

THIGH TUCK

DR. GERUT'S POSTOPERATIVE INSTRUCTIONS

Do not do anything that raises your blood pressure or causes excess motion of the thighs for the first five days after surgery! **NO SEX, LIFTING, BENDING OVER, STRAINING, ETC.** For a few days after surgery keep your hips and thighs as still as possible. You will experience pain or discomfort with all hip and thigh motions. **If a specific motion hurts-DON'T DO IT.** Slowly, your activity will increase as you heal. You will need to keep your hips straight and legs close together to avoid pain and damage to your surgery. Avoid the sitting position even when standing up from a lying down position. Excessive swelling due to too much activity can cause prolonged fluid build-up under your skin, which will need to be drained. **DO NOT SMOKE! Smoking can cause the skin near your scar to die and can slow your healing tremendously.**

You must wiggle your toes and ankles and move your knees as much as possible to help prevent blood clots from forming in your legs. Do this as much as possible until you are walking normally.

Please take the medications that Dr. Gerut indicates with a check mark. Any medication not checked off may be taken if necessary. **If you are allergic to any of these medications, please let us know!** Please take all pills with food to avoid nausea. Your prescription bottles will be labeled **only with the medical names for your pills** and for your reference, the medical names are in parentheses below.

Cough and breathe deeply, this will help prevent post-operative respiratory infections.

Antibiotic:

- Keflex** (Cephalexin) - 500mg (1 pill) 2 times day
or if allergic to Penicillin,
- Vibramycin** (Doxycycline)-100mg 2 times a day

Severe Pain:

- Percocet** (Oxycodone)- 1-2 pills every three to four hours as needed. For the first two days, consider taking the pills every 2 or 3 hours and not wait to feel it.

Moderate Pain:

- Norco**- 1-2 pills every three to four hours as needed.

Nausea:

- Compazine** (Prochlorperazine) Use one if needed. Never use more than 2 in 24 hours. If nausea returns, and you weigh less than 160 pounds, call the office before using a second suppository.

Anti-Swelling:

- Medrol** – (methylprednisolone) take pills as directed on package, begin the morning after surgery.

Constipation:

- Ex-lax** (or any other mild laxative as needed)

Multi-Vitamin:

- 1 daily; and Vitamin C - take 2 or more 500mg tablets daily

KEEP COMPRESSION GARMENT ON AT ALL TIMES during the first two days after surgery. If you take it off, putting it back on will be difficult. Therefore do not shower until two days after surgery. Before shower, take off garment and take **ALL** the gauze off. **You MUST have help** in the shower to avoid fainting or falling. Do not take a bath-getting in and out of the tub will be very difficult. You can **BRIEFLY** get your incisions wet by letting the shower spray run down onto the stitches. Then quickly pat the incisions dry with a soft towel and apply Bacitracin or Neosporin to incision, reapply gauze if needed and put garment back on.

If compression garment gets too tight you may loosen it slightly. After the first few days you may take it off for an hour or two at a time while you wash the garment. It is best to lie down when not wearing it. For comfort, you may want to wear a cotton garment under the garment.

All the stitches are dissolving. If some are not, they will be removed after two weeks.

Because there can be excessive drainage, you may go home with drains still in-we will show you how to empty the bulb twice a day and keep a careful record of how much comes out. Make sure there is always suction on the drains by keeping the bulbs collapsed and the plugs in tightly. **IF THE DRAINS FALL OUT DO NOT PUSH THEM BACK IN.**

Expect small areas of bloody or yellowish drainage on your bandages and garment. These areas may develop even weeks after your surgery. Small amounts of drainage are expected. Severe bleeding or large amounts of drainage must be reported to Dr. Gerut immediately.

Your inner thighs will be numb for several months after surgery. This will return to normal very slowly. Sometimes a small area of skin at the center over the incision stays numb.

Expect to be constipated after surgery due to the effects of anesthesia and medications and lack of motion. This will subside with time. You should start taking laxatives **BEFORE** the surgery.

Expect that you will feel very tight at the inner thighs.

Your incision lines will appear red and feel hard for months after surgery. Your final scar appearance will not be evident for over one year. If any part of your scar does not heal well, it is easily repaired but not until at least six months after surgery. Do not expose your scars direct or prolonged sunlight for one year after surgery.

Do not apply any treatments or creams to the surgical area unless approved by Dr. Gerut. No hot water bottles, heating pads, ice or topical treatments.

No aspirin, Bufferin, APC, Fiorinal, Alka Seltzer, Ecotrin, Excedrin, Anacin, Vitamin E or any other medication not directed by Dr. Gerut for one week **AFTER** surgery. Regarding Advil or Motrin, check with Dr. Gerut or his office staff.

Acidophilus, Monistat, or Diflucan (or other over the counter anti-yeast infection medication) to avoid or treat yeast infection from antibiotics.

Any severe increase in pain or swelling or any other emergency should be reported to Dr. Gerut immediately at 516-295-2100. After office hours, please call Dr. Gerut's service at **516-295-2361**.

Please call the office at your earliest convenience to schedule your post-operative appointment.

I have been made aware of the following possible complications and/or side effects and I accept them (there are others possible that are not listed here):

Bleeding	Thrombophlebitis	Reaction to the sutures
Infection	Hypertrophic Scars	Hematoma
Need for revisional surgery	Keloids	Skin/scar discoloration
Wound Dehiscence	Chronic Pain	Disability
Skin Numbness	Asymmetry – very likely	Change in thigh shape
Seroma	Anesthesia Risks	Parasthesias
Loss of skin sensation	Scarring	Contour deformities

X _____

It may be necessary for you to communicate with Dr. Gerut by text or email before or after your surgery. This communication may involve sending information about or photographs of yourself over the Internet from which you may or may not be identifiable. By your initials here you acknowledge and accept this potential breach of your privacy. X _____

Among other things, significant weight gain or weight loss (change of 10% or more in body weight) can affect your surgical result, for this reason, you must agree to make all efforts to keep your weight stable after your procedure. If your weight changes significantly (change of 10% or more in body weight) after your procedure, you will not be entitled to any free “touch-up” procedures to the same area and you will be charged a surgical fee and an operating room fee and an anesthesia fee. If for other reasons, revisional surgery is required, there may be a surgical fee but even if there is no surgical fee, THERE WILL BE A STANDARD FEE FOR THE OPERATING ROOM AND THE ANESTHESIA.

No Aspirin, Bufferin, APC, Fiorinal, Alka Seltzer, Ecotrin, Excedrin, Anacin, Vitamin E or any other medication not directed by Dr. Gerut for ONE WEEK AFTER SURGERY. Regarding Advil or Motrin, check with Dr. Gerut or his office staff. During the time that you are taking a narcotic pain reliever, you are to avoid driving or operating heavy machinery. Dizziness or severe drowsiness can cause falls or other accidents.

I have read the above instructions (3 pages total) and possible problems fully, all my questions have been answered and I understand and accept the instructions and possible problems fully.

Patient Signature

Date

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