

# Liposuction/Bodytite Instructions

## PRE-PROCEDURE INSTRUCTIONS:

- Avoid any strenuous activity to the area being treated at least 1 week prior to procedure date.
- Review with our staff your medications for any restrictions related to your surgery.
- Avoid tobacco, alcohol, fish oil, flax seed and omega 3 pills for one week before and after surgery. Do not mix alcohol with medications.
- If prescribed or using an over the counter blood thinner (aspirin, coumadin, Plavix, etc.) inform the surgeon and stop taking it 1 week before your procedure.
- Notify us immediately of any change in your health to include a rash, skin infection, open wound or respiratory infection.
- Fill your prescription if provided.
- Have a supply of large maxi (poise) pads for anticipated leakage (starter supply provided).
- **Please leave all valuables at home! The Retreat is not responsible or liable for any lost or misplaced items during your time at The Retreat.**

## DAY OF PROCEDURE: (Fifth line should be initiated by patient)

- Eat prior to procedure.
- Do NOT take any sedating medications (such as those for anxiety, pain, or nausea) before instructed to do so. This is necessary for you to be alert and give proper informed consent to the physician. Doing so could result in cancellation with Financial Cancellation Policy Penalty.
- If you are diabetic, please bring your glucose-testing device with you.
- If appropriate, we will do pregnancy test.
- \_\_\_\_\_ For your safety you must have a responsible adult drive you home after surgery and be with you the first 12 hours. This person will have to sign you out after your procedure. This is necessary because some medications used will be in your system for many hours and you could develop symptoms requiring attention. If responsible adult driver is not present, an aftercare service will be referred to you at your expense.
- Wear dark-colored loose fitting clothing that will be easy to get on and off preferably without having to go over the head. Warm socks are advised. Clothing may become soiled and may need to be discarded.
- Use large towels to protect car, bedding, seating, etc. from anticipated drainage.

## POST-PROCEDURE INSTRUCTIONS

### **STRICT ADHERENCE TO THESE POST-PROCEDURE INSTRUCTIONS IS CRITICAL, TO ASSIST IN THE RECOVERY PROCESS AND TO AID IN MAXIMIZING YOUR FINAL RESULT.**

- **MEDICATIONS:** We will provide you with prescriptions of your medications in your post-procedure kit. Complete your course of antibiotics. Take prescribed pain medicine only as needed and consider Advil (Ibuprofen) or Extra Strength Tylenol in place of narcotics. Take medication with food to reduce nausea and do NOT mix painkillers. Resume all prescribed medications after surgery as instructed by your doctor.
- **GARMENTS:** Compression garments are to be worn for 48 hours straight before removing to shower. After, wear compression garment for 2 weeks, removing every night to shower and launder the garment. Once garment is clean, immediately put garment back on, even to sleep in. Your surgeon will give you specific instructions. If you have had chin surgery, please wear garment please wear garment for 48 hours straight and then remove to shower. Please wear chin garment as much as possible for 3 weeks, at the bare minimum, wear it while sleeping. While showering, it is a good time to launder garment. They should provide compression without being uncomfortable. Post-operative garments are intended to reduce swelling, control pain and improve surgical results. If after 12 days additional support is desired, clothing similar to "Spanx" is a good option. One garment is included with procedure. Additional garment can be purchased online.
- **BATHING:** You may shower 48 hours after AFTER surgery. DO NOT bathe, swim, hot tub, whirlpool until incisions are fully closed (typically 1-2 weeks.) you may feel lightheaded upon removing compression garment, standing and being in hot water. A shower assistance is advised.
- **DRAINAGE:** Expect drainage (oozing), often blood tinged, from the incisions for 48 hours. Initially this may seem to be a large amount, which is primarily the anesthetic and saline fluid injected during surgery. Use large towels to protect car, bedding and seating surfaces.
- **INCISIONS:** Keep incisions clean and dry using absorbent dressings as needed. Yellow crusting is normal, once incisions are closed, you may use a scar cream if desired. Avoid sun to the incision area for 2 weeks and use SPF 30 or greater for 6 months. The incision can become thickened and red which is usually part of the normal healing process. Report any concerns of infection.
- **TREATMENT AREAS:** There will be an initial period of swelling and light bruising. Swelling may be noted below the surgery site as gravity pulls the fluid downward – this may be especially prominent in the public area after abdominal surgery or in the calves and ankles after thigh surgery. This may last up to 2 weeks although it may be dramatic in appearance is not of significant concern. DO NOT apply heat or ice to treatment areas. Treatment areas may be hard and lumpy for up to 6 months. You may begin gentle massage to the area 2 weeks after surgery (Do not massage chin area). Decreased skin sensation in the treatment area is normal and may take several weeks to resolve.

