



SMITA R. RAMANADHAM, M.D.
PLASTIC SURGERY

Lower Body Lift

Patient Care Instructions

General Information

A lower body lift is a circumferential procedure, which shapes the abdomen and waist, as well as the outer thighs and buttocks. It is a very powerful body contouring operation that removes excess skin and fat through lifting the outer thigh and buttock combined with the tightening of the abdominal area. It is performed with an incision that wraps around the lower waistline. A lower body lift is frequently performed in the patients who have lost a significant amount of weight after pregnancy, diet and exercise, and/or bariatric surgery. In some situations, a buttock augmentation can be performed at the same time. Your decision for cosmetic body contouring surgery is an individual one and your options will be discussed in your consultations with Dr. Ramanadham. Each area of the surgery may require different amounts of care depending on what is performed, but in general the after care for any body lift procedure is straightforward. Dr. Ramanadham advises at least one night observation so that patients are comfortable and confident in their recovery after this type of surgery

Things to handle prior to your surgery

Avoid all NSAIDs (motrin, aspirin, ibuprofen, etc) for 7-10 days prior to procedure unless otherwise directed by your doctor. Continued use may cause bleeding.

Avoid all herbal medicine or supplements for 3 weeks prior to procedure. Continued use may cause bleeding.

Arrange for someone to drive you home from the hospital and stay with you for at least 2 to 3 days.

Necessary medications will be called into your pharmacy or prescriptions provided on day of surgery. These should be picked up prior to surgery or soon after surgery.

Protein supplementation can be started one to two weeks before surgery and should include over 20 grams of additional protein daily.

Have electrolyte containing fluids such as Gatorade or electrolyte water on hand.

Have stool softeners/laxatives on hand, such as Colace, Biscodyl, Milk of Magnesia. These can be purchased at your local pharmacy.

Review the attached list of medications not to take during the perioperative period. If you have any further questions that were not addressed during your consultation then please call our office.

If you are unsure if you can stop medications then please call the prescribing provider to confirm if this is medically safe.

For your convenience, we have included a [Suggested Shopping List](#) in the addendum to these instructions.



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Pre-Operative Guidelines

Smoking should be stopped a minimum of 6 weeks prior to surgery. Smoking should be avoided for at least 6 weeks after surgery as well. Smoking can greatly interfere with healing and lead to postoperative complications.

Do not eat or drink anything after midnight the night before surgery. This includes no water, gum, or hard candy. Blood pressure and/or heart medications can be taken with a sip of water as directed by your prescribing physician.

If you take medication for diabetes then confirm with your prescribing physician how to manage these medications prior to surgery.

If you are prone to nausea or motion sickness let your anesthesiologist know on the day of surgery. Medications can be started prior to surgery or during surgery to help improve your postoperative experience.

Post-Operative Care

Take pain medication and muscle relaxants as prescribed. Often these medications are necessary for the first 2 to 3 days and then on an as needed basis. Do not drink alcohol with these medications.

Take a suggested stool softener/laxative until bowels begin to function normally after surgery. A combination of anesthesia, muscle relaxants and pain medications usually make this necessary for a few days.

Do not smoke or be around smoking as even second hand smoke delays healing and increases the risk of complications.

Get plenty of rest.

Follow a well-balanced diet, which includes protein and is limited in salt intake. A high salt diet or meal, can lead to increased swelling and prolonged recovery. It is best to continue the protein supplementation for approximately 3 weeks after surgery.

Oral hydration should include the use of electrolyte containing fluids such as Gatorade or a low calorie substitute.

Limit the amount of caffeinated beverages as they can promote dehydration; however, Dr. Ramanadham recommends you maintain your daily average of caffeine to avoid headaches.

Wear your binder continuously for the first 10 to 14 days. You may take it off to shower. The binder will help with the swelling and help maintain the internal tightening as you heal. You will have the best results if you wear this for up to 4-6 weeks and then continue to wear nightly until 3 months post-operatively.

Activity Restrictions

Walking is encouraged immediately after surgery and can be increased over the first 2 weeks. This will decrease your risks of blood clots.

Light cardiovascular exercise can be resumed after 4 weeks with all activities to be resumed at 6 weeks.



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It is important to walk slightly “stooped over” bent at the hips for 5 to 10 days to reduce tension on the lower abdominal incision. This helps to protect the incision as it heals and improves the scar long-term.

Keep your head elevated to about 40 degrees (2 pillows) with knees slightly bent and hips in a flexed position. A recliner or back wedge pillow can be helpful to make this position tolerable for one week. Pillows under the head/shoulder and knees will help.

Do not lift anything heavier than 10 pounds for 6 weeks.

Do not drive for 7 to 14 days or until you are no longer taking oral pain medications or muscle relaxers.

Do not run, lift weights, play tennis or golf for 6 weeks after surgery. It is important to keep your heart rate under 100 beats per minute for 4 weeks.

Heavy lifting/stretching (Yoga) can be resumed after 6 weeks.

Incision Care

You will have a clear plastic dressing over some incisions. In some situations, this will be removed prior to leaving the hospital. This will usually be around any drain sites. If it remains it can remain in place until your office visit. If it is peeling off or there is moisture under it, please remove and replace with gauze.

