

## Pre- and Post-Operative Frequently Asked Questions

### Rhinoplasty/Nose Surgery

**How to prepare: How to prepare:** It is important that you are not taking any medications that thin the blood prior to your surgery. You will be provided with a list of medications and the time period in which they need to be stopped before having your surgery. If you are a smoker, you must not smoke for 4 weeks prior to surgery and for 8 weeks after. Arrange for a friend or family member to escort you home from surgery and to remain with you for 24 hours following your surgery.

**What will happen during a rhinoplasty:** Once in the operating room, you will receive anesthesia to keep you asleep during your surgery. The incisions created depend on the type of rhinoplasty you are having. During an open rhinoplasty you will have an incision on the underside of nose between the nostrils and inside your nostrils. For a closed rhinoplasty, incisions are only made inside the nose. Some surgeries also require additional incisions, either behind the ears or on the chest if cartilage from a different area of the body is needed to provide greater support to your nose. Your surgeon will discuss with you prior to your surgery if this may be needed. Special tools may also be used to remove bone and cartilage from the bridge of the nose or to fracture your nasal bones to reshape the nose. Patients who also have difficulties breathing may also undergo a septoplasty, or removal of a portion of the nasal septum to remove tissue which obstructs the movement of air through the nose. A splint is usually placed on the nose once the surgery is completed. It is generally worn for 1 week and removed at your post-operative visit.

**What are the risks:** Rhinoplasty carries the risk of bleeding and infection. You also may not look exactly as you wished or expected to look after the surgery. Revisional surgery to correct or improve an outcome may be necessary. After surgery most patients have a difficult time breathing through the nose due to swelling and possibly the presence of nasal packing. Other risks include the poor appearance of the scar, and very rarely the leakage of spinal fluid from your nose or damage the eyes causing decreased vision.

**What to expect after surgery:** You will need to take antibiotics to prevent infection and will also be given pain medication to take if needed. It is important that you keep your head elevated at all times to prevent swelling and reduce pain. You must sleep on 3-4 pillows or in a recliner for the first week. Applying ice to your nose for 15-20 minutes every hour for the first 24 hours will help reduce swelling and pain. Be sure to wrap a towel around your ice pack and not apply it directly to your skin. It is important you do not blow your nose and you must sneeze with your mouth open to reduce pressure in the nose. You will be required to return for post-operative visits to check your wounds, remove any sutures or splints, and check for any other post-operative problems. It is very important you protect your nose from any trauma for several weeks after your surgery.

#### Contact your surgeon if:

- Your splint comes off

- You feel blood draining down your throat
- You have a fever over 101 deg F
- Your nose is red or draining pus
- Your upper teeth, gums, or nose is numb
- You have a change in vision
- You have severe pain

**Seek care immediately or call 911 if:**

- You have trouble breathing
- Clear, thin fluid is draining from your nose when you bend forward

## **Abdominoplasty/Tummy Tuck**

**How to prepare:** It is important that you are not taking any medications that thin the blood prior to your surgery. You will be provided with a list of medications and the time period in which they need to be stopped before having your surgery. If you are a smoker, you must not smoke for 4 weeks prior to surgery and for 8 weeks after. You should wear loose fitting clothing on your day of surgery. Arrange for a friend or family member to escort you home from surgery and to remain with you for 24 hours following your surgery.

**What will happen during an abdominoplasty:** Once in the operating room, you will receive anesthesia to keep you asleep during your surgery. Once your abdomen is cleaned with a special solution, the surgeon will make the incision across your abdomen and begin removing the extra skin that is present. A second incision will be made around the belly button in order to reposition it at its new location. If you are also having plication, or tightening of your abdominal muscles, this will be performed once your abdominal skin is raised. After the skin is removed, the surgeon will place multiple layers of stitches in your skin to close the incision and also place drains that will remove any extra fluid that accumulates in the area the days after surgery. The type of stitches that are used will not be visible to you and will dissolve over several months. At the completion of your surgery you will be placed in a special garment, called an abdominal binder, which will provide extra support to your abdominal muscles and skin after surgery.

