

1020 N MASON RD STE #110 SAINT LOUIS MO 63141

Office of Dr. Terence Myckatyn & Dr. Marissa Tenenbaum

Surgery Scheduling Assistant for Dr. Tenenbaum	Carol – 314-996-3040
Surgery Scheduling Assistant for Dr. Myckatyn	Michelle - 314-996-3028
Cosmetic Patient Concierge	Kristi – 314-996-8133
West County Plastic Surgeons Nursing Line	314-996-3201
General Questions and Office Appointments	Front Desk – 314-996-8800 Option 2

Surgery DAY/TIME : _____ PLACE: _____ ARRIVAL TIME: _____

During office hours, questions can be answered by our office staff at **314-996-8800**.

After hours, please call Central Page for the Plastic Surgery Resident ON CALL at **314-362-1242**

Please note that our website (www.westcountyplasticsurgeons.wustl.edu) has detailed descriptions of most procedure

RECONSTRUCTION / TOP SURGERY

SIX WEEKS BEFORE SURGERY

1. **Smoking affects healing.** Please **stop smoking or ANY nicotine products for as long as possible before and after surgery.** If needed, we can prescribe Chantix to help you quit. Our office may perform a **urine nicotine test** at any time before your surgery to confirm that you have quit smoking.
2. **Good nutrition can help optimize wound healing and speed your recovery from plastic surgery.** To reduce the risk of problems, please be sure to consume a high protein diet and appropriately supplement any vitamin or dietary deficiencies that you may have.

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, urinary tract infection, fever or any other illness prior to surgery, please notify us.
3. If you are having surgery in our office or as an outpatient, please be sure arrangements have been made for a responsible adult to drive you to and pick you up after surgery.

EVENING BEFORE SURGERY

1. Drink 24 oz of a clear carbohydrate beverage (Gatorade/power aid) or water
2. Eat a late dinner of your choosing
3. Have some jello and/or soup available for after surgery.
4. Get a good night’s rest.
5. Do not smoke.

DAY OF SURGERY

Be at the Hospital at: _____

1. Drink 12 oz of water 4 HOURS before scheduled surgery time- *Do not drink milk, juice with pulp, cream, or sugar the morning of surgery*
2. Do not wear contact lenses, wigs, hairpins, hairpieces or jewelry. Dress in old, loose, comfortable clothes. Do not wear pullover tops. Remove all body piercing jewelry from all locations. Wear slip-on shoes.
3. 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. A vehicle that allows you to recline is best.
4. When in the hospital, you will be given the following oral medicines (we will give these to you at the hospital – there is no need to obtain or take these beforehand). These are : Tylenol, Gabapentin and Celecoxib.
5. DO NOT SMOKE

AFTER SURGERY

1. **Supervision.** After surgery, it is important for you to have someone available to check on you or stay with you for the first 24-48 hours, as you may feel sore or weak.

2. **Diet.** A light diet is best for the day of surgery. Begin by taking liquids slowly and progress to soups or jello. You may start a regular diet the next day.
3. **Pain.** Most people experience muscle soreness as opposed to sharp pains for about 4-5 days after surgery. The pain medication we have prescribed should relieve your discomfort. You may take it every 4 hours as needed. It is best to take pain medication with crackers, jello, etc. Alcohol and pain medication should not be taken together.
4. **Activity.** It is important to refrain from any strenuous activities for at least 1 week after liposuction. If your gynecomastia surgery also involved our making a skin incision and cutting away male breast tissue and fat, then refrain from strenuous activities for 2 to 3 weeks. Gradually work back up to pre-surgical activities after 1 to 2 weeks if the gynecomastia surgery was performed with liposuction alone, and 3 to 4 weeks if skin and male breast tissue was removed with techniques other than liposuction alone.
5. **Compression girdle. You may or may not have a compression garment.** The girdle must be worn AT ALL TIMES except showering for THREE WEEKS and then as much as possible including at night for another THREE WEEKS for a TOTAL OF SIX WEEKS. As an alternative to a compression girdle, you may also choose to wear compressive athletic wear or spanx. This is fine as well.
6. **Showering.** You may remove the girdle to take a shower. You can put the girdle in the washer and dryer while you are showering and then put it back on immediately.
7. **Swelling and bruising** are a normal expectation following surgery. Bruising can be apparent for a couple of weeks and swelling for more than 3 months afterward. The bruises and swelling will move down your body before being absorbed.
8. **Massage** to the surgical sites will help increase circulation and alleviate the hardness felt underneath the skin. The massages can begin 2 weeks after surgery.
9. **Altered Sensations After Surgery.** Some people experience an itching sensation and/or numbness following surgery. This will gradually subside over the next 2-3

months. If the skin was cut around the areola area (the pigmented region of the breast around the nipple) then numbness may be permanent or last for months to years.

