CHRYSALIS COSMETICS

Patient Instructions for Abdominoplasty (Tummy Tuck)

Week One Post-Operative Instructions

1. No bending, lifting, or straining for the first 3 weeks. REST AND RELAX! Rest in your bed or a chair with your back and knees supported by pillows.
2. Exercise your calf muscles and flex ankles every hour while awake for at least 10 minutes to help with circulation. Slow walking around the house is recommended.
3. Take your prescribed medications as directed to remain comfortable.
4. Do not take Aspirin, Ibuprofen, Aleve, Fish oils, Vitamin E, Herbal supplements, etc. as these are blood thinning and may increase bruising for a minimum of 2 weeks after procedure.
5. Drink plenty of fluid. Avoid alcohol and caffeine.
6. Please shower on day 2 or day 3. Please ensure the Steri-Strips (brown paper tapes) AND/OR White Mesh Tape are completely dry before putting any garments back on. You may use a blow dryer on low heat setting to aid in drying the Steri-Strips/Tape. Tapes will be on for the first week. Please call the office if there are any questions or concerns regarding showering.
7. Garment should be worn at all times for the first week. After that, during the day for the following 4 weeks, wear for 12 hours a day during waking hours. Adjust garments or abdominal binders as needed for comfort and to eliminate any creases or indentations.
8. After the first week, slowly ease back into standing and walking. Full extension may not be possible during the first week.
9. Driving or operating machinery is not recommended for the first week, and while taking any narcotic pain medication.
10. Do not submerge yourself in water, such as a bathtub, pool, hot tub, etc. for 4-6 weeks or until you've received clearance from Dr. Perry.
11. If you have severe swelling, rash, increased bleeding, difficulty breathing, temp above 101, increased pain, please call the office at **(916) 273-7435**.

    ***If you have a life threatening emergency, call 911.**

Patient Name (Print):_____

Patient Signature: _____ Date: _____

Witness Name (Print):_____

Witness Signature: _____ Date: _____