

# PANNICULECTOMY

## AFTER CARE INSTRUCTIONS

### **GENERAL INFORMATION:**

*Panniculectomy is a functional abdominal procedure, which removes excess hanging skin and fat from the lower trunk. The procedure helps treat the common side effects of hanging abdominal skin, including frequent skin infections, limitations on mobility, and back pain and strain. A panniculectomy is designed to definitely improve the quality of life in the right patient. It is commonly performed in the patient who has lost a significant amount of weight, either through diet and exercise, or through bariatric surgery. The removal of the hanging skin or pannus helps to improve hygiene in the lower abdomen and groin, as well as unloads the lower abdomen and back to improve the ability to exercise, and lose more weight. A panniculectomy should not be confused with an abdominoplasty or tummy tuck, and will not address any upper abdominal skin excess or muscle laxity. The procedure involves the removal of the lower abdominal skin through an incision in the waistline. The incision is closed with a combination of sutures under the skin and over the skin with some external sutures and staples to be removed in 1 to 2 weeks. The incision is closed over 2 drains, which help collect fluid normally secreted into a surgical wound. These remain in place for approximately 2 weeks. An abdominal binder is placed at the time of the operation and is used during the healing process for support. Dr. Trussler advises at least one night observation after a panniculectomy so that patients are comfortable and confident in their recovery after this type of surgery.*

### **PREPARING FOR SURGERY**

#### **One Week Prior to Surgery:**

- Stop all Aspirin, NSAIDs (Motrin™ (Ibuprofen), Alieve™ (Naprosyn), etc.) and Vitamin supplements containing fish oil and Vitamin E, 1 week prior to surgery, as they can all promote bleeding.
- Purchase a tight sport garment for use after surgery.
- Have requested study results (labs, mammogram, medical clearance, etc.) forwarded to the office.
- Pick up 4 x 4 gauze, triple anti-biotic ointment (Neosporin™ or generic), Hibiclens™ Skin Cleanser, and paper tape at the pharmacy.

#### **Three Days Prior to Surgery:**

- Start Hibiclens™ Skin Cleanser (available at pharmacy) as a body wash for all body and chest cases.

- Start Bromelain 3 days ahead of surgery (2 pills 3 times per day on an empty stomach).
- Arnica is provided and should be started after surgery (3 tabs sublingual 3xday).

## **THE DAY OF SURGERY**

- Wear something loose and comfortable that has a zipper in the front.
- Nothing to eat or drink after midnight.
- If you take routine medications, it is appropriate to skip your morning dose of medications. Please discuss taking thyroid medication, cardiac and/or blood pressure medications prior to surgery.
- Bring your prescribed post-surgical medications with you, for use immediately after surgery, if needed.
- Arrive at the surgery center at least one hour prior to the surgery start time.

## **POST-OP CARE:**

Have someone drive you home and stay with you for 2-3 days.

Medications will be called to your preferred pharmacy prior to surgery.

- Take pain medication and muscle relaxers as prescribed. Do not drink alcohol with these medications. Over the counter stool softeners and/or laxatives should be taken with the pain medication to prevent constipation. Colace, Biscodyl, Milk of Magnesia are all available at your pharmacy and can be taken as directed.
- Ibuprofen (Motrin) can be started the day after surgery. **Take one to two tablets every 6 hours for 2 days and then as needed.**

Do not smoke or be around smokers as smoking even second hand smoke delays healing and increase risk of complications.

Get plenty of rest. The general anesthesia, and/or pain medication can all promote insomnia; therefore a sleep aid may be taken if needed.

Follow a well balanced diet to include protein and limit the amount salt intake. Protein supplementation can be started one to two weeks before surgery and should include over 30 grams of additional protein. This should be continued for three weeks after surgery. A high salt diet or meal, can lead to increased swelling and prolonged recovery.

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. Trussler recommends you maintain your daily average of caffeine to avoid headaches.

## **ACTIVITIES:**

Walking is encouraged the day of the operation and can be increased over the first 2 weeks. Cardiovascular exercise can be resumed after 3 weeks with all activities to be resumed at 6 weeks.

Wear your binder continuously for the 7-10 days. You may take it off to shower.

It is important to walk slightly "stooped over" bent at the hips for 5-10 days to reduce tension on the lower abdominal incision. This helps to protect the incision as it heals and also improves the scar long-term.

Keep your head elevated to about 40 degrees (two pillows) with knees slightly bent and hips in flexed position. A recliner or back wedge pillow can be helpful to make this position tolerable for one week.

