

# WEST COUNTY

PLASTIC SURGEONS  
of Washington University

Patient Information for :

*PANNICULECTOMY*

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Dr. Marissa Tenenbaum



Surgery Scheduling Secretary/Dr. Tenenbaum – Carol – 314-996-3040  
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Marilyn Bennett and Patty McCune

OR DAY/TIME: \_\_\_\_\_ PLACE: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_

During office hours, questions can be answered by our office staff at 314-996-8800. During off hours, please call Barnes hospital at 314-362-5000 and ask for the “Plastic Surgery Resident on call.”

Please note that our website ([www.westcountyplasticsurgeons.wustl.edu](http://www.westcountyplasticsurgeons.wustl.edu)) has detailed descriptions of most procedures. This form is available from our website by navigating to: Patient Resources > Patient Forms.

## BEFORE SURGERY

### SIX WEEKS BEFORE SURGERY:

1. **Smoking affects healing.** Please **stop smoking or ANY nicotine products for at least 6 weeks before surgery and one month after.** If needed, we can prescribe Chantix to help you quit.
2. **Panniculectomy surgery can be accompanied by other procedures like a hernia repair.** Your hernia surgeon may have special instructions before and after surgery related to hernia repair. If this is the case, please check with your hernia surgeon to make sure that these instructions for panniculectomy do not interfere with your care instructions for hernia repair.

### 3. **Understand the limitations of a panniculectomy :**

- a. **A panniculectomy is NOT a tummy tuck.** The **panniculectomy** is a functional operation. The goal is to remove skin and fat that hangs over the pubis causing irritation to the skin, infections, and other functional and hygiene problems that impact quality of life. A tummy tuck is a contouring cosmetic procedure that addresses any overhanging skin but also involves a more extensive reshaping of the abdominal wall for cosmetic and not just functional reasons.
- b. **You may lose your belly button.** Some people who undergo a panniculectomy will have their belly button removed if it is at increased risk for losing its blood flow or becoming infected. This is more likely if your panniculectomy is accompanied by hernia surgery, if you have a moderate to large sized pannus, or if you have previous abdominal scarring.
- c. **Pre-existing fullness on your sides will become more obvious after panniculectomy.** The removal of extra tissue from your front will make your sides look relatively fuller. The panniculectomy is not a cosmetic procedure.

### **TWO WEEKS BEFORE SURGERY:**

1. Some medications can interfere with anesthesia and cause undesirable side effects that could affect your surgery. Please read over the enclosed **“Medication and Supplement Alert List”** and let us know if you take any of them. Aspirin should not be taken 2 weeks before or after surgery. Tylenol is a good medicine to take for any aches or pains you may have prior to your surgery.
2. If you develop a cold, facial sore, or any other illness prior to surgery, please notify us.
3. If you are having surgery as an outpatient, please be sure arrangements have been made for a responsible adult to drive you to and pick you up after surgery and to stay with you for the first 24 hours.

### **EVENING BEFORE SURGERY:**

1. Have some jello and/or soup available for after surgery. Stock the freezer/cupboards with easy meals so you don't have to shop or cook for a few days.
2. Get a good night's rest.
3. Do not eat or drink anything after midnight if your surgery is scheduled before noon. Never eat or drink anything at all for at least 8 hours prior to surgery.

# DAY OF SURGERY

**Arrive at the Hospital at:** \_\_\_\_\_

1. Do not eat or drink anything if your surgery is scheduled before noon. If your surgery is scheduled after noon, you may have coffee or tea and dry toast no later than 8 hours before your scheduled surgery time. **DO NOT SMOKE.**
2. Have someone drive you to your surgery and make certain someone will be available to take you home and stay with you for 24 hours. Put a pillow and blanket in the car for the trip home.

## AFTER SURGERY

1. **Blood Clot Prevention.** To reduce the risk of blood clots after surgery you will be treated with a drug called *Lovanox*. This drug, also known as *low molecular weight heparin* is injected under the skin of the abdomen daily for at least 10 days after surgery. Before the operation is performed, and while you are in the hospital, you will also have specialized stockings on your lower legs that intermittently massage your ankles. These also reduce the risks of blood clots.
2. **Flexed Position.** You will need to keep flexed at the waist for as much as 2 weeks after surgery to take pressure off of the staples and stitches on your abdomen. If it does not feel tight, then you can straighten up. Otherwise, maintain a flexed posture at your waist of about 20° until the pressure subsides. While in bed, sleeping in a recliner or pillows can help keep your waist gently flexed.
3. **Diet.** A light diet is best for the rest of the day after surgery. If you have concomitant hernia surgery, then your general surgeon will direct the advancement of your diet. In that case, you may wake up with a tube in your nose to decompress your stomach until normal gastrointestinal function begins to return.