Patient Initials \_\_\_\_\_

- **BRUISING:** Bruising is normal and will vary on the extent of surgery and last up to 3 weeks. Use of Arnica will help reduce bruising.
- **DISCOMFORT:** Post-procedure discomfort often takes the form of deep muscle soreness and generally improves over 7 to 14 days. The amount of post-operative discomfort one experiences is highly individualized and cannot be predicted. Post-operative

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discomfort can be influenced by a variety of factors. One's overall health and well-being plays a vital role resulting in healthy recovery. Additional influential factors include, # and location of treatment areas, total fat removed, in addition to the extent and/or difficulty of the procedure. If you have prolonged or excessive discomfort, please notify us. Some patients report burning or "rubber band snapping" sensation felt to be the nerves recovering which may last several months. Use home and prescribed pain medication as needed.

ACTIVITY: Begin walking and non-strenuous activities immediately =. Full activity in 2 weeks. Strenuous activity in 6 weeks.

CLOTHING: Avoid tight clothes or bands for 1 month in the treatment area as this could cause permanent marks or depressions.

DIET: Advance diet slowly. Avoid salt for 2 weeks to limit swelling. Drink plenty of fluids as dehydration may cause light-headedness.

SMOKING: Smoking may decrease healing and should be avoided for 4 weeks after surgery.

OTHER: Infrequently there may be menstrual irregularity, flushing, low-grade temperature or depressed mood.

## NOTES:

EVERYONE HEALS DIFFERENTLY AND WE CANNOT CONTROL WHAT SYMPTOMS YOU MAY HAVE, HOW MILD OR SEVERE THEY MAY BE OR AT WHAT SPEED YOU WILL RECOVER.

- A healthy lifestyle of diet and exercise will help you obtain better results. This is not a weight loss procedure.
- Full benefit will not be seen for 6 months. You may notice a temporary weight gain due to retained fluids from the procedure.
- You will receive a follow up phone call from us after your surgery.
- Follow up appointments are commonly at 1 week, 3 months, and 6 months. We are available anytime during office hours to see you for immediate concerns. You can reach us day or night by calling 469-769-7101.
- DO NOT DRIVE WHILE TAKING PRESCRIPTION PAIN MEDICATION OR OTHERS THAT MAY MAKE YOU DROWSY.
- CALL IMMEDIATELY FOR EXCESSIVE PAIN, BLEEDING REDNESS, FEVER OR OTHER CONCERN. IF YOU BELIEVE YOU ARE HAVING A MEDICAL EMERGENCY CALL 911.
- We will provide one (1) compression garment after your procedure.

**I certify that I am a competent adult of at least 18 years of age. I understand and will follow these instructions knowing that this will improve my outcome and lessen the possibility of complications. I have fully reviewed these instructions; I have had any questions answered to my satisfaction I understand and agree to comply with the instructions, and I have received an electronic copy and was offered a paper copy.**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness: \_\_\_\_\_

Patient Name: \_\_\_\_\_.

Signature: \_\_\_\_\_

Patient Pre-Op Copy (at time of signing)

Surgery Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Post-Op Copy (day of surgery)

Released to responsible adult:

I certify that I am a competent adult of at least 18 years of age. These instructions have been fully explained to me, I have had any answered to my satisfaction and I have received an electronic and was offered a paper copy.

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Patient File Copy (with all of the above completed)

For any questions please call our Rockwall office (469)769-7101