10. **Blood Clot Prevention.** If your procedure is performed under general anesthesia, to reduce the risk of blood clots after surgery you may be treated with a drug called **Lovanox**. This is based on your risk factors, addition of other procedures, and length of surgery. This drug, also known as **low molecular weight heparin** is injected under the skin of the abdomen daily for at least 5 days after surgery. If you undergo general anesthesia, you will also have specialized stockings on your lower legs that intermittently massage your ankles during surgery. These also reduce the risks of blood clots.
11. **Small drains** are rarely placed, but if they are, they 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 what time and how much fluid is emptied from the bulb in milliliters. Bring this record with you to the office appointment. Usually, drains are removed 48 hours after your surgery. The drains will not be removed if you have drained more than 30 cc within a 24 hour period.

SKIN GRAFT:

1. **Bolster dressings** are used to maintain pressure on the skin graft so that it sticks down on the wound bed without shifting. Bolsters may be made of :
 - a) **Cotton and non-adherent dressings** that are sewn with stitches overtop the skin graft. These are usually used on the face and neck, and sometimes the hands, feet and arms for relatively small skin grafts. They are *typically removed in 5 days*.
 - b) **Foam and non-adherent dressings** that are stapled overtop the skin graft. These are usually used on the scalp, trunk, arms, or legs. They are *typically removed in 5 days*.
 - c) **Vacuum-Assisted Closure (V.A.C.®- KCl) Device** that consists of a sponge that is placed overtop of a non-adherent dressing to cover your skin graft. These are fastened to your body with an adhesive dressing. A suction device applies negative pressure to this dressing to help stick it down to the wound. These can be placed in most areas except the face. They are *typically removed in 4 days*.
 - d) **Xeroform dressing** is a bismuth-impregnated petroleum gauze dressing that is placed with an ointment called polysporin over your skin graft. This is typically placed over a skin graft used to cover a flap reconstruction and is usually *first removed in 4 days* and then changed daily.

2. **Donor site dressings.** The site from where a skin graft is harvested may also require a dressing. This can include:
 - a) **Tegaderm** dressings are made of polyurethane which allows water vapor to pass through but prevents bacteria from coming in. They are sealed to your body with an acrylic adhesive. These stay in place until they start to peel away, usually in 5-15 days. Once any part of the donor site wound becomes uncovered, you can either get in the bathtub, or use a handheld showering head directed at the donor site. Once you get it wet, the **tegaderm** will come off quite easily, and therefore with minimal pain, especially if you have hair stuck to the adhesive. You can wash it gently with normal soap (ie. Dove, Dial, Lever 2000, etc) and dab it dry. Then, you can cover it with a dressing called **xeroform** which needs to be changed once a day.
 - b) **Donor site stiched closed and sealed with Dermabond.** This happens with donor sites that are closed by sewing the edges together. These can be left clean and dry, and washed gently with soap and water every day starting 5 days after surgery.
 - c) **Skin graft.** Rarely, full thickness skin graft donor sites are actually treated with another split thickness skin graft. In this case, treat the skin graft as any other skin graft treated with a bolster as above.
3. **After the bolster and donor site dressings are removed.** You can apply a **xeroform** dressing to the donor wound daily. Once instructed by a member of the surgical team, you can switch to a moisturizer like Aquaphor, Vaseline, or a non-scented hand lotion so that neither the skin graft nor the donor site get too dry.
4. **Showering.** You may shower as soon as you are discharged home. The incisions can get soapy and wet, but avoid soaking them or applying full showerhead pressure to them.
5. **Activity.** Your activity level will be tailored to the location or your skin graft reconstruction and concurrent medical issues. If the leg is reconstructed, you will be placed on a **dangling protocol** that we will give you separately. Basically, your leg should be kept elevated at all times for five days after surgery. Then, your leg can be left to dangle down for 5 minutes every 2 hours for 2 days, then 10 minutes every hours for 2 days, etc. Basically you are increasing the duration that the leg is down by 5 minutes every two hours every 2 days until you reach 30 minutes every 2 hours. At this point you can gradually increase your dangling times. If leg swelling does not significantly recover within 1 hour of dangling, then reduce your dangling times by 10 minutes every 2 hours for 2 days before gradually progressing from there. This protocol may be adjusted as time goes on. Remember that **dangling** just means putting your leg down. **Weight bearing instructions, following an injury to a bone, will be determined by your orthopedic surgeon.**

RETURNING TO WORK:

LIPOSUCTION ONLY:

1. Working from home: Less than 1 week.
2. Desk job : 1 to 2 weeks
3. Up on your feet a lot ; Manual labor : 2 to 3 weeks

SKIN REMOVAL:

1. Working from home: Less than 2 weeks.
2. Desk job : 2 weeks
3. Up on your feet a lot ; Manual labor : 3 to 5 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.

FOLLOW-UP:

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 within 5 to 14 days with our Nurses to pull drains, check wounds, and to address any minor questions or concerns
- b) Physician follow-up at 3 weeks, and per physician discretion thereafter.