you have been prescribed medication to prevent blood clots, take it exactly as directed. Do not stop prescribed blood thinners or aspirin unless instructed by your treating physician.

Constipation

- Constipation is common after surgery, particularly when taking opioid pain medications.
- Drink plenty of fluids and avoid straining during bowel movements.
- Consider a stool softener or gentle laxative, such as polyethylene glycol (RestoraLAX), if needed.
- If constipation persists, speak with your pharmacist or contact Dr. Doucet's office.

ACTIVITY AND POSITIONING

WEEKS 0–2: REST AND FLEXED POSITIONING

- Prioritize rest and recovery. Avoid strenuous activity or anything that significantly raises your heart rate or blood pressure.
- **For the first 2 weeks, maintain a slightly flexed (bent forward) position when standing and walking** to reduce tension on your abdominal incision.
- Avoid standing completely upright or stretching your abdomen during this period.
- When sleeping, lie on your back with your upper body slightly elevated and 2–3 pillows under your knees to keep your hips flexed.
- You may also sleep on your side with your hips and knees bent if more comfortable.
- Take short, frequent walks throughout the day, starting as soon as you are safely able after surgery. Gentle movement helps with recovery, promotes circulation, and reduces the risk of blood clots.

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- Avoid spending long periods sitting or lying down without moving. While resting, regularly move your ankles and feet to help with circulation.

AFTER 2 WEEKS

- You may gradually begin standing and walking fully upright as tolerated.
- Do not force yourself to straighten if you experience significant pulling or discomfort along your incision.
- Gradually increase walking distances, including outdoor walks or gentle treadmill walking.

WEEKS 3–4

- Gradually increase your daily activities as tolerated.
- Low-impact exercise, such as a stationary bike or elliptical, may be resumed if your healing is progressing well and Dr. Doucet has cleared you.
- Avoid heavy lifting, strenuous exercise, abdominal exercises, and activities that place significant tension on your incision.

WEEKS 4–6

- Continue gradually increasing activity as tolerated.
- Avoid heavy lifting, high-intensity exercise, and strenuous abdominal activity until cleared by Dr. Doucet.
- **If your rectus (abdominal) muscles were tightened, avoid lifting more than 10 lbs, abdominal exercises, and significant straining for at least 6 weeks, or longer if instructed.**
- Return to more strenuous exercise is generally gradual, around 6–8 weeks, depending on your healing and the extent of surgery.

DRIVING

- Do not drive while taking opioid pain medications or other medications that cause drowsiness.
- You may resume driving once you are comfortable, no longer taking sedating medications, and can safely turn, brake suddenly, and react without significant pain or restriction.

ADDITIONAL CONSIDERATIONS

Swelling and Bruising

- Swelling and bruising are normal after surgery, particularly during the first 1–2 weeks.
- Most bruising improves within a few weeks, but abdominal swelling may take 3–6 months or longer to fully resolve.
- Swelling may fluctuate throughout the day and often increases with activity.
- Continue wearing your compression garment as instructed.
- Avoid applying ice or heating pads directly to your abdominal skin, as reduced sensation after surgery can increase the risk of skin injury.

Bleeding

- Mild oozing from the incisions may occur during the first few days.
- If minor bleeding occurs, apply gentle, continuous pressure with clean gauze or a towel for 20 minutes.
- Contact Dr. Doucet if bleeding persists.
- Sudden, significant swelling, increasing abdominal pain, or rapid enlargement of one side may indicate bleeding beneath the skin and requires urgent medical assessment.

Fluid Accumulation (Seroma)

- Fluid may occasionally accumulate beneath the abdominal skin, particularly after drains are removed.
- Contact Dr. Doucet if you notice a new area of swelling, fullness, asymmetry, or a sensation of fluid moving beneath the skin.

Signs of Infection

- Contact Dr. Doucet if you notice increasing redness or warmth, worsening swelling or pain, pus or foul-smelling drainage, or fever above **38.5°C (101.3°F)**.
- Report any areas of wound separation or delayed healing.

Skin Colour Changes

- Contact Dr. Doucet promptly if you notice areas of abdominal skin or the belly button becoming increasingly dark, dusky, purple, or black.

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- Report new blistering or significant changes in skin appearance.

Numbness and Sensation Changes

- Temporary numbness, tingling, or altered sensation across the abdomen is common after surgery.
- Sensation may take several months to improve, and some areas of numbness may be permanent.
- Notify Dr. Doucet if you develop new severe pain or concerning changes in sensation.

Belly Button Care

- If your belly button was repositioned during surgery, you may have a small dressing or packing in place.
- Follow the specific instructions provided for removing and cleaning this dressing.
- Keep the area clean and dry. Do not insert cotton swabs or apply ointments unless instructed.

Smoking and Nicotine

- Avoid smoking, vaping, and all nicotine products for at least **6 weeks after surgery**.
- Nicotine reduces blood flow to healing tissues and significantly increases the risk of wound healing complications.

SCAR CARE

Scar care will be reviewed in more detail at a follow-up appointment. **Dr. Doucet will advise you when your incisions are sufficiently healed to begin scar treatments.**

WHEN TO SEEK MEDICAL ATTENTION

Contact Dr. Doucet promptly if you experience:

- Increasing redness, warmth, swelling, or drainage from your incisions.
- Fever above 38.5°C.
- New wound separation or concerning skin colour changes.
- Sudden or worsening abdominal swelling or pain.
- New fluid accumulation after drain removal.
- New or unusual swelling, pain, redness, or warmth in one leg. If these symptoms occur, seek urgent medical assessment.

Call 911 or go to the nearest emergency department for:

- Sudden shortness of breath, chest pain, or fainting.
- Severe or uncontrolled bleeding.
- Rapidly worsening abdominal swelling accompanied by severe pain, weakness, or dizziness.
- Any other serious or rapidly worsening symptoms.

Emergency / After-Hours Care

- **Weekday Care (8 am to 5 pm):** If you have concerns about your surgery or healing, call Dr. Doucet's office 204-885-1419.
- **Weekend and After Hour Care:** If it's after 5 pm or during a weekend, you may call or text Dr. Doucet **at 204-808-3584**. If your concern is urgent or you do not receive a response to your text message, please call rather than text.
- In an emergency, if you cannot reach Dr. Doucet after 3 attempts, please go to the nearest emergency department