

ABDOMINAL SURGERY

DOCTOR GERUT'S POST OPERATIVE INSTRUCTIONS

Do not do anything that raises your blood pressure or causes excess motion for the first five days after surgery! NO LIFTING, BENDING OVER, STRAINING, ETC. For a week after surgery keep your waist and hips as still as possible. It is normal to experience pain or discomfort with all abdominal and thigh motions. If a specific motion hurts too much-**DON'T DO IT.** Slowly, your activity will increase as you heal. Excessive swelling due to too much activity can cause prolonged fluid build-up under your skin, which will need to be drained. For the first few days you will need to stay slightly bent at the waist even when you are standing up. For the first **TEN** days spend as little time sitting as possible. The sitting position does not allow proper healing. **DO NOT SMOKE!** Smoking can cause the skin near your scar to die and can slow your healing tremendously and cause your surgery to fail.

You must move your toes, ankles, knees and tighten your leg muscles as much as possible to prevent blood clots from forming in your leg veins. Do this as much as possible until you are walking normally.

You must constantly cough on purpose and take deep breaths to help prevent respiratory infections.

Please take the medications that Dr. Gerut indicates with a check mark. Any medication not checked off may be taken if necessary. **If you are allergic to any of these medications, let us know!** Take all pills with food to avoid nausea. Your prescription bottles will be labeled **only with the medical names for your pills** and for your reference, these medical names are in parentheses below. You will be given prescriptions for other medications to be taken **BEFORE** your surgery. Please do not confuse them with the postoperative medications. Keep your medications at home for use after surgery. If you are staying overnight in the hospital or in our office we will provide the necessary medications. Do not bring them with you.

Antibiotic:

Keflex (Cephalexin) - 500mg (1 pill) 2 times a day

Or, if allergic to Penicillin:

Vibramycin (Doxycycline)- 100mg 2 times a day

Severe pain:

Percocet (Oxycodone)- 1-2 pills every three to four hours as needed. For the first two days, you should take the pain pills every 2 or 3 hours and not wait to feel it.

Moderate pain:

Norco (hydrocodone bitartrate and acetaminophen) - 1-2 pills every three to four hours as needed.

Nausea:

Compazine (Prochlorperazine) Use one if needed. Never use more than 2 in 24 hours. If nausea returns, and you weigh less than 160 pounds, call the office before using a second suppository.

Anti-swelling:

Medrol -take pills as directed on package. Begin the morning after surgery.

Constipation:

Ex-Lax (or any other mild laxative) Please take this as you **will** be constipated. Be ready to take a Dulcolax suppository if you get constipated as oral medications will not help

Multi-Vitamin:

1 daily

Vitamin C:

take two 500mg tablets daily

KEEP COMPRESSION GARMENT ON AT ALL TIMES DURING THE FIRST TWO WEEKS except when taking a shower. Make sure the garment is pulled up all the way and not folded on your skin.

If you go home with a drain - we will show you how to empty the bulb twice a day and keep a careful record of how much comes out. Make sure there is always suction on the drain by keeping the bulb collapsed and the plug in tightly. When moving or changing clothes, be careful not to pull on the drain. See attached directions.

You can shower two days after surgery. Please be careful not to slip or fall in the shower; you may want to sit on a plastic chair in your tub and shower sitting down. **You MUST have help** getting in and out of the shower chair to avoid fainting or falling. **Do not take a bath**-you must not soak your incisions. You can **BRIEFLY** get your incisions wet by letting the shower spray run down onto the stitches. Then quickly pat the incisions dry with a soft towel and apply Bacitracin or Neosporin to belly button, reapply gauze if needed and put garment back on. If you have a drain, be sure not to let it hang freely at any time, especially when you shower. You must wear this garment for weeks after surgery. Dr. Gerut will advise you as to when you can take it off.

