Before your surgery

- Maintaining a well balanced diet will facilitate optimal healing. It’s also important to keep well hydrated the days leading up to surgery.
- Stop smoking at least 3 months before surgery. Nicotine reduces blood flow to the skin and can cause significant complications during the healing process.
- Stop taking blood thinning medications, herbs, and supplements 10 days before surgery. Please refer to the provided list.
- Schedule any pre-operative testing and medical clearance examinations required by Dr. Lowenstein. EKG needs to be within 6 months and blood work within 2 weeks.
- Plan accordingly. Secure a responsible adult to drive you to and from surgery and remain with you for a minimum of 24 hours. It is a requirement that the person picking you up after surgery is the same person staying with you until the post op appointment the day after surgery. Plan to stay in a hotel in town if you are from out of town.
- Discuss with Dr. Lowenstein the amount of time needed off work and other restrictions such as driving, lifting, housework, and exercising.
- We will provide you with your prescriptions at your pre-operative appointment. Bring your prescribed pain medication to the office day of surgery.
- You will get a prescription for Lovenox. This is an anticoagulant to help prevent blood clots. Bring the two prescribed syringes to the office morning of surgery. The admitting nurse will administer one before surgery and one the following day.
- You may find it helpful to have lozenges, crackers, soup and other comfort foods available for after surgery.
- Maintain optimal health and hygiene. A cold, virus, or other illness may require your surgery to be rescheduled. Call the office if any illness or change in health status arises.
- Maintain proper skin care. This includes daily use of sunscreen or sunblock. Also, wash your abdomen with an antibacterial soap twice a day starting two days before surgery.
- Shower the night before and the morning of surgery using antibacterial soap. Do not apply any lotions, or deodorant day of surgery.
- You may not eat or drink anything after midnight, including candy, gum, and mints. Only take medications cleared by Dr. Lowenstein.
- Wear loose-fitting, comfortable clothes that do not need to be pulled over your head and easy-to-slip-on flat shoes.
- Do not wear makeup, jewelry, contact lenses, or body piercing. If there is an item unable to be removed, advise the admitting nurse.
- It is very common to be nervous. Try to get adequate rest and avoid unnecessary stress. Call us if you are experiencing serious stress or difficulty sleeping.
• Your anesthesia provider will call you the night before surgery and will also see you morning of surgery. Morning of surgery you will also see Dr. Lowenstein’s nurse and Dr. Lowenstein. If you have any questions in the meantime, do not hesitate to call our office.

**After your surgery**

**Immediately after surgery you can expect:**

• Feeling drowsy following waking up from anesthesia.
• Sore throat.
• Swelling and bruising around your midsection. You may also experience a “tight” sensation. You will need to walk and rest with your abdomen flexed initially.
• Usually temporary loss of sensation of the skin around your midsection.
• Moderate discomfort.
• Possibly minor stinging when you urinate first time after surgery. This is due to the urinary catheter you will have in place during surgery.
• You will have four Jackson-Pratt drains. Two coming out from right over your pubic area, and two from your back.
• You will have an abdominal binder for compression and to keep dressings in place.
• There will be small pieces of tape over the incisions, eliminating the need for any wound care.

**Call the office at (805)969-9004 promptly if you are experiencing:**

• Pain not controlled by the prescribed medication.
• Excessive or sudden swelling at one site.
• Drains filling up rapidly with bright red fluid.
• A temperature higher than 101 °F.
• Severe nausea and vomiting.
• Pain in calf, knee, groin or shortness of breath.
• Continuous dizziness or unusual behavior.
• Any other questions or concerns.

**Day of and day after surgery**

• Rest, yet keep moving. Rest is important, although it is equally important to walk inside for 5-10 min every couple of hours while awake.
• It’s important to walk with your abdomen flexed and rest with pillows behind your back and under your knees.
• Take the pain medication, as directed, to address any discomfort. The period of greatest discomfort does usually not last longer than 24-48 hours. If you experience consistent, sharp pain that is not relieved by the pain medication, call the office.
• Remember that your pain medication can constipate you, take measures to counteract that.
• Take other prescribed medications as directed.
• Check under the dressings every 2-3 hours and assess for excessive swelling.
• Drink plenty of fluids, 8 oz every couple of hours. Make sure to replenish electrolytes.
• Do not drink any alcohol.
• Do not do any heavy lifting.
• You may not shower until your drains are removed. Do not submerge your body in water.
• Keep wearing provided abdominal binder day and night.
• You will get your second and last Lovenox injection at your post-op visit day after surgery.
• Empty and record your drainage appropriately. Don’t forget to strip your drains. Please refer to attached information.
• Stay nicotine free for three weeks after surgery, as nicotine can adversely affect your ability to heal.

2 to 7 days following surgery

During this time you can expect to slowly progress day by day.

• Dr. Lowenstein will advise you as to when you can begin to drive and return to work or a regular routine at home.
• Continue a well-balanced diet with adequate hydration.
• Avoid exposure to sun and heat.
• Continue to take prescribed medications as directed.
• Transition from prescribed pain medication to an over the counter alternative. Dr Lowenstein can guide you with this.
• Keep wearing provided abdominal binder day and night.
• Continue keeping your abdomen flexed while walking and resting.
• Avoid exercise except for walking. Leisurably daily walks will help you feel better and prevent blood clots.
• Make sure to get up and move every 30 minutes while awake.
• Continue to empty and record your drainage. Dr. Lowenstein will remove one drain at a time when its output is less than 30 ml/24 hours.
• You need to be on antibiotics when you have drains, call the office if you run out.
• Continue no smoking and no alcohol.
• Continue not to take blood thinning medications. See provided list.

