# Abdominoplasty / Tummy Tuck

*Post-Operative Instructions for Patients*

## Diet

· Eat a balanced diet with a protein source at every meal, and limit salty foods, which increase swelling.

· Stay hydrated · aim for 6·8 glasses of water per day.

· On the evening of surgery, start with bland, easy-to-digest foods to help prevent nausea.

· Avoid carbonated beverages, which can cause bloating.

· Avoid alcohol for at least one week.

## Medications

You may be prescribed some or all of the medications below.

| Medication | Purpose | Key Instructions |
|---|---|---|
| **Tylenol (acetaminophen)** | Primary pain reliever | · Available over the counter; some patients may only require Tylenol for pain control.<br>· Do not exceed 3 grams (3,000 mg) in 24 hours — check the label of every product you take, since many combination medicines also contain acetaminophen. |
| **Oxycodone** | Breakthrough pain (opioid) | · Use only if Tylenol alone isn't enough; some patients require it for 2–3 days.<br>· Caution: addictive potential.<br>· Do not drive or operate machinery while taking it.<br>· Do not combine with alcohol, sleep aids, or other sedatives.<br>· Can cause constipation — pair with a bowel regimen (below). |
| **Colace, Senna, or MiraLAX** | Constipation prevention | · Take one to two of these daily until bowel movements are regular; add a second agent if you haven't gone in 48 hours.<br>· Straining stresses the abdominal repair, so staying ahead of constipation matters — hydration and walking help too. |
| **Lovenox (enoxaparin) injections** | Blood clot prevention | · Indicated for some patients. Duration is individualized to you. Comes in pre-filled syringes.<br>· Inject into the outer thigh or another **non-operative** area — never into the abdominal area. |
| **Antibiotics** | Infection prevention | · Not required for all patients. If prescribed, take until the course is finished. |

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## Wound Care & Dressings

### Showering

· It is important to eat a snack and drink a full glass of water before bathing. Someone should be with you for first shower in case you feel unsteady. The water should not be hot and brief in duration.

· You may shower starting 48-72 hours after surgery. Keep your back to the shower head and let water run gently over the wound · do not rub or scrub the incision lines.

· Leave surgical tape in place; it's fine if it gets wet in the shower.

· After bathing, let the tape air-dry fully before putting your garment back on, so moisture isn't trapped underneath.

### Compression Garment

· Wear your compression garment or abdominal binder 23 hours a day for 6 weeks, removing it only to bathe.

· Be sure to adjust it to prevent bunching, creases, or pressure points such as under the breasts or hip bone.

## Activity

### Positioning (1 week)

· Stay flexed at the waist at all times · walk bent forward, as if pushing a walker.

· Sleep in the flexed ·beach chair· position, with 3 or more pillows behind your back and under your knees or use a wedge pillow.

### Movement

· Begin walking the evening of surgery, initially with assistance from your support person, to prevent falls.

· Walk about 15 minutes at least 6 times a day · this supports circulation and lowers your risk of blood clots.

· Do gentle, non-weighted leg lifts periodically while sitting or lying down, and practice deep breathing exercises.

· Wear lower-extremity compression stockings 23 hours a day (available at any drugstore; a custom fit isn't needed) to help prevent blood clots.

### Activity Restrictions

· No strenuous activity for 4·6 weeks · though frequent short walks are encouraged throughout recovery.

· For the first 3-4 weeks: do not lift more than 5 lbs (about one gallon of milk).

· At 6 weeks: you may resume normal activities.

· At 8 weeks: you may return to the gym · but avoid abdominal core exercises until 12 weeks.

· For 3 months, avoid intentionally pulling perpendicular to your incisions, as this can widen the final scar.

## Recovery

· Arrange for someone to stay with you for the first 24·48 hours after surgery.

· Set up a ·recovery station· at home before surgery, stocked with everything you'll need close at hand.

· Most patients take 10·14 days off work; some need 4·6 weeks depending on job demands. Plan on help with household tasks for at least 7 days.

· Swelling improves gradually: 60·80% resolves by 6 weeks, but full resolution can take 4·6 months depending on the extent of your procedure.

