

Rosemont Business Campus
919 Conestoga Rd.
Bldg 1, Suite 200
Rosemont, Pa. 19010

Phone: 610-519-0600
Fax: 610-519-1238

POST OPERATIVE CARE BUTTOCK LIFT

Post op care:

- Drains placed during surgery are removed individually from 1-4 weeks post procedure **(see care of drains sheet)**
- Take short walks to promote good circulation
- No straining, lifting or bending for 2-3 weeks
- No aspirin or ibuprofen for 5 days
- May operate a motor vehicle 24 hours following last dose of narcotic pain medication
- Resume non strenuous activity in 1-3 weeks and exercise in 4-6 weeks

What to expect:

- Swelling and bruising
- May take several weeks (bruising) to several months (swelling) to resolve
- Mild to moderate discomfort – use pain medication as directed
- Constipation may occur – increase fluid intake and use mild laxative or stool softener if needed
- Numbness and decreased sensation may persist for several weeks to months
- Incisions will be red to pink and may remain this way for many months following surgery. It will take 9 months to a year before scars flatten out and lighten up

Follow up care:

- Call the office and report the drainage amounts. Your follow up appointment will be scheduled based on this information.

DO NOT HESITATE TO CALL THE OFFICE WITH ANY QUESTIONS OR CONCERNS

Pain medication: _____

Antibiotic: _____

Follow-up: _____ **please call office to arrange follow up appointment. 610-519-0600**

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JACKSON-PRATT DRAIN CARE

After your surgery you will have a drain called a Jackson-Pratt (JP) coming from your incision. The information below will explain the purpose for and care of your drain.

Purpose of the drain: To remove body fluid and blood from the surgical area and to prevent swelling at the area, which could cause discomfort and interfere with the healing.

Care of the drain: Keep pinned to the inside of clothing lower than the drain site. Un-pin and re-pin drain when showering or changing clothes. Cleanse area with mild soap, rinse well, and pat dry. Unplug cap on bulb, gently turn bulb upside down over measuring cup. Slowly and gently squeeze bulb. Drainage will flow out. (A few clots and a small amount of drainage may remain in the bulb). Drainage may be discarded in the toilet. After emptying, squeeze the bulb to flatten and re-cap. Bulb should remain flat. This indicates the suction is working. As drainage collects again, the bulb will expand. Measure and record the drainage in ml's or cc's. Keep a 24-hour total drainage record daily. If you have more than one drain, record each drain total separately.

It is not unusual for the drain site to be tender and have a small amount of seepage. If there is a sudden decrease in drainage and an increase in seepage around the drain site, you may need to milk the tubing. This is accomplished by gently holding the end of the tubing nearest the body with one hand while taking the other hand and using the thumb and forefinger, gently pinch the tubing while sliding thumb and forefinger toward the bulb. You may need to do this until fluid begins to flow from the tubing to the bulb. Squeeze the bulb and re-cap following this.

Removal: Call the office and report your drainage totals. This information will determine when to come to the office for removal and follow-up. It is not necessary to take pain medicine in anticipation of drain removal.

Record all drainage:

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Morning							
Afternoon							
Evening							
TOTAL	cc	cc	cc	cc	cc	cc	cc