

Postoperative Instructions – Back Lift

Postop Assistance – You are required to have a Responsible Adult with you for the first night at home. Do not walk unaccompanied if you feel faint. You should have assistance for at least several days, and you may need help getting out of bed, walking to the washroom or doing other activities of daily living.

Food & Drink – Eat a light meal when you get home (like soup and a drink) then gradually return to a full diet. Eating a large meal might cause nausea & vomiting.

Medications

- You will be advised about medication use by Dr. Andrade and his staff, then the nurse in the Postop Recovery Room will review all of these medications and their dosing schedule with you and your Responsible Adult. Most medications can be restarted the day after your surgery but some medications (anxiety or sleep medications, antidepressants, etc.) might interact with the pain medications you were prescribed, and cause excessive sedation or respiratory depression.
- All narcotics cause constipation and/or nausea. We recommend purchasing over-the-counter (OTC) medications like Senokot for constipation and Gravol for nausea, but you may substitute other OTC meds if you prefer. If you do not have a bowel movement within 3 days postop you will need to use an OTC rectal suppository.

Alcohol & Recreational Drugs – These can interfere with your prescription narcotic pain medications, leading to excessive sedation. Do not drink alcohol or use recreational drugs while taking your prescribed medications.

Driving – Do not drive a vehicle or perform other tasks that require skill or judgement for at least 24 hours after surgery, while taking narcotic medication, or if you are having pain and do not feel you can concentrate. Most patients avoid driving for at least a week after back lift surgery, so you should plan to have someone bring you to your first postoperative appointment.

Sleep – For at least 2 weeks (and ideally 6 weeks) avoid sleeping on your back, so there is no pressure or irritation of the wound. You may sleep on your side or front.

Binder Use – The waist binder applies moderate pressure to the back to limit swelling and help hold the dressings in place. You should be able to easily put two fingers under the binder and pull it away from your skin. It should not be tight but needs to be in contact with your body. You can adjust it whenever necessary. The binder can be worn continuously, but there also is no harm in removing it for several hours to wash it a few times per week. Do not place the binder in a dryer on a hot setting, as it will lose its elasticity.

Wound Care – Under your waist binder, you will have a large, fluffy white dressing called an ABD pad, and under this dressing you will have water-resistant dressings that are firmly adherent to your incisions with a clear plastic layer. It is ok to undo the binder and remove the outer white dressing to inspect your back wound several times per day, but leave the deeper adherent dressings alone unless you were instructed otherwise. These dressings will be removed by the nurse at your first postoperative appointment. You will be provided with a bag of ABD pads, gauze, gloves and tape if required. Under these dressings there will be strips of mesh tape (Prineo wound closure) adherent to the incisions. You can leave this tape alone when you shower, as it

may get wet. Remove the Prineo tape after 2-3 weeks, or whenever it is no longer firmly adherent. Always thoroughly wash/sanitize your hands before touching your abdomen around the wounds, and also wear gloves if there is any wound drainage.

Bathing – Sponge bathe and leave your back dressings intact and dry until your first clinic appointment 5-7 days postoperatively, then you may then shower routinely. Never soak in a bathtub, hot tub, or swimming pool for at least several weeks, until your incisions are fully healed with no drainage or scabs.

Activity & Exercise – It is important to avoid bending forward significantly for at least 3-4 weeks, to avoid tension on the back wound. It is ok to do light activities of daily living right after surgery, such as personal care, making meals, etc. Avoid rigorous exercise, sports or repetitive tasks for 6 weeks after surgery.

Sexual Intercourse – You may resume sexual intercourse when it is comfortable to do so, but avoid direct pressure to the abdomen for 6 weeks. The abdominal region must be kept meticulously clean and never touched with unwashed hands until all incisions are well-healed (typically at least 3-4 weeks).

Lymphatic Massage – Some patients wish to get lymphatic massage or other physiotherapy to the abdominal region after surgery but this is not essential, as good results will still be obtained regardless. We recommend waiting until the area is well-healed (typically at least 4-6 weeks) since massage could potentially disrupt healing of the skin layer to the underlying muscles, which might lead to a fluid collection called seroma.

Scar Care – We provide a sample of scar gel to start you off with a good scar treatment protocol. At around 2-3 weeks postop, once the Prineo mesh has been removed from your incision, you can apply the scar gel daily and gently massage the scar. Some patients prefer to purchase and use their own silicone strips, which are a good alternative.

Drain Care – We rarely use drains, but occasionally they are required if there is more wound drainage than usual. In this case, you will be instructed how to empty and “milk” your drains. Any drain with less than 40cc of fluid accumulation per 24 hours will be removed at your next clinic appointment. Do not shower or use a bathtub unless the drains have been removed for at least 2 days.

Sun Tanning – Avoid direct exposure to the scar for at least 6 months by wearing a garment or applying high SPF sun tan lotion.

Monitoring for Complications

- An uncommon complication that can occur after surgery is a blood clot in the leg called deep vein thrombosis (DVT) that can dislodge and go to the lungs, causing pulmonary embolism (PE). If you develop one-sided calf pain and swelling, chest pain when taking a deep breath, or shortness of breath you should go to the emergency department for assessment. Note that some patients initially find it difficult to take a deep breath after tummy tuck surgery due to tightening of the muscles or postoperative pain, but this typically improves within several days after surgery. If you are having difficulty taking a deep breath, we first recommend loosening your abdominal binder to see if your breathing improves.
- Contact us and/or seek urgent medical attention if the abdomen rapidly becomes much more swollen, bruised and painful, which could be signs of bleeding (hematoma).
- Monitor for signs of infection like spreading redness and firmness of the skin, increasing warmth, worsening pain, tenderness, wound discharge, or fever.

- Some patients experience urinary retention after surgery. After being discharged, if you are unable to void within 6-8 hours, you will need to go to your nearest emergency department. A catheter (tube) will be inserted to drain your bladder, and typically left in for several days.
- Inform our office if you require treatment at a hospital emergency department for any reason within 10 days after surgery.

Frequently-Asked Questions:

When will the swelling go down? – The majority of swelling resolves over 6 weeks, but most patients still experience intermittent swelling for many months. Typically, the swelling worsens during the day, then resolves during sleep by the following morning. If your swelling does not resolve it might mean that a fluid collection called a seroma has developed. In this case, please contact the office for assessment.

When can I return to work? – Please discuss your exact job with Dr. Andrade so he can make specific recommendations. Most patients return to light work (like desk jobs) within 3 weeks but each person's healing progress and job demands are different. For jobs that involve lifting greater than 20 pounds (roughly 10kg) or require a lot of bending, twisting or repetitive movements, we advise modified light duties for 6 weeks.

Is tummy tuck surgery painful? – The majority of patients have moderate pain that is well-controlled by taking a combination of Tylenol (acetaminophen), other non-narcotic pain medications like Celebrex (celecoxib), and/or a narcotic pain medication like Dilaudid (hydromorphone). Most of the pain usually resolves within the first week but it is not uncommon to get occasional, brief pain sensations for several months postoperatively. If pain is affecting your ability to sleep or do light activities of daily living, be sure to contact us for advice.