Do not lift anything heavier than 10 pounds for 3 weeks. Limit lifting to under 30 pounds for weeks 3 to 6.

Do not drive for 7-10 days and/or when you are no longer taking oral pain medications.

Do not run, lift weights, play tennis or golf for 3-4 weeks after surgery (keep your heart rate under 100 beats over one minute for 3 weeks).

Cardiovascular exercises can be resumed gradually after 3 weeks

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

## **INCISION CARE:**

You will have clear skin glue dressing on all incisions except for the umbilical/belly button incision, which will have non-adherent gauze and absorbable sutures around it.

- The skin glue will protect the incision for over 3 weeks.
- If you have stitches, they will be removed in 7-14 days.

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

The abdominal binder can be removed and any white pads, gauze and tape can be discarded. This 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 3 weeks.

Scar Care with SkinCeuticals® Body Firming Cream, SkinMedica® Scar Recovery Gel or Silicone (NewGel®) Sheets are available in our office. Topical scar care and scar massage will be initiated at the 3 to 4 week point depending on healing.

## **DRAIN CARE:**

Dr. Trussler will place one to two small silicone tubes connected to a suction bulb under the skin in the area of surgery. These are referred to as drains and help collect fluid, which can normally occur in the area of surgery and liposuction.

- Care for the drains will be reviewed by the nurse on discharge.

Keep your drainage bulbs collapsed and record time and amounts of drainage over a 24-hour period.

Generally the drains will be removed when the individual drain output is 30 cc or less for 2 consecutive days.

Call the office to make an appointment to have these removed.

## **UMBILICAL/BELLY BUTTON CARE:**

On the first post-operative day, the umbilical dressing can be removed, but if dry and intact it can remain on until the first post-operative office visit. When it is removed, apply Polysporin (Neosporin<sup>SM</sup>) ointment to the incision around the umbilicus/belly button. This can be done 2 times per day for 2 days only. Apply just enough to keep crusts from forming on the stitches and to keep the area from feeling tight. Do this for 2 days only as it can cause skin irritation.

## **WHAT TO EXPECT AFTER:**

Moderate swelling of abdomen is expected; this will subside in 6 to 9 weeks.

It is common to have discomfort at the outside of the abdomen and mild burning around the lower incision after panniculectomy surgery – this is normal, and will improve shortly after surgery.

Discomfort in the areas of liposuction and muscle tightening may worsen with increased activity and relates to internal sutures that Dr. Trussler places to shape this area of the abdomen.

You can expect some slight oozing (bloody) from the stitch lines and swelling of the incisions. Gauze can be reapplied if it is bothersome. However, you should call the office at 512.450.1077 if you have a continuous bleeding, significantly more swelling on one side than the other, or any severe pain and associated swelling.

Tightness of the abdomen is a normal feeling after this surgery. This may worsen over the first 2 days. This will relax with time and can be relieved with maintaining the flexed position, keeping compression on the abdomen and utilizing medication for muscle spasms (Xanax and/or Motrin).

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

Red discoloration of the incisions may occur if there is significant swelling, especially in the areas of 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 pick-up a stool softener and/or laxative with your prescription medications.

**Recommendations include:**

- Docusate (Colace) 100mg orally twice daily when taking pain medication
- Milk of Magnesia 30cc/1 tbsp. twice daily when taking pain medication
- Prune juice or Sorbitol orally
- Biscodyl or Magnesium Citrate as needed for constipation

**WHEN TO CALL THE OFFICE:**

- If you have increased swelling and bruising of one side of the abdomen significantly more than the other. Remove the abdominal binder to make this determination if it is concerning, as 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 ccs).
- If you have increasing redness or swelling around the incision.
- If you have sever pain not relived by pain medication.
- If you have any side effects from medication: rash, nausea, headache, vomiting.
- If you have fever over 101.
- If you have yellow or greenish drainage from incision or notice a foul odor.
- If you notice some vaginal burning and itching as a result of the antibiotics used during and after surgery.

**For medical questions, please call the office at 512.450.1077. Dr. Trussler should be paged/called on his cell phone for any urgent or emergent medical issues.**

**FOLLOW-UP CARE:**

*It is important to be seen by Dr. Trussler 5 to 7 days after your surgery.*

*Dr. Trussler will see you in the aftercare facility the day after your procedure. A visit should be scheduled when the drains are ready for removal (see drain care). Your sutures will be removed in 7-10 days if they are not dissolved. Generally they are dissolvable and will fall out.*

*You will then schedule follow up visits at 3 weeks, 6 weeks, 6 months and 1 year.*