After the first few days you may take off the garment for an hour or two at a time while you wash the garment. It is best to lie down when not wearing it. For **TEN DAYS** after surgery, spend as little time as possible in the sitting position as it inhibits proper healing. Most of the time you should be standing or lying down.

All stitches are dissolving. **Do not** pull or cut any visible stitches. If they do not fall off on their own, we will remove them about two weeks after surgery.

Expect small areas of bloody or yellowish drainage on your bandages and garment. These areas may develop even weeks after your surgery. Small amounts of drainage are expected. Severe bleeding or large amounts of drainage must be reported to Dr. Gerut immediately.

Your lower abdomen will be numb for several months after surgery. This will return to normal very slowly. Sometimes a small area of skin at the center over the incision stays numb.

Expect to be constipated after surgery due to the effects of anesthesia and lack of motion and medications. Please take any over the counter mild laxative for a week beginning right after surgery. If you do not take the laxative, you could develop severe constipation and a Dulcolax suppository may be needed.

Expect that you will feel full with smaller meals than before surgery. Most patients are pleased with this new development.

Your incision lines will appear red and feel hard for months after surgery. Your final scar appearance will not be evident for over one year. If any part of your scar does not heal well, it is usually easily repaired but not until at least six months after surgery. Do not expose your scars to direct or prolonged sunlight for at least one year after surgery.

Do not apply any treatments or creams to the surgical area unless approved by Dr. Gerut. **No hot water bottles, heating pads or any other topical treatments.**

No Aspirin, Bufferin, APC, Fiorinal, Alka Seltzer, Ecotrin, Excedrin, Anacin, Vitamin E or any other medication not directed by Dr. Gerut for **ONE WEEK AFTER SURGERY**. Regarding Advil or Motrin, check

with Dr. Gerut or his office staff. During the time that you are taking a narcotic pain reliever, you are to avoid driving or operating heavy machinery. Dizziness or severe drowsiness can cause falls or other accidents. Acidophilus, Monistat or Diflucan (or other over the counter anti-yeast infection medication) to avoid or treat yeast infection from antibiotics.

I have been advised of the possible complications (there are others not listed here):

Bleeding	Thrombophlebitis	Reaction to the sutures
Infection	Hypertrophic Scars	Change in shape of umbilicus
Need for revisional surgery	Keloids	Skin discoloration
Wound Dehiscence	Chronic Pain	Disability
Skin Numbness	Nerve Damage	Scar discoloration
Seroma	Anesthesia Risks	Parasthesias
Skin Necrosis	Hematoma	Contour deformities

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For the first few days, you should spend most of your time resting and moving your legs. After 2 to 3 days, you should start walking around more than resting in bed, but no other activity. After 5 to 7 days you can return to most if not all self-care activity but still, do not lift anything heavier than a pot of coffee or spend time in the sitting position. After 10 days, you can go back to all activity except exercise and stretching. At 2 weeks you can do light aerobic exercise. At 3 weeks, you can go back to all activity except running and extreme stretching. Again, if something hurts, do not do it or at least slow down your activity.

Any severe increase in pain or swelling or any other emergency should be reported to Dr. Gerut immediately at 516-295-2100. After the office is closed, please call Dr. Gerut's service at (516) 620-3619.

Please call the office at your earliest convenience to schedule your post-operative appointment.

Significant weight gain or weight loss (change of 7% or more in body weight) can affect your surgical result. For this reason, you must agree to make all efforts to keep your weight stable after your procedure. If your weight changes significantly (change of 7% or more in body weight) after your procedure, you will not be entitled to any free "touch-up" procedures to the same area and you will be charged a surgical fee and an operating room fee and an anesthesia fee. If for other reasons, revisional surgery is required, there may be a surgical fee but even if there is no surgical fee, **THERE WILL BE A STANDARD FEE FOR THE OPERATING ROOM AND THE ANESTHESIA.**

I have read the above instructions (3 pages total) and possible problems fully, all my questions have been answered and I understand and accept the instructions and possible problems fully.

Patient Signature

Date

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