

PANNICULECTOMY POST-OP INSTRUCTIONS

ACTIVITIES

- No strenuous activity. No heavy bending, lifting, twisting, pushing, or pulling >5-10 lbs. for 6 weeks.
- Ambulate with assistance every two to three hours. Light easy walking in your house is okay, but squatting or climbing stairs should be avoided for the first week.
- Driving may be resumed when you are no longer taking pain medications and can drive easily and rapidly, moving your foot from the gas to the brake. For the majority of patients, this window is usually one week.
- If your job requires prolonged periods of standing, walking, or heavy lifting, it may be 3-6 weeks before you can return to work.
- Overactivity can cause bleeding, so be very careful and **LISTEN TO YOUR BODY! If it hurts, don't do it!**

DIET

- Fluid intake is encouraged. It is important to make sure you are well hydrated, and drink at least eight 8oz. glasses of water daily after surgery.
- Follow a balanced diet. Avoid heavy, greasy, spicy foods for the first few days, as well as carbonated beverages and things that will cause bloating. Resume regular diet slowly as tolerated.
- No alcoholic beverages while you are taking pain medication. Even after pain medications are done, it is encouraged to avoid drinking alcohol for 3 weeks as it causes fluid retention.
- Constipation after surgery is common from general anesthesia as well as narcotic pain medicine. An over-the-counter stool softener is recommended. Milk of Magnesia, Mag Citrate, or enemas can be used to help, or even adding raw fruit to your diet can aid in constipation relief. Remember to increase your fluids as well.

WOUND CARE

- Keep Dressing clean and dry for 24-48 hours; do not remove the dressing on your own.
- After surgery, you may shower in 24-48 hours; it is okay to shower once daily, which is encouraged for hygiene. Do not allow water from the shower to directly hit your incisions. The shower water may be directed on your back. Remove the binder and gauze/tape dressings. You may shower with soap and water. After showering, pat dry all the incisions and around the drains. Leave the surgical glue/mesh in place, and do not attempt to remove it if present. Reapply binder. If your binder is irritating/rubbing your incision, it is ok to wear a snug tank top underneath the binder.
- Do not soak in a tub or pool for two weeks or while drains are in place
- Apply ice packs for 24-48 hours or longer, as this can help with pain and swelling for the entire post-operative period. (20 min ice packs on and 20 min off).
- Once your drains have been removed, you can transition to a "Spanx" type compression garment that covers the abdomen if you desire.
- You will be wearing a compression garment for 6 weeks post-operatively. It is extremely important that you wear these at all times except when showering. This bandage helps the healing process and makes moving easier.

MEDICATIONS

- Resume all home medications as directed by your primary care provider, and follow up with them if you have any questions about resuming the medication.
- The medications you will be prescribed after surgery are part of our Enhanced Recovery After Surgery (ERAS) program. This program is designed to make your recovery faster and easier on you and your body and to lower the chances of a problem after surgery.
- You have been prescribed several medications after surgery. Each medication should be taken as directed.
- Acetaminophen (Tylenol) 1000 mg by mouth three times daily (OVER-THE-COUNTER).
You should take your Tylenol on a regular basis for the first two weeks after surgery. Tylenol is an excellent pain reliever that is non-addictive and has few side effects.
- Naproxen (Aleve) **OR** Ibuprofen (Advil) 800mg tablet by mouth twice daily (OVER-THE-COUNTER)
You should take it on a regular basis for the first two weeks after surgery. Aleve/Advil is a pain reliever **AND** anti-inflammatory. This medication works differently than Tylenol. Do not take this medication if you have had gastric bypass surgery, have a history of kidney problems, or have been told not to take this medication by another doctor.

MEDICATIONS, cont'd

- Oxycodone (Roxicodone) one to two tablet(s) by mouth every 6 hours as needed after surgery (Prescription)
Oxycodone is a narcotic pain medication. Most patients will feel nauseated and may vomit if this medication is taken on an empty stomach. This medication also causes constipation that worsens over time. Taking the prescribed stool softener and increasing your water and fiber intake is important to help with constipation. This medication can be addictive for some patients, and it is important to taper off this medication quickly after surgery. Narcotic pain medications should be used for short periods of time only and can be helpful for breakthrough pain after surgery. Once you have stopped taking this medication, turn the rest into your pharmacy so that it can be disposed of correctly. Every prescription of this medication is closely tracked and monitored by the Federal Drug Enforcement Agency (DEA).
- Polyethylene Glycol (Miralax) one capful (17 grams) by mouth twice daily (OVER-THE-COUNTER)
Miralax is a stool softener agent. You should take this medication twice daily after surgery to help with constipation. Constipation after surgery is from the general anesthesia as well as the narcotic pain medication you get during and after surgery. It is important to make sure you are well hydrated while taking this medication, so drink at least eight 8 oz. glasses of water daily after surgery.

NORMAL THINGS:

- It is **NORMAL** for the abdomen to be swollen, look strange, look uneven, be numb, and have electric shocks/burning sensation and pain. Please be patient with all of this, as it will take 3-4 months for the swelling to resolve fully.
- It is **NORMAL** to need to walk a bit bent over for the first few days after surgery.

CALL THE SURGEON:

- Continuous bleeding that does not stop with pressure
- Fever of more than 101.5 degrees
- Unable to empty bladder
- Difficulty breathing
- Nausea or vomiting not controlled with the anti-nausea medication
- Opening of the incision
- Lidocaine Toxicity

Signs & Symptoms of Lidocaine Toxicity

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| o Slurred or difficult speech | o Dysrhythmias (irregular heartbeat) |
| o Paresthesia- "pins and needles" feeling of skin | o Restlessness, Agitation, Nervousness |
| o Numbness of lips/mouth | o Hypotension (low blood pressure) |
| o Metallic taste in mouth | o Bradycardia (low heart rate) |
| o "Ringing" in Ears | o Loss of Consciousness |
| o Double Vision | o Muscle Twitching |
| o Feeling hot or cold | o Tremors or Shaking |
| o Altered Cardiovascular System | o Seizures |
| o Drowsiness | o Respiratory Depression |
| o Dizziness | o Respiratory and Cardiac Arrest |

RISKS

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I (we) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death. I (we) also realize that the following risks and hazards may occur in connection with this particular procedure:

1. Unattractive scars
2. Loss of sensation
3. Seroma (fluid) accumulation
4. Loss of skin, loss of umbilicus
5. Need for additional procedures
6. Wound healing problems
7. Asymmetry
8. Lidocaine Toxicity