## Recovery Prep/Purchases to Consider

- Set up a **'Recovery Station"** in advance. Set aside essentials such as:
    - Comfortable, loose-fitting tops, pants, or skirt to be worn in the post-operative period
    - Arrive wearing loose fitting comfortable clothing.
    - Over-the-Counter Medications: Tylenol, Colace, Senna
    - Over-the-Counter Medications: Colace, Senna, or MiraLAX
        - Aim to have a regular, daily, soft bowel movement leading up to surgery, so you are not starting off backed up. You want to avoid straining and the medications can contribute to constipation. Walking and water help as well. However, should not be frequent loose stools or diarrhea.
    - Loose, comfortable clothing
    - Clean linens and towels, Extra pillows
    - Balanced meals, including proteins
    - Non-carbonated, non-alcoholic, caffeine-free beverages, such as water, juice, milk, and yogurt drinks
    - Compression Garments
    - Compression stockings (do not have to be custom fit)
    - Handheld fan (some patients have found this helpful if drainage or run hot)
    - Plan for help with tasks, work leave, childcare, meals, etc.
    - We recommend for someone to stay with you for 24-hours after surgery.
    - A good book
    - Establish a support team of friends or family

## When to Call Us

Please contact us for any serious change in your symptoms, or any new symptoms that concern you — including:

- Rapidly increasing swelling
- Fevers over 100.5°F, skin becomes increasingly red, cloudy purulent drainage, or concerns for infection
- Concerns for blood clots including shortness of breath, chest pain, unilateral calf pain or asymmetric leg swelling,
- Call 911 or go to the Emergency Department for: chest pain, shortness of breath, difficulty breathing, or fainting/loss of consciousness.

# How much protein should I eat each day?

A 130 lb person is about 60 kg

**Total Daily Protein Need**

**~ 90 grams per day**

*(≈ 1.5 g per kg of body weight)*

## Good Protein Sources

COMMON FOODS & PROTEIN CONTENT

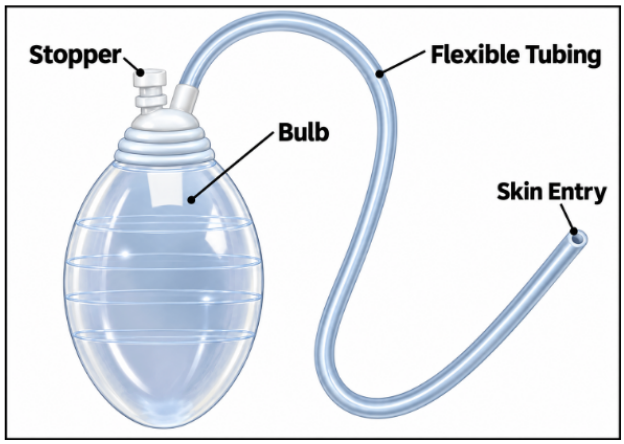
| | | | | | |
|---|---|---|---|---|---|
|  **Egg** (1 large) — 6 g |  **Chicken breast** (3 oz / 85 g) — 26 g |  **Salmon** (3 oz / 85 g) — 22 g |  **Lean beef** (3 oz / 85 g) — 22 g |  **Greek yogurt** (1 cup / 170 g) — 17 g |  **Cottage cheese** (1 cup / 226 g) — 28 g |
|  **Tuna** (1 can, 5 oz / 142 g) — 32 g |  **Shrimp** (3 oz / 85 g) — 20 g |  **Turkey breast** (3 oz / 85 g) — 25 g |  **Tofu** (3 oz / 85 g) — 8 g |  **Edamame** (1 cup / 155 g) — 18 g |  **Lentils** (1 cup, cooked) — 18 g |
|  **Chickpeas** (1 cup, cooked) — 15 g |  **Black beans** (1 cup, cooked) — 15 g |  **Quinoa** (1 cup, cooked) — 8 g |  **Cheese** (1 oz / 28 g) — 7 g |  **String cheese** (1 stick / 28 g) — 7 g |  **Peanut butter** (2 Tbsp / 32 g) — 8 g |  **Almonds** (1 oz / 28 g) — 6 g |