1 to 4 weeks following surgery

Healing is a gradual process. It is normal to feel discouraged while waiting for swelling, bruising, discomfort, and numbness to diminish. Extra rest, a nutritious diet, and avoidance of stress are important aids to recovery. Once cleared by Dr. Lowenstein, you may take Aspirin, Advil, Aleve etc (see list) at this time.

• Maintain a well balanced diet, use of sun block, and rest.
• Tape over incisions will fall off 2-3 weeks after surgery.
• Keep wearing abdominal binder day and night.
• Once cleared through Dr. Lowenstein, you may begin to ease in to your workout routine.
• Continue to avoid exposure to sun and heat.
• Continue no smoking.

4 to 6 weeks following surgery

Overall swelling continues to subside and you will begin to settle in to your natural appearance. Tenderness, tightness, skin numbness, or bruising (if remaining) will continue to diminish.

• You may submerge your body in water, following complete healing of your incisions.
• You can stop wearing your abdominal binder.

The first year

Continued refinements in the appearance of your midsection may take up to a year. Appearances continue to change with age. Just as other areas of your body may change with age, so can your midsection.

• Avoid direct sun exposure to scars the first year.
• Call our office if you notice a stitch coming up like a bristle brush along your scar. If the area around the stitch looks red and irritated, you may need antibiotics.
• Call our office if your scar becomes raised and/or ropy.

Please be sure to call us if you have any questions or concerns.

Signature: ________________________________ Date: ____________

Witness: ________________________________
Drain bulb instructions/chart

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Bulb #1</th>
<th>Bulb #2</th>
<th>24 hr total</th>
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To empty bulb
1. Wash hands.
2. Empty bulb whenever it becomes half full, or once a day if it does not become half full.
3. Open stopper - this releases the suction.
4. The bulb is graded. Record the amount and time in provided chart. If there are two bulbs, note if drainage is from #1 or #2 and keep totals separate.
5. Holding the stopper out of the way, pour drainage out.
6. To re-apply suction, squeeze bulb and replace stopper.
7. Clip bulbs to clothing or garment to prevent tugging or pulling at the insertion site.
8. Bring this sheet with drainage measurements to your post operative appointments.
9. Drain removal is determined based on how much each individual drain is draining over 24hrs.
10. Watch for and report to your doctor:
    • Drainage from site.
    • Redness or red streaks around site.
    • Increasing soreness around site.

To strip drain tubing
To prevent clots from blocking the drain, you will need to “strip” it. Stripping means that you use your fingers to squeeze along the length of the drain to help maintain the flow of drainage.

1. Using one hand, firmly hold the tubing near the insertion site (close to skin). This will prevent the drain from being pulled out while you are stripping it.
2. Using your index finger and thumb of the other hand, squeeze the tubing below the first hand. You should squeeze it firmly enough so the tubing becomes flat.
3. As you are squeezing, slide your index finger and thumb down the tube about 6 inches toward the bulb. Then, release the tubing held by the hand closest to your body. Repeat.
4. Do not release the pressure you are creating in the tubing until you reach the bulb.
5. Strip the drain each time you empty it.
MEDICATIONS TO DISCONTINUE 10 DAYS PRIOR SURGERY THROUGH 7 DAYS AFTER SURGERY

Please read the labels of any medications you are taking. If you are unsure whether or not you can take a particular, please give the doctor or nurse the name of the medication. Please notify us of ANY and ALL medications you are currently taking, including over the counter medicines. You must discontinue any herbal remedies and supplements.

Advil,
Aleve,
Alka Seltzer,
Alcohol,
Anacin,
Anaprox,
Ansaid,
Aspirin,
BC Tablets or powder,
BC Cold powder,
Brufen,
Bufferin,
Bufflex,
Cama arthritis pain reliever,
Celebrex,
Cephalgesics,
Cogesprin,
Coricidin,
Coumadin,
Darvon,
Dicumarol,
Disalcid,
Dolobid,
Dristan,
Duradyne,
Dristan,
Easprin,
Ecotrin,
Empirin,
Equagesic,
Enoxaparin,
Excedrin,
Feldene,
Florinal,
Flurbiprofen sodium,
4 Way cold tablets,
Goody’s headache powder and tablets,
Ibuprofen,
Indomethacin
Lodine,
Lovenox,
Meclomen,
Medipren,
Midol,
Monogesic,
Motrin,
Naprosyn,
Pepto Bismal,
Percodan,
Persantine,
Robaxisal,
Rufen,
Salfllex,
Sine Aid,
Soma,
Tolectin,
Toradol,
Trandate,
Trental,
Trilsate,
Vanquish,
Vicoprofen,
Vitamin E,
Voltaren,
Warfarin,
Wesprin,
Zavtrin,
Zoprin

The diet drug know as Phen-Fed is marketed under the following generic and brand names. If you are on any of these drugs please inform this office. You must be off these drugs for at least two weeks prior to surgery, or your surgery will be cancelled.

PHENTERMINE
Adipex-P
Duromine
Fastin
Oby-Mat
Oby-Nix
Panshape
Phentercot
Phentride
Phentride Caplets
Phentrol
Phentrol-2
Phentrol-3
Phentrol-5
Teramin
Wilpower
Zantryl
Ephedra
Ephedra
Ephedrine
MaHuang
Meridia
St. John’s Wort