



### ***INSTRUCTIONS AFTER LIPOSUCTION***

#### **Activity:**

- Immediately after surgery you should rest for the first 48 hours.
- Stay in the company of a responsible adult for the first night.
- Commence on a light or liquid diet as tolerated as anesthesia medications can make you feel nauseous.
- Avoid any strenuous activity, heavy lifting.
- Bruising and swelling are normal results of the procedure and can last for several weeks. Swelling can increase as you increase your activity level.

#### **Dressing Care:**

- You should expect a significant amount of liquid drainage from your liposuction sites for the first 24 hours. The fluid may be pink in color.
- You will have heavy drainage pads under a compressive garment. These pads can be changed as needed. (pads will be supplied to you) In most cases the garment does not need to be removed to change the pads but you may need the assistance of another person.
- After 48 hours you can remove the compressive garment. When you remove the garment sit on the edge of the bed and rest for 15 to 20 minutes prior to standing or showering. (The compression of the garment constricts the small blood vessels, when the compression is released you may feel light headed for a few minutes.)
- The garment can be rinsed out and dried but should be worn for two weeks at all times except for washing and showering.
- During the first week after surgery you may develop a collection of fluid just below the skin. If this occurs please call the office during regular business hours (8:30 to 5:00pm) to schedule an appointment.
- Beginning two weeks after surgery the compressive garment should be worn 12 hours per day for the next two weeks.
- The liposuction sites have sutures that will dissolve over time and do not need to be removed.
- Do not allow the liposuction sites to be exposed to the sun.

#### **Medication:**

- You may take Tylenol for mild/moderate discomfort. (Be aware if the pain medication you are taking contains Tylenol. Do not take two items containing Tylenol.)
- Take prescription pain medicine as needed for more severe pain according to the instructions on your prescription.

**Please use the medication prescriptions already given to you:**

**Pain Medicine** \_\_\_\_\_

**Anti-Nausea Medicine** \_\_\_\_\_

**Follow-up:**

**Your 1<sup>st</sup> postop visit is** \_\_\_\_\_

If a follow up appointment has not been made for you please call our office during regular business hours (8:30am to 5:00pm) at your earliest convenience.

If you have any unusual bleeding, severe pain (not responding to pain medication) or any signs of infection, call (617) 786-7600 anytime to reach the doctor.

**I acknowledge the above instructions were explained to me and that I understand them.**

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