



SMITA R. RAMANADHAM, M.D.
PLASTIC SURGERY

Thighplasty or Medial thigh Lift

Patient Care Instructions

General Information

A medial thigh lift or thighplasty is a procedure, which shapes and contours the inner thigh through the removal of excess skin and fat. It can be combined with liposuction of the thigh. The procedure uses different incision patterns to individually address the varying effects of weight loss to give you an improved shape to your thighs. This procedure can often be combined with other body contouring procedures.

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 the day of 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 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

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.



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PLASTIC SURGERY

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 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 and pain medication usually makes 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 compressive garment or the ACE wraps for first 14 days. You may take it off to shower. This will help with the swelling and help maintain the internal tightening as you heal. Ideally, please wear the compressive garments for 6 weeks continuously, with breaks as needed. Following this, you may wear at night for an additional 6 weeks to help minimize post-operative swelling for a total of 3 months. The longer the better.



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PLASTIC SURGERY

Activity Restrictions

Walking is encouraged shortly after the operation and can be increased over the first 2 weeks. This will reduce your risk of a blood clot. Light cardiovascular exercise can be resumed after 4 weeks with all activities to be resumed at 6 weeks.

Wear your lower extremity garment or ACE wrap continuously for the first 10 to 14 days. You may take it off to shower.

When lying down or sitting, elevate your legs above your heart using 2 pillows on each side and under knees as well.

Do not lift anything heavier than 10-15 pounds for 6 weeks.

Do not drive for at least 1 week or until you are no longer taking oral pain medications.

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.

Light cardiovascular exercises can be resumed gradually after 4 weeks.

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

Incision Care

You will have a clear skin glue dressing on all incisions which will remain on for 3 weeks. This will peel off on its own.

If you have persistent sutures, they will be removed during your visit with us.

If there is any plastic clear tape, leave this in place and shower over it. This is usually around any drains.

You may shower the day after the operation. Make sure someone is with you at your first shower.

The thigh garment or ace wrap can be removed to shower. Any gauze and tape can be discarded and does not need to be replaced after the first shower.

You may gently begin washing your incisions with mild soap and water but do not submerge the incisions for at least 4 weeks. Avoid baths, pools, lakes for 4 weeks or until completely healed.

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

Drain Care



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PLASTIC SURGERY

Dr. Ramanadham may place one small silicone tube 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 separately.

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

What to Expect after a Brachioplasty

Moderate swelling of the legs is expected. The majority of this will subside in 6 weeks to 3 months. Your final result will be apparent in 1 year when all of the residual swelling has improved.

The most common complaint is swelling in both legs with numbness and tingling for the first 1 to 2 days. This is related to the effects of operation combined with the compression garment. This will improve with elevation and the removal of the ACE wrap/garment.

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 thighs and legs are a normal feeling after this surgery. This may worsen over the first 2 days. This will relax with time and can be relieved with elevation of the legs above the heart.

There may be a feeling of numbness of the legs that will subside with time.

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 stitches are removed.

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

If you have increased swelling and bruising on one side significantly more than the other. Remove the compression garment or ACE wrap 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).



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PLASTIC SURGERY

If you have increasing redness or swelling around the incision.

If you have calf pain or leg pain that is new or when walking.

If you have severe pain not relieved by pain medication.

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 the clinic.

Follow-up Care and Appointments

If you stay overnight, Dr. Ramanadham will see you in the aftercare facility the day after your procedure.

Your first postoperative visit will be scheduled in 1-2 weeks. If your drain meets removal criteria prior to this, call the clinic to reschedule your appointment.

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

After the first postoperative visit, you should expect to see Dr. Ramanadham at 4 weeks, 3 months, 6 months and 1 year.

Suggested Shopping List: Items to have on hand prior to surgery

- Prescriptions will be called into your local pharmacy as ordered by Dr. Ramanadham or given to you on the day of surgery. Typical medications are as follows but these will be tailored to your needs.
 - Norco or Tramadol (pain medication)
 - Keflex (Antibiotic)
 - Xanax or valium (anxiety)
- Ibuprofen (Motrin)- can be started 1 week after surgery.
- Gatorade or another low calorie alternative, such as water with electrolytes



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PLASTIC SURGERY

- Protein Supplements
- An upper body long sleeve compression garment or an ACE wrap will be placed in the operating room. Additional upper body compression garments can be purchased.
- 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