

# FAT TRANSFER

(Outpatient Surgical Facility)

## Pre-Operative and Post-Operative Patient Instructions

### PRE-OPERATIVE INSTRUCTIONS FOR FAT TRANSFER

#### SHOPPING LIST

☐ **Prescriptions**

*Submitted to your pharmacy. Your pharmacy should contact you when ready to pick up.*

☐ **Stool Softener (preferably MiraLAX)**

*Helps with constipation associated with narcotic pain relievers.*

☐ **Tylenol (Acetaminophen)**

*Alternative to narcotic pain medication if pain is not severe. Do NOT take NSAIDS.*

☐ **Crushed ice/frozen peas wrapped in a towel**

*Apply to the area of fat transfer for 20 minutes every hour for the first 2 days following surgery.*

☐ **Arnica**

*Take 3 tablets, 3 times a day, starting 3 days before your procedure date.*

#### NIGHT BEFORE SURGERY

- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT OR SURGERY WILL BE CANCELLED.** If prescribed, take medications with a small sip of water.
- **Set Up Home Recovery Area:** This may include pillows, blankets, books, television, and anything else to assist with a comfortable recovery.
- **Bathing:** You can shower but do not apply lotion, perfume, hair product, etc.

#### DAY OF SURGERY

- **Dress Comfortably:** Do not wear nice clothing. Dress in comfortable and loose-fitting clothes. Shirts that can be buttoned or zipped up are preferred.



- **Do NOT wear** any makeup, jewelry, cosmetic creams, contacts, hair products, deodorant, sunscreen, and remove all piercings.
- **Arrival to Facility:** Have someone accompany you to and from the surgical center. Arrive at the pre-designated time and remember to bring a form of identification.

## POST-OPERATIVE INSTRUCTIONS FOR FAT TRANSFER

### **NIGHT OF SURGERY**

- **Movement:** Make sure you are up and walking around immediately after your surgery. When lying down in bed or on the couch, make sure you are moving your legs and ankles. Take deep breaths frequently to keep your lungs clear.
- **Sleep:** Sleep on your back with your head elevated about 30-40 degrees (2-3 pillows). Do not sleep on your side. Keeping your body more upright will minimize swelling. Continue this for one to two weeks.

### **MEDICATIONS**

- **Antibiotic:** Start your antibiotic tablet the night of your surgery and take all tablets as prescribed until finished.
- **Pain Medication:** You will be prescribed a pain medication for post-operative pain control. If your discomfort after surgery is not strong you are welcomed to take Tylenol in place of the prescribed medication. Do not take Tylenol with the pain medication, often the medication you are prescribed will have Tylenol in it. **Do not exceed 4,000 mg of Tylenol in any 24-hour period.** Take medication with food to minimize risk of nausea.
- **Constipation:** You will experience constipation if taking narcotic pain relievers. MiraLAX or other over the counter laxatives are recommended. Do not wait to take until you are constipated. Begin treatment with narcotic use.
- **Nausea:** If you are experiencing nausea, which is common after general anesthesia as well as a known side effect of some stronger pain medications, we advise that you take your nausea medication.
- **Medications to Avoid:** Take only medications approved or prescribed by your surgeon. Avoid medications containing aspirin or ibuprofen (Advil, Motrin, Naproxen) for 2 weeks before and after surgery. These medications may increase bleeding.
- **Substances to Avoid:** Avoid alcohol, nicotine, and caffeine, for these will dramatically slow the healing process.



## **NUTRITION**

- **Diet:** A light low-fat diet is best after surgery. You may start a regular diet after your surgery if you are not feeling nauseous or vomiting.
- **Hydration:** Stay hydrated by drinking 8 -10 glasses of water a day. Avoid alcohol while taking pain medications.