### **What are the risks:**

- Bleeding and infection are risks of having an abdominoplasty. You will be prescribed antibiotics to prevent infection and drains will be placed to remove blood or other fluid that collects in the days after surgery. If the amount of bleeding is too great, or if the drains are not functioning properly, sometimes a patient must return to the operating room to remove this extra fluid.
- Each individual has different ways of scarring. It is possible that you can have thickened, painful, or keloid scars after your surgery.
- An additional risk is delayed wound healing, or necrosis (death of the skin) of a portion of the abdominal skin or belly button. If this occurs, doing wound care to the area for several weeks may be required.
- Some patients will experience numbness throughout their abdomen after surgery. This usually improves with time, but some will have long-standing numbness, especially in the central part of the lower abdomen.
- Minor asymmetry of the abdomen may also occur after surgery

**What to expect after surgery:** You will need to take antibiotics to prevent infection and will also be given pain medication to take if needed. It is important that you sleep on your back with several pillows under your back and knees to keep you in a flexed position at all times. Some patients are more comfortable sleeping in a reclining chair. You will also need to empty your drains at least two times per day and record their output. You will be instructed on how to do this prior to going home after your surgery. Your drains will be removed at your post-

operative visit approximately 1 week after your surgery. You will need to sponge bathe until they are removed. Wear the abdominal binder at all times for the first 2 weeks. You will need to avoid heavy lifting or strenuous activity for 2-4 weeks. You must avoid abdominal exercises for 6 weeks. It is important that you avoid sun exposure to your incisions for an entire year. Sunlight will darken the scars and make them more noticeable.

**Call your surgeon if:**

- You experience a lot of oozing through the incision which stains your dressings or the binder
- You have a fever over 101 deg F
- You feel one portion of your abdomen in become noticeable more swollen then the other portions
- You have sudden, severe pain in your abdomen
- You have pain or swelling of your lower legs

**Seek care immediately or call 911 if:**

- You have trouble breathing
- You notice an area of your abdomen is rapidly increasing in size or causing severe pain
- You have dizziness that lasts several minutes and does not improve with sitting and relaxing, or you lose consciousness

## **Breast Augmentation**

**How to prepare:** It is important that you are not taking any medications that thin the blood prior to your surgery. You will be provided with a list of medications and the time period in which they need to be stopped before having your surgery. If you are a smoker, you must not smoke for 4 weeks prior to surgery and for 8 weeks after. You should plan to wear a loose fitting top on your day of surgery. Arrange for a friend or family member to escort you home from surgery and to remain with you for 24 hours following your surgery.

**What will happen during a breast augmentation:** Once in the operating room you will receive anesthesia to keep you asleep during your surgery. Prior to your surgery, your surgeon will discuss with you where your incisions will be made. The two most common incisions for a breast augmentation are either around the areola or along the crease of the breast where an underwire lies. After the incision is made, the surgeon will create a pocket for your breast implant to be placed. The implant will be inserted after this pocket under the breast skin is made. Typically breast implants are placed partially under the chest muscles, but occasionally will be placed over the muscle in certain circumstances. Which approach is best for you will be discussed with you during your pre-operative visit. After the placement of the implants the surgeon may adjust the operative bed to a sitting position to confirm the correct placement of the implants and that the breasts appear symmetric. Your incisions will be closed with sutures that sit underneath the skin which do not require removal in the future. A surgical bra will be put on you at the completion of your operation.

### **What are the risks:**

- Breast augmentation carries the risk of bleeding and infection. If infection does occur and does not improve with antibiotics, it is sometimes necessary to remove the implants to allow for resolution of the infection.
- Breast implants have about a 1% risk per year of rupture or leaking. If you have saline implants, this will be obvious as the implant will deflate and the breast will appear smaller. With silicone implants a ruptured implant is not as obvious as the substance inside the implant will not leak out due to its extreme thickness. Some women will experience breast pain after a silicone implant rupture.
- Capsular contracture is a complication of breast augmentation that occurs in up to 15% of women. This problem occurs when the special tissue that normally forms around a breast implant begins to tighten. This produces an increasingly firm breast, a breast that will begin to sit higher on the chest than the unaffected breast, and sometimes pain. Surgery to remove the tightened tissue and place a new implant is required to fix this problem.
- It is possible to have some asymmetry of the breasts after surgery.

- A minority of women will have chronic breast pain after breast augmentation or changes in breast and nipple sensation.