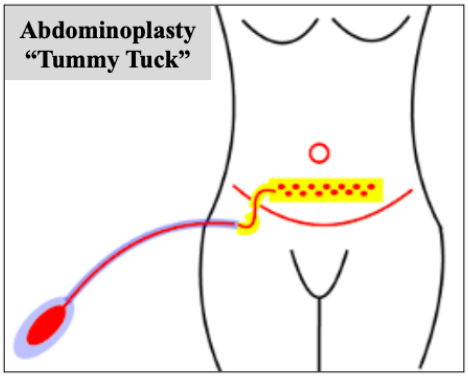
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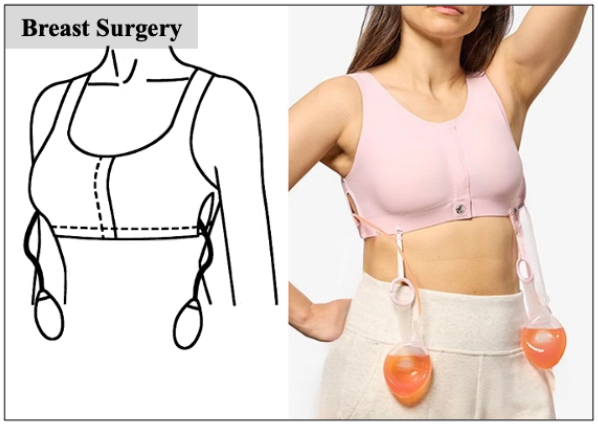
# DRAIN CARE OVERVIEW

**The Jackson Pratt (JP) drain removes excess fluid that the body produces as a result of surgery. The fluid is a mixture of lymphatic fluid, blood cells and debris. Healing can occur more efficiently by removing the fluid. The amount of fluid collected by the drain is related to the extent of the surgical procedure. The color of the fluid usually begins as cranberry (blood tinged) and as the days after surgery go by, the color becomes pink or yellow. Sometimes increased activity can cause the color of the fluid to become cranberry after it has been yellow.**

**Your drain should be emptied every 4-6 hours (you don't need to wake up at night) and recorded on the sheet provided. Remember, if you have more than one drain, record the amounts individually. The drains should be secured to garments so there is no tension at the place where it enters your skin.**



# How to Empty Your Drain

1. **Wash your hands with soap and water for at least 20 seconds.**



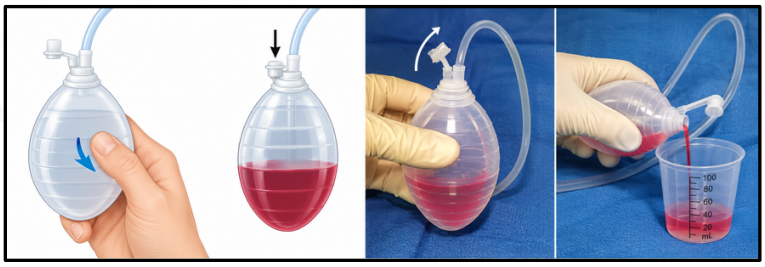
2. **Remove the stopper cap from the bulb.**




3. **Squeeze the bulb to empty the contents into a measuring cup.**



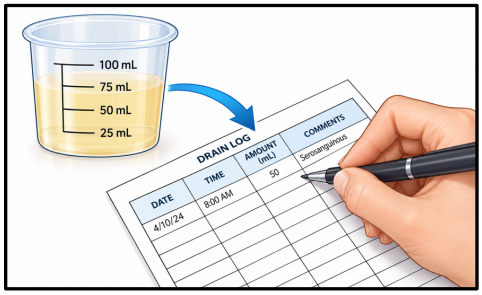
4. **Compress the bulb by squeezing it with the stopper cap still open. Then, while squeezing the bulb, replace and close the stopper cap. This removes the air in the bulb to create a closed suction system.**



5. **The bulb should appear compressed and flat if done properly. It should not be round.**




6. **Record the output on the drain sheet provided each time it is emptied. Then, you may tally up the totals over each 24-hour period.**



7. **Discard the drainage into the toilet. Rinse and wash the measuring container with soap and water or use a fresh one.**



8. Tips:
   - If the gauze around the drain becomes saturated, you may replace it with new gauze.
   - You can clip the drain tab to your clothing with a safety pin to prevent tugging.
   - When able to shower, you can clip the drains to a lanyard or string to support them while showering.