## **ACTIVITY**

- **Physical Activity:** Normal daily activity may be resumed a few days after surgery. Avoid bending, lifting, or straining for one to two weeks. Be extremely careful if wearing any “pull-over the head” clothing.
- **Exercise:** Light physical activity may be resumed 2-3 weeks after surgery. Remember to start easy and build back up to your previous exercise levels. At 6- 8 weeks or when further instructed by your surgeon, more intense exercise can be started. Just know that swelling may transiently be worse with exercise.
- **Driving:** Do NOT operate a vehicle or make important decisions until you have been off pain medications for 24 hours. Use good judgment.
- **Return to work:** Most patients require approximately 5-7days off work depending on their job responsibilities and the amount of physical contact your job involves.
- **Travel:** Automobile travel can resume immediately though frequent breaks are needed, approximately every 2 hours to prevent blood pooling and clots. Airline travel is restricted until 1 week postop. You will notice increased swelling with airline travel, and this can happen even 6-8 weeks postop due to the pressure changes.

## **BATHING**

- **Showering:** You may wash your hair and face as usual the next day after your surgery.
- **Hot Tubs/Baths/Swimming Pools:** No tub baths or Jacuzzi until your incisions have healed, and approved by your surgeon, which is usually around 2 weeks. It is best to wait one month for hot tubs as they tend to have more bacteria than regular chlorinated swimming pools.

## **HOW TO TAKE CARE OF YOUR INCISIONS**

- **Puncture Marks:** Fat transfer entry points, that resemble a puncture mark, will be found in a few spots on the face. Apply an antibiotic ointment (Bacitracin, Neosporin, etc.) to these areas until the areas have completely healed.
- **Incisions:** Small incision lines may be found on the areas where fat was harvested. There will be a tape dressing over these areas. Keep these intact until removed at your post-op appointment. Your surgeon will remove all necessary stitches at that time as well.
- **Sun Exposure:** Avoid and minimize sun exposure. Use an SPF of 30 or greater when outdoors. Even a mild sunburn can worsen swelling, irritate an incision that is healing, and cause permanent scar discoloration.

## **WHAT TO EXPECT**

- **Drainage:** Some mild bleeding and/or drainage is not unusual at the incision sites or puncture areas the first few days after surgery. You may use gauze or a light pad to reinforce post-op dressings if this occurs.
- **Bruising:** You can expect to have bruising. Most bruises will heal after about 2-3 weeks. The bruise will go from a purplish color to a yellow/green shade as it starts to resolve.
- **Swelling:** Swelling is to be expected for weeks and sometimes months. The swelling can improve with intermittent rest and use of the headband. Exercise and physical activity can transiently worsen swelling but is encouraged. Cold compresses will help minimize swelling.
- **Itching:** Itching at the puncture sites and incision sites is normal for a few days. You may take Benadryl to help with this.
- **Pain:** It is normal to experience tightness, pressure, shooting pain, soreness, and fatigue for several days to weeks following surgery as you recover.
- **Sensory Changes in Skin:** You may feel numbness around puncture and/or incision sites. This is normal and should subside after a few weeks.
- **Weak or Dizzy:** You may experience some weakness or dizziness. This may be more evident if you try to stand up too quickly. Take a minute to go from lying down to standing. The sensation of feeling lightheaded will get better in a few days as well as by staying well hydrated.



## **DO NOT'S**

- **DO NOT place anything frozen directly on the skin**, make sure it is wrapped in gauze pads, a towel, etc.
- **DO NOT soak in baths, jacuzzies, or hot tubs**, or submerge your face in water until all incisions have fully healed.
- **DO NOT take Aspirin, Ibuprofen, Naproxen, or other blood thinners** until your surgeon advises you it is safe.
- **DO NOT apply make-up to the puncture sites** or incision sites for 10 days.

## **EMERGENCY SITUATIONS** – WHEN TO CALL THE OFFICE (703-481-0002) OR GO TO THE HOSPITAL

- **Signs of Infection:** Spreading redness, worsening swelling, increased drainage or drainage of pus, worsening pain, warmth at incision site and temperature over 101 degrees Fahrenheit.
- **Excessive Bleeding:** If the dressings are saturated with bright red blood and you are having to make very frequent dressing changes.
- **Other Emergency Situations:** Shortness of breath or difficulty breathing, chest pain, lightheadedness that does not quickly resolve, severe vomiting, pain, or asymmetric swelling in your legs.