**What to expect after surgery:** You will need to take antibiotics to prevent infection and will also be given pain medication to take if needed. It is expected that you will feel some pain in the breasts and with moving the arms, as this uses the chest muscles. You may apply ice (wrapped in a towel, not directly on the skin) to your breasts to improve pain and swelling. You need to sleep on your back with several pillows to keep your chest elevated. It is important to only wear the surgical bra given to you, or another non-wire bra which closes in the front for the first 2-3 weeks. If your implants were placed under the muscle, you should avoid arm movements which extend over the height of the breasts for 2-3 weeks. Also avoid heavy lifting or strenuous activity for 2 weeks and do not perform chest muscle exercises for 6 weeks. Your first post-operative visit will be about 1 week after your surgery and at this time, the dressing over your incision will be removed. You are able to shower 2 days after surgery but you must avoid scrubbing along your incision. It is expected that your breasts remain swollen for 3-5 weeks after surgery.

**Contact your surgeon if:**

- Your breasts begin to appear red or be hot to the touch, or if one breast becomes much more swollen than the other over a short period of time.
- You have a fever over 101 deg F
- You have significant bleeding through your incision

**Seek care immediately or call 911 if:**

- You experience sudden chest pain or difficulty breathing

## **Mastopexy (Breast Lift)**

**How to prepare:** It is important that you are not taking any medications that thin the blood prior to your surgery. You will be provided with a list of medications and the time period in which they need to be stopped before having your surgery. If you are a smoker, you must not smoke for 4 weeks prior to surgery and for 8 weeks after. You should plan to wear a loose fitting top on your day of surgery. Arrange for a friend or family member to escort you home from surgery and to remain with you for 24 hours following your surgery.

**What will happen during a mastopexy:** Once in the operating room you will receive anesthesia to keep you asleep during your surgery. Prior to your surgery, your surgeon will discuss with you where your incisions will be made. Most commonly, an incision is made around the areola, down the front of the breast from the bottom of the areola to the crease of the breast, and possibly in the crease of the breast. After the incisions are made, the excess breast skin is removed and the nipple is moved to its proper position on the breast. All of the incisions are closed with multiple layers of stitches which are placed under the skin and are not visible. A surgical bra will be put on you at the completion of your operation.

### **What are the risks:**

- Mastopexy carries the risk of bleeding and infection.
- Having a collection of blood or other fluid in the breasts requiring drainage in the office or back in the operating room.
- Each individual has different ways of scarring. It is possible that you can have thickened, painful, or keloid scars after your surgery.
- Occasionally incisions open slightly after surgery and will require wound care to the area for several weeks after surgery to complete healing.
- It is possible to have a small amount of breast asymmetry after your surgery. Occasionally an additional procedure is needed to improve the symmetry of the breasts.
- It is possible to have increased, decreased or lack of sensation in your nipples after your surgery.
- A very rare complication of a mastopexy is partial or total loss of a nipple if the blood supply to the nipple is compromised during surgery.

**What to expect after surgery:** You may need to take antibiotics to prevent infection and will also be given pain medication to take if needed. It is expected that you will feel some pain in the breasts after surgery. You may apply ice (wrapped in a towel, not directly on the skin) to your breasts to improve pain and swelling. You need to sleep on your back with several pillows to keep your chest elevated. It is important to only wear the surgical bra given to you, or another non-wire bra which closes in the front for the first 2-3 weeks. You should avoid heavy

lifting and strenuous activity for 2-4 weeks. Your first post-operative visit will be about 1 week after your surgery and at this time, the dressing over your incision will be removed. You are able to shower 2 days after surgery but you must avoid scrubbing along your incision. It is expected that your breasts remain swollen for 3-5 weeks after surgery.

**Contact your surgeon if:**

- Your breasts begin to appear red or be hot to the touch, or if one breast becomes much more swollen than the other over a short period of time.
- You have a fever over 101 deg F
- You have significant bleeding through your incision

**Seek care immediately or call 911 if:**

- You experience sudden chest pain or difficulty breathing

## **Sclerotherapy/Vein Treatment**

**How to prepare:** There are no special instructions to follow prior to having your treatment performed. You may take all of your normal medications. You will not receive any sedation, so an escort home is not required. You should not expect to need to arrange for absence from work or other activities following your treatment.

**What to expect during sclerotherapy?** When you arrive for your treatment, a topical cream will be applied to reduce the discomfort of the injections. About 15 minutes after its application, your treatment will begin. A very small needle is used to inject a special solution into the individual veins and immediately you will see the vessels disappear. This solution causes the vein to scar closed so the vessels are no longer seen through the skin. The injections will be repeated on other vessels until all are treated or your session time ends. Generally the sessions will last 15-30 minutes depending on your need. Sometimes repeat sessions are needed for re-treatment of the veins.

