



Matthew H. Steele, MD
Cosmetic and Reconstructive Plastic Surgery

Tummy Tuck Postoperative Instructions

First 24 hours:

You will feel tight along the incisions and muscles as well as sore from the liposuction on the sides and back. You will also likely feel tired/sleepy from the anesthesia. Dr. Steele put long-acting local anesthetic along your incision and muscle wall to help with postoperative pain. Take your pain medicine every 4-6 hours as needed and the muscle relaxant (valium) every 8-12 hours. It is helpful to take a stool softener while on the pain pills to minimize your risk of constipation. Start your antibiotic (take with food) when you get home and continue as directed. Do not eat spicy foods or any dairy; these can upset your stomach and cause nausea and vomiting. Make sure you are comfortable and your nausea is controlled with the medicine (Phenergan or Zofran). If Dr. Steele prescribed blood thinner injections (Lovenox), start using the morning after surgery- inject into the fat of your thigh and rotate injection sites.

Leave your dressings in place. If you are in a binder, you may adjust as needed, but make sure it is not too tight- you don't want to impair blood flow in the skin. The binder is for mild compression and to hold the foam pads in place. The white foam pads are placed over your flanks and hips where liposuction was performed to help decrease swelling and to help narrow the waist. Make sure the pads do not fold, crease or wrinkle on the skin as this can create permanent dents or skin pleats that are difficult to fix. Positioning is very important: stay flexed at the hip at least 45 degrees with 2-3 pillows under your knees. This will keep tension off the incision. Many patients find sleeping in a recliner is easiest during the first few days. When walking, go slowly and stay bent at the waist. Keep your activity to a minimum: no stooping, bending, straining, lifting more than 10 pounds. Sponge bathe only. Empty your drains 2-3 x daily at the same time of day. Keep track of output (cc or ml) from each drain separately. Try to take deep breaths to help open your lungs.

My main concern during this time is proper positioning so that you do not tear open your incision. Also watch for any excessive swelling on one side (2-3x bigger than the other side).

Week 1:

You will start to notice that it is easier to walk and most patients are able to stand up straight by 7-10 days. You will likely be able to sleep in your bed, but will be more comfortable with pillows under your knees to keep tension off the abdomen. Dr. Steele will see you around 3-5 days postop depending on the day of the week on which you had surgery. The binder will be removed and you will be placed into a compression garment



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(like a girdle) that you will wear 24/7 with the foam pads. You may remove the garment for a sponge bath or a navy shower (keep water off the dressings). You may hand wash the garment if it becomes soiled. Continue with the same activity restrictions and no sexual activity. You may begin slow walking if you feel comfortable. Keep your blood pressure stable and heart rate under 100 beats/minute. Continue your antibiotics until completed. If you need more pain pills or muscle relaxants, Dr. Steele will refill for you. During this time patients can start to wean off the narcotics and switch to Tylenol or Ibuprofen. You can resume a regular diet. Typically the steri-strip tapes are left in place. Occasionally one of your drains may be ready for removal. You may drive if you feel comfortable and are not taking pain pills or Valium.

Weeks 2-3:

You will continue to feel better and most patients are back to non-strenuous work. Drains are typically removed during this time. Continue with the garment and pads. As the swelling decreases, you will be switched into a tighter garment, which you will wear for 6-8 weeks total. The incision tapes are usually removed and you may start Biocorneum scar therapy when instructed by Dr. Steele. Full showers are ok once all of the drains are out. Swimming and baths are not allowed until all drains are out and there are no areas of slow healing. Sometimes there are small areas that are slower to heal- if that happens Dr. Steele will instruct you on wound care.

Week 4:

You may start to increase your activity at this time; cardio activity is ok but keep weight lifting under 10-15 pounds. Sexual activity is allowed at this time. Continue wearing the garment. You will start to notice a gradual decrease in swelling, but your final result is not visible until 3-6 months after surgery.

Week 6:

Heavy lifting over 10-15 pounds is now ok. At this time, you may switch to a Spanx-type garment if you wish. Compression is helpful to encourage the swelling to resolve faster. Dr. Steele will typically see you again around this time and around 3-4 months after surgery.

Week 8:

Core activities such as planks, crunches, and sit-ups are now allowed and you have no further activity restrictions. Wait until at least 3 months before you start buying new clothes, as you will continue notice a decrease in the swelling.



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When to call:

Hematoma- bleeding that cause significant asymmetry (2-3 x larger than the other side) or areas that bulge out significantly

Blood flow problem- skin turns blue/black

Fluid pocket- if you notice a soft, squishy area filled with fluid along the abdomen or flanks

Wound separation- wound opens or is slow to heal

Infection- fever (temperature > 101.5F), redness, swelling, tenderness, white pus drainage