A clear skin glue dressing will be on all incisions except for the umbilical/belly button incision, which will have a yellow gauze inside of it with overlying white gauze and clear plastic tape. The belly button dressing should be removed in 2 days. It does not need to be replaced. A band-aid can be used if there is irritation. The glue will protect the incision for 3 weeks and will fall off on its own.

If you have persistent sutures, they will be removed in 7 to 14 days.

You may shower the day after the operation. Make sure someone is with you at your first shower. Remove any outer gauze or pads that might be present. These do not need to be replaced. You can shower over the belly button dressing, however, remove this after 2 days.

You may gently begin washing your incisions with mild soap and water but do not submerge the incisions for at least 4 weeks. Gently pat dry all areas following your shower. No baths, pools, oceans, or lakes for 6 weeks.

The abdominal binder should be removed only for showering, but it should otherwise be worn at all times. Any gauze and tape can be discarded and need not be replaced after the first shower. White foam pads are sometimes placed and can be replaced under the abdominal binder.

Do not use a heating pad; heat may burn the area.

Sleep with pillows under your knees. Some women choose to sleep in a recliner or lounge chair.

Drain Care



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Dr. Ramanadham may place one or two small silicone tubes under the skin in the area of surgery. These will be connected to a suction bulb. These drains help collect fluid, which can normally occur in the area of healing. They will each be removed when ready.

Care for the drains will be reviewed by the nurse on discharge.

Keep your drainage bulbs collapsed to create a mild suction. Record the time and amounts of drainage over a 24 hour period. It is very important to accurately record each individual drain output.

Generally, drains will remain until individual daily drainage is 30 cc or less for 2 consecutive 24 hour periods. A sheet is provided to you for recording these amounts.

Call the clinic to make an appointment with Dr. Ramanadham to have these removed once they meet the above criteria IF this is before your already scheduled visit. Typically, one drain from a specific area is removed at a time.

Umbilical/Belly Button Care

Two days after surgery, the umbilical dressing can be removed.

What to Expect after a Lower Body Lift

Moderate swelling of the abdomen is expected. This will subside in 6 to 9 weeks, however, will continue for up to one year at which time you will see your final results.

It is common to have discomfort, mild burning and numbness around the lower incision after lower body lift. This is normal and will improve shortly after surgery.

Discomfort in the areas of the abdominal surgery and muscle repair may worsen with increased activity and relates to internal sutures that Dr. Ramanadham places to shape this area of the abdomen.

You can expect some slight bloody oozing from the suture lines and swelling of the incisions. Gauze may be reapplied if it is bothersome; however, you should call the clinic if you have continuous bleeding, significantly more swelling on one side than the other, or any severe pain associated with swelling.

Tightness of the abdomen is a normal feeling after this surgery. This may worsen over the first 2 days. This will relax with time and can be relieved with maintaining the flexed position, keeping compression on the abdomen and utilizing medication for muscle spasms (Valium).

Red discoloration of the incisions may occur if there is significant swelling, especially in the area of the sutures.

This will resolve when the glue falls off and the incisions heal.

Constipation is common after any operation, and is secondary to the anesthetic, pain medication and dehydration.

Please stay well hydrated and use the recommended stool softener and/or laxative until bowels return to normal.

When to Call the Office



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If you have increased swelling and bruising on one side significantly more than the other. Remove the abdominal binder to make this determination. This may represent a hematoma (collection of blood) or a seroma (collection of clear fluid).

If you have significantly increased drain output over an 8 hour period (greater than 150 cc).

If you have increasing redness or swelling around the incision.

If you have severe pain not relieved by pain medication.

If you have pain in the calf and swelling in one calf significantly more than the other.

If you have chest pain or shortness of breath.

If you have any side effects from the medication: rash, nausea, headache, vomiting.

If you have fever over 101.

If you have yellow or greenish drainage from an incision or notice a foul odor.

If you notice some vaginal burning and itching or severe diarrhea as a result of the antibiotics used during and after surgery.

For medical questions, please call our office.

Follow-up Care and Appointments

A visit should be scheduled when the drains are ready for removal if this is before your scheduled appointment. Refer to your Drain Care Instructions.

Your sutures will be removed in 7 to 10 days if they are not dissolved. Generally, they are dissolvable and will fall out.

You should schedule follow up visits to see Dr. Ramanadham in 7 to 14 days, 6 weeks, 3 months, 6 months and 1 year.

Suggested Shopping List

Items to have on hand prior to surgery

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- Prescriptions will be called into your local pharmacy as ordered by Dr. Ramanadham or given to you at discharge. Typical medications are as follows but these will be tailored to your needs.



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- Norco or tramadol (pain medication)
 - Valium (muscle relaxant and anti-anxiety medication)
 - Keflex (Antibiotic)
 - Zofran (Nausea)
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- Gatorade or another low calorie alternative, such as water with electrolytes

 - Protein Supplements

 - Stool softener / laxative (choose one):
 - Docusate (Colace) 100 mg orally two to three times daily when taking pain medication
 - Milk of Magnesia 30cc/1 Tablespoon twice daily when taking pain medication
 - Prune juice or Sorbitol orally
 - Biscodyl or Magnesium Citrate as needed for constipation