### **What are the risks:**

- Skin color changes along the treated vein. The discoloration may take 6 to 12 months to disappear. In some people, it may be permanent.
- Failure of treatment to prevent varicose veins from returning or the appearance of new vessels in the same area
- Itching, bruising, pain, and blistering where the veins were treated.
- Scarring resulting from ulcers or death of the tissue around the treated if injected medication is injected outside a vein or it escapes through the wall of a weakened vein.
- A mild or severe reaction to the injected medication
- Blood clots or damage in the deep vein system

**What to expect after treatment:** You should have minimal discomfort following your injections. It is possible to see small red dots, small bruises, and localized swelling where the needles are inserted. You are able to go back to work and normal activities the day of your procedure. There is no need to wear a compression garment after your treatment. The treated veins may reappear after your session as the true results of sclerotherapy are noticed 4-6 weeks after treatment.

### **Contact your surgeon if:**

- You have inflammation within five inches of the groin
- You have the sudden onset of a swollen leg

- You have formation of ulcers at the site of your injections

## Rhinoplasty/Nose Surgery

**How to prepare:** It is important that you are not taking any medications that thin the blood prior to your surgery. You will be provided with a list of medications and the time period in which they need to be stopped before having your surgery. If you are a smoker, you must not smoke for 4 weeks prior to surgery and for 8 weeks after. Arrange for a friend or family member to escort you home from surgery and to remain with you for 24 hours following your surgery.

**What will happen during a rhinoplasty:** Once in the operating room, you will receive anesthesia to keep you asleep during your surgery. The incisions created depend on the type of rhinoplasty you are having. During an open rhinoplasty you will have an incision on the underside of nose between the nostrils and inside your nostrils. For a closed rhinoplasty, incisions are only made inside the nose. Special tools may also be used to remove bone and cartilage from the bridge of the nose or to fracture your nasal bones to reshape the nose. Patients who also have difficulties breathing may also undergo a septoplasty, or removal of a portion of the nasal septum to alleviate obstruction to the movement of air through the nose. The septum is the structure that separates the two sides of your nose.

Often time cartilage is needed to provide your nose with additional support or to improve your breathing. Often, cartilage can be removed from the back of the nose where it is not needed, and moved to areas which do need additional cartilage. If there is not enough cartilage in the back of the nose, sometimes cartilage can be removed from the ears. This will leave a scar on the front portion of the ear, which is usually not noticeable, and it will not change the appearance of your ear. In certain circumstances, your surgeon may need to use some special tissues and materials during surgery. The use of the following materials are not likely during your surgery but we want you to be aware of their potential use. If ear cartilage is not strong enough to support your nose, sometimes rib cartilage must be used. You have the option of using your own rib cartilage (which would leave a scar on your upper abdomen over your ribs) or rib cartilage from a human cadaver. This tissue is specially processed and cleaned to remove any contaminants. It may also be necessary to use a skin graft from a cadaver to place along the septum, if injury to your septum occurs during surgery (see risks below). A finally possibility is the use of a special tissue found under the scalp. This tissue is removed using an incision hidden in your hair and is used to smooth out the bridge of your nose if any irregular bumps form as a result of your surgery.

At the completion of your surgery, a splint is placed on the bridge of the nose and a plastic balloon is placed into each nostril to prevent bleeding. Although there are holes in the balloon to allow for breathing, it usually gets clogged so you should expect to need to breathe through your mouth until it is removed. Both are generally in place for 1 week and removed at your post-operative visit.

**What are the risks:** Rhinoplasty carries the risk of bleeding and infection. You also may not look exactly as you wished or expected to look after the surgery. Very rarely, the appearance of your nose or your breathing may be worse after surgery. Revision surgery to correct or

improve an outcome may be necessary. Other risks include the poor appearance of the scar, little lumps or bumps on the nose, and numbness of the tip of the nose, roof of mouth, upper teeth, and upper lip. This numbness is often experienced by patients and usually resolves after 1 month. Rarely, patients experience extended or permanent numbness of these areas. During your surgery there may also be an injury to the septum. If this occurs, repair can be attempted using a ski graft, but sometimes it persists. A septal perforation is usually very uncomfortable to a patient and causes dryness of the nose, crusting in the nose, and a whistle sound when one breathes through their nose. There are also a few extremely rare complications of rhinoplasty. These include the leakage of spinal fluid from your nose, loss of your sense of smell, and damage the eyes potentially causing decreased vision or blindness.

