



CANADIAN PLASTIC SURGERY
CENTRE

PANNICULECTOMY AND TUMMY TUCK SURGERY (ABDOMINOPLASTY)
POST-OPERATIVE INSTRUCTIONS

- The pain medication prescribed to you will either be Tylenol #3, Percocet or Dilaudid. You can take 1 tablet every 4-6 hours as needed.
- You will be going home with a compression garment. This should be worn daily for about 3 to 6 weeks depending on your healing.
- 1 or 2 JP drains will be sutured to the incision line. Check drains every 2 hours and empty each when half full. You may be draining from the liposuction areas for 1-3 days and small amounts of blood on the dressings are normal. Dressing supplies will be provided to you for home-use.
- You are encouraged to walk in a hunched position to help alleviate tension on the incision line.
- You can take a shower 1 week after second dressing change. But during the first month no immersing yourself in water (No baths, hot tubs, oceans or swimming pools)
- Incisions are covered with paper strips called steri-strips. They will fall off on their own. After showers, you should pat them dry with a towel or blow dry them on low heat setting with a blow dryer.
- You are allowed a 1 hour break daily from wearing your garment. You can use this time to shower and relax in bed. We recommend no activity without your garment on.
- When resting, use pillows to elevate your head and knees. This will maintain a bent “jackknife” position.
- When getting out of bed, remain in the “jackknife” position and roll onto your side to ensure you do not use your abdomen to get up.
- Check and empty your JP drains before going to sleep and then check/drain immediately when you wake up. Have a container by your bedside to help.
- NO heavy lifting and NO exercise for the next 6 weeks.
- Swelling, bruising, and pain are expected and will improve in 6-8 weeks.
- Narcotics prescribed may give you constipation. We suggest lots of water, vegetables and, if needed, a stool softener.

For several days after the surgery, you will be at risk of fainting. If you suddenly feel hot and begin to sweat, lie down and bend your knees. Cold compress on the forehead/ neck can help relieve these symptoms. Drink plenty of fluids to prevent this.

*If you have any questions or concerns, please call our office at:
(416) 244-8377 Monday-Friday 9am-6pm or email us at info@canadiansurgery.com*

**For emergencies, please call Centenary Hospital Locating at (416) 281-7111 have Dr Chivers paged and/or if necessary proceed to the Centenary Hospital emergency where Dr Chivers can meet you.*

