

PRE AND POST-OPERATIVE INSTRUCTIONS

LIPOSUCTION

A successful surgery requires a partnership between you and Dr. Arvin Taneja.

The following instructions are essential to a safe experience and good outcome. Use this as a checklist as you approach your surgery date. If you are unable to comply with these instructions, you must notify our office as soon as possible. As a result, your surgery may have to be postponed or delayed, at the judgment of Dr. Taneja.

This is essential to your health and safety.

THREE WEEKS BEFORE LIPOSUCTION SURGERY:

- Laboratory and EKG (if they are required) must be done. If you are having your preoperative testing at a lab other than the one we suggested, you are responsible for having the written results of this testing arrive at our office one full week before abdomen liposuction surgery (our fax number is 626-844-0018).
- MEDICAL CLEARANCES ARE REQUIRED FOR ALL SURGERIES
- LIPOSUCTION SURGERY WILL NEED TO BE CANCELLED IF THERE IS ANY CHANCE THAT YOU ARE PREGNANT.
- Good nutrition. Eat well during the weeks prior to surgery. Crash dieting, over-eating or high alcohol intake can greatly affect your overall health and well-being. A healthy, balanced diet is essential.

TWO WEEKS BEFORE LIPOSUCTION SURGERY:

Do not take any products containing aspirin, ibuprofen (Advil, Motrin), non-steroidal anti-inflammatory medication or Vitamin E. Tylenol is acceptable.

Arneca is helpful to reduce bruising after surgery

Refrain from all nicotine products, including cigarettes, pipe tobacco, chew or Nicotine patch. Nicotine interferes with healthy circulation and may affect the result of your abdomen liposuction surgery. It also places you at higher risk of complication when receiving anesthesia.

ONE WEEK BEFORE ABDOMINAL LIPOSUCTION SURGERY:

- Do not drink alcohol for 1 week before and after abdominal liposuction surgery.
- Please ensure that all laboratory tests and/or blood work has been completed by this time as ordered by the plastic surgeon/nurse practitioner. Our fax number is 626-844-0018.

THE DAY BEFORE ABDOMINAL LIPOSUCTION SURGERY:

- Our office will call you after noon to inform you of your arrival time for surgery.
- Pack your bag for surgery. This should include: Your photo identification, all prescription medications, your post-surgical compression garment, reading glasses, warm socks, saltines or other crackers in case of nausea during your ride home.

- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT** (This includes water and gum chewing). Surgery may be cancelled if this is not followed. A fasting state is required in order to receive sedation for abdominal liposuction surgery. The only exception is medication, which we instruct you to take with a sip of water the morning of surgery.

DAY OF SURGERY:

- Go to 19671 Beach Blvd. Suite 321. Huntington Beach, CA. 92648.
- You may shower and shampoo the morning of surgery. Do not wear makeup, hair sprays or gels, or nail polish. You may leave acrylic nails on.
- Please wear loose fitting clothing.
- Do not wear jewelry, including body jewelry or bring valuables to abdominal liposuction surgery.
- If you have your menstrual cycle, please wear a feminine napkin. Do not wear a tampon.

POST-OPERATIVE INSTRUCTIONS: ABDOMINAL LIPOSUCTION

COMMON INSTRUCTIONS AFTER ABDOMINAL LIPOSUCTION SURGERY:

- A responsible adult must provide transportation for you after your liposuction surgery (public transportation is not permissible).
- A responsible adult must stay with you overnight and after your liposuction surgery until the morning following the procedure. If you are having several procedures, you may need or prefer assistance for 1-2 days following your procedure.
- Avoid making major decisions or participating in activities that require judgment for 24 hours after surgery.
- Do not drive for approximately 5-7 days after surgery or when taking pain medications.
- Avoid any activities that cause pain or discomfort. There are no restrictions on your activity or exercise.
- You are encouraged to walk around the house on the day of surgery and thereafter. This helps to prevent blood clots from developing in the legs.
- Move/pump your legs frequently while lying down. This also helps in preventing blood clots from developing.
- Take deep breaths often when you get home and for the first 24 hours after liposuction surgery. This helps to expand the base of your lungs.
- Resume activities slowly. You may feel tired for the first few days but you should be able to return to normal activities within 1 week.
- Expect to have pain for the first 24 hours. Take your pain medication before your pain becomes severe.
- Take all medications as instructed post operatively.
- Some bruising and swelling is normal. It is expected to take between 3-6 months to see your final results.
- Avoid direct sunlight to the incision for at least 1-year. Use a sunscreen with zinc oxide with a SPF of 20 or greater to help decrease the visibility of the scar.
- Drink lots of liquids after surgery to help replenish fluids that may have been lost during liposuction surgery.



- Use caution when getting up from a chair or bed as you may experience slight lightheadedness.
- You will go home with a compression garment in place. You will need to wear this garment at all times for **6 weeks** after surgery. After **5 days**, you may take the garment off to shower but it should be put back on afterwards.
- Expect to have a moderate amount of swelling and drainage. You may change the gauze pads over your garment as needed to help keep clothing dry. The drainage from the small incisions may be significant for the first 12 hours after surgery but should stop after 24 hours. If it persists after then, please call the office.

CALL OUR OFFICE IF YOU DEVELOP ANY OF THE FOLLOWING AFTER ABDOMINAL LIPOSUCTION:

- Fever of 101 degrees F or greater.
- Pain not relieved with pain medication.
- Swelling, redness, bleeding, and/or foul drainage from an incision site.
- Persistent nausea and/or vomiting.
- Any other concerns.

Office Telephone: 626-844-0555

I HAVE REVIEWED AND UNDERSTAND THE INSTRUCTIONS PROVIDED FOR MY PROCEDURE.

Patient Name (print): _____

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____