**What to expect after surgery:** You will need to take antibiotics to prevent infection and will also be given pain medication to take if needed. It is important that you keep your head elevated at all times to prevent swelling and reduce pain. You must sleep on 3-4 pillows or in a recliner for the first week. Applying ice to your nose for 15-20 minutes every hour for the first 24 hours will help reduce swelling and pain. Be sure to wrap a towel around your ice pack and not apply it directly to your skin. It is important you do not blow your nose and you must sneeze with your mouth open to reduce pressure in the nose. You will be required to return for post-operative visits to check your wounds, remove any sutures or splints, and check for any other post-operative problems. It is very important you protect your nose from any trauma for several weeks after your surgery. You should expect to take 1 week off from work as you will feel very congested, swollen, and sore after your surgery. Heavy lifting and strenuous activity should be avoided for 1 month.

**Contact your surgeon if:**

- Your splint comes off or the plastic nose packing falls out
- You feel blood draining down your throat
- You have a fever over 101 deg F
- Your nose is red or draining pus
- Your upper teeth, gums, or nose is numb
- You have a change in vision
- You have severe pain

**Seek care immediately or call 911 if:**

- You have trouble breathing
- Clear, thin fluid is draining from your nose when you bend forward

## Liposuction

**How to prepare:** It is important that you are not taking any medications that thin the blood prior to your surgery. You will be provided with a list of medications and the time period in which they need to be stopped before having your surgery. If you are a smoker, you must not smoke for 4 weeks prior to surgery and for 8 weeks after. Arrange for a friend or family member to escort you home from surgery and to remain with you for 24 hours following your surgery. Please wear a loose fitting outfit and slip on shoes to the operating room that morning.

**What will happen during my surgery?** Once in the operating room, you will receive anesthesia to keep you asleep during your surgery. After your skin is cleaned with a special medication, small incisions (less than 1 centimeter in size) will be made around the area you are having liposuction. They are placed in areas that are hidden or minimally noticeable (ie. in the belly button, under the underwear line, or in the crease of the breasts). After the incisions are made, a long thin instrument is inserted and a solution is injected under your skin to help your surgeon remove your excess fat as easily as possible. This solution also has a medication that helps to reduce bleeding and minimize your pain after surgery. Several minutes after the solution is injected, your surgeon will start to remove your excess fat. This is also achieved using a long, thin instrument that is hooked up to a machine which provides suction. Once your surgery is completed you will be placed into your compression garment prior to being woken up from surgery.

**What are the risks:** Risks of liposuction include bleeding and infection. It is possible to have an accumulation of blood or other fluid after having surgery which may require drainage. This is typically done in the office and does not require another surgery. It is also possible to have irregularities, waviness, and lumps where liposuction is performed. Some of these may improve with time, but it is possible to have some irregularity in contour permanently. Additional surgery may be needed to correct this. It is not common, but the possibility of burns to the skin does exist as well as other skin discolorations. These changes can often cause permanent scarring or color change. Removal of your excess fat may cause an increase in the looseness of your skin and create a sagging appearance. Your doctor will discuss with you if you are particularly likely to have this occur. Due to the type of instrument used to perform liposuction, damage to deeper structures may occur. These include muscles, blood vessels, nerves, the lungs, or abdominal organs. Liposuction also carries the rare risk of the formation of blood clots in the legs or pieces of fat entering a blood vessel which can potentially travel to the lungs.

**What to expect after surgery:** After surgery you should expect to be swollen and bruised. You will be provided with medication to reduce your pain. It is important to walk frequently to prevent the formation of blood clots. You will be allowed to shower on the 3<sup>rd</sup> day after surgery. You should wear your compression garment at all times except for when you are showering. This garment will be worn for 2-4 weeks. You can begin to return to your normal activities about 1 week after surgery and slowly increase your activity each day.

**Contact your surgeon if:**

- You have a temperature above 101 deg F
- You begin to have red, warm skin over the area where you had liposuction
- You begin to have pain or swelling in one of your legs
- You have persistent vomiting

**Seek care immediately or call 911 if:**

- You have trouble breathing