When you do begin to take liquids by mouth, begin slowly and progress to soups or jello. You may start a regular diet the next day. Please be sure to consume a diet rich in protein after surgery. This will encourage wound healing and may reduce your risk of post-operative seromas.

4. **Pain Control after Surgery.** If you have pain or discomfort, take the pain medication every 4 hours. It is best to take pain medication with crackers, jello, etc. If you have no pain, do not take the medication. Alcohol and pain medication should not be taken together.
5. **Drains** will be used to draw off any accumulating fluid after surgery. The bulb should be kept collapsed at all times. The fluid will need to be removed when the drain is no longer collapsed. Please keep a record of how much fluid is emptied from the bulb **in milliliters** over a 24 hour (day) period. Bring this daily record with you to the office appointment. Drains are usually in place for 2 to 5 weeks after surgery. The drains will be removed when you have drained less than 30 milliliters within a 24 hour period.

6. **Incisions.** The wounds have likely been stapled closed and are occasionally covered with a protective tape. Staples are typically removed in 3 weeks. The sutures or staples used in the deeper layers are dissolvable.
7. **Showering.** You may shower 48 hours after surgery. If you had additional procedures with another surgeon, check with them as to when it is acceptable to shower. The incisions can get soapy and wet, but avoid applying full showerhead pressure to them. Avoid submerging under water in a tub or pool.
8. **Abdominal binder.** You should wear your provided surgical binder or compressive garment until the doctor states you may wear an alternative. Additional compressive garments can be purchased through our office or from a medical supply store if the original gets dirty.

## OTHER POST-OPERATIVE INSTRUCTIONS

1. You may gradually resume normal daily activities after 48 hours, being careful to avoid any activity that causes pain or discomfort. Strenuous activities and exercises are to be avoided until 6 weeks after surgery. At that point, you may perform non-impact aerobics like the elliptical, stairmaster, arc trainer, or stationary bike. Running, impact aerobics, and light upper body work can start at 8 weeks depending on your comfort level and the extent of your surgery. Do not exceed lifting 10 lbs with your upper body for at least 6 weeks. If it hurts, back off. Start slow and progress as tolerated. Call your doctor if you have any questions.
2. Driving may be resumed when a sharp turn of the steering wheel will not cause pain and when you are off regular narcotic pain medicine.
3. Bruising and swelling are normal. This will disappear with time.
4. Unusual sensations like numbness, sharpness, and burning are common during the healing process. These sensations may last several weeks and will gradually disappear.
5. Wound healing problems and scar widening are very common with panniculectomy surgery. Staples may come off, sutures may spit, and look somewhat like a pimple. The edges of the wound may separate - especially in the center of your incision. Local wound care as instructed by your surgeon may be recommended during follow-up visits. On occasion, a home health nurse is required to assist with dressing changes. Sometimes, a wound vacuum device designed to draw off extraneous fluid and reduce the size of the wound - Vacuum-Assisted Closure device (V.A.C.®- KCI) – may be recommended.
6. If you have any questions, sudden onset of extreme pain, fever, or redness, please call Dr. Myckatyn or Dr. Tenenbaum's office at (314) 996-8800.

## RETURNING TO WORK:

1. Working from home : 2 to 3 weeks
2. Desk job : 3 to 6 weeks
3. Up on your feet a lot : 4 to 10 weeks
4. Manual labor : 6 to 12 weeks

## GENERAL INFORMATION:

1. Strenuous activity/heavy lifting of objects greater than 10 lbs should be avoided for 6 weeks.
2. All incisions will be extremely sensitive to sunlight for one year. Direct sun contact is to be avoided and use a sunscreen with SPF 30 or greater for the first 6 months and at least SPF 15 for the next 6 months. Excellent sunscreen options are offered through our various skin care lines.
3. Please take all medication carefully and as directed.
4. If you have nausea, vomiting, rash, shortness of breath, or diarrhea after taking your medications, please call the office.
5. If you develop a fever (oral temperature greater than 101), redness or increased pain at the surgical incisions, please call us immediately.
6. If you develop shortness of breath or new calf pain or swelling contact our office and visit your nearest ER.

## FOLLOW-UP (return visits):

Follow-up after surgery varies based on the extent of the procedure, any pre-existing health conditions you may have, how far away you live, and in the unusual event where there is a complication.

For many patients follow-up includes :

- a) Follow-up with registered nurse or physician's assistant at 5-7 days to address any minor questions or concerns
- b) physician follow-ups at 3 weeks, 6 weeks, 3-6 months and to address any concerns

## PRESCRIPTIONS:

We will try to provide you with prescriptions for medicines prior to your surgical procedure. Usually this will include a pain medicine and an antibiotic. Lovanox will be used to reduce your risk of a blood clot for at least 10 days after surgery.

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