

Patient's Instructions

MRN _____

POST-OPERATIVE LIPOSUCTION

1. Bed-rest for the first twenty four hours. You may get up to go to the bathroom only. The day after surgery you may be up for light activity but don't overdo it.
2. You must wear the support garment provided or one of approved equivalent support for four weeks. You will need to sponge bath yourself for the first three days after your surgery. After the initial three days, remain in the garment for twenty-three hours a day. You may be out of it for one hour to shower and wash the garment. Support should be provided during the day and especially when active or exercising. Avoid strenuous exercise, reaching, lifting of things over 5 pounds, etc. until advised by your Doctor. Avoid over heated rooms and direct sunlight. This will cause more swelling. When taking your garment off for the first time, do it slowly, sitting at bedside first then get up slowly, then walk to shower. Make sure you have someone standing by with you as dizziness and fainting can occur due to fluid shift. Put the garment on immediately afterwards. The compression provided by the garment is important for your recovery and good results.
3. You may have large amounts of drainage from the surgical sites for a couple days. This is a normal occurrence. You may want to protect your bed linens with towels or old sheets. You will also have an increased amount of urine output. This is a normal occurrence.
4. It is also normal to experience fatigue following normal activities for up to two weeks following Surgery. This will subside in time. If you feel tired you should try to rest as much as possible.
5. It is also normal to have swelling following the surgery. If the swelling seems excessive, or if your tissue becomes hard, red and warm to the touch, please call the office.
6. Remember that pain and muscle spasms are normal after this surgery, and the pain medication and valium is designed to lessen this, but will not remove it completely. Everyone's pain tolerance varies and you will most likely experience some amount of pain. **If you have excessive pain, swelling or bleeding please call the office (910) 235-2957.**

I have read, understand and agree to follow these instructions.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

PINEHURST SURGICAL

Plastic Surgery Center
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