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# DRAIN MEASUREMENT LOG

- You will need to empty the drains every 6-8 hours, then keep track of the 24-hour total. The 24-hour total will determine if the drain can be removed.
  - You will be able to empty the drain less frequently as the drainage amount declines.
- Use a clean measuring cup to measure the fluid quantity and record the output. There are also numbers written on the drain bulb itself. Use a measuring cup if it is difficult to read the bulb numbers.
- Please enter the number of milliliters (cc's) out of each drain over the entire 24-hour period. This will help us decide when the drains can be removed.
- Do not contaminate the inside of the drain. Be sure hands are freshly washed before touching.
- There may be clear-pink drainage that leaks around the drain site at the skin. If this occurs, you should apply dry gauze to absorb the moisture.

| | Drain: RIGHT | Drain: LEFT |
|---|---|---|
| **Post-operative Day 1** | | |
| Time 1: | ml | ml |
| Time 2: | ml | ml |
| Time 3: | ml | ml |
| Time 4: | ml | ml |
| Time 5: | ml | ml |
| **24-hour total:** | ml | ml |
| **Post-operative Day 2** | | |
| Time 1: | ml | ml |
| Time 2: | ml | ml |
| Time 3: | ml | ml |
| Time 4: | ml | ml |
| Time 5: | ml | ml |
| **24-hour total:** | ml | ml |
| **Post-operative Day 3** | | |
| Time 1: | ml | ml |
| Time 2: | ml | ml |
| Time 3: | ml | ml |
| Time 4: | ml | ml |
| Time 5: | ml | ml |
| **24-hour total:** | ml | ml |

| | Drain: RIGHT | Drain: LEFT |
|---|---|---|
| **Post-operative Day 4** | | |
| Time 1: | ml | ml |
| Time 2: | ml | ml |
| Time 3: | ml | ml |
| Time 4: | ml | ml |
| **24-hour total:** | ml | ml |
| **Post-operative Day 5** | | |
| Time 1: | ml | ml |
| Time 2: | ml | ml |
| Time 3: | ml | ml |
| Time 4: | ml | ml |
| **24-hour total:** | ml | ml |
| **Post-operative Day 6** | | |
| Time 1: | ml | ml |
| Time 2: | ml | ml |
| Time 3: | ml | ml |
| **24-hour total:** | ml | ml |
| **Post-operative Day 7** | | |
| Time 1: | ml | ml |
| Time 2: | ml | ml |
| Time 3: | ml | ml |
| **24-hour total:** | ml | ml |
| **Post-operative Day 8** | | |
| Time 1: | ml | ml |
| Time 2: | ml | ml |
| Time 3: | ml | ml |
| **24-hour total:** | ml | ml |

| | Drain: RIGHT | Drain: LEFT |
|---|---|---|
| **Post-operative Day 9** | | |
| Time 1: | ml | ml |
| Time 2: | ml | ml |
| Time 3: | ml | ml |
| **24-hour total:** | ml | ml |
| **Post-operative Day 10** | | |
| Time 1: | ml | ml |
| Time 2: | ml | ml |
| Time 3: | ml | ml |
| **24-hour total:** | ml | ml |
| **Post-operative Day 11** | | |
| Time 1: | ml | ml |
| Time 2: | ml | ml |
| Time 3: | ml | ml |
| **24-hour total:** | ml | ml |
| **Post-operative Day 12** | | |
| Time 1: | ml | ml |
| Time 2: | ml | ml |
| Time 3: | ml | ml |
| **24-hour total:** | ml | ml |
| **Post-operative Day 13** | | |
| Time 1: | ml | ml |
| Time 2: | ml | ml |
| Time 3: | ml | ml |
| **24-hour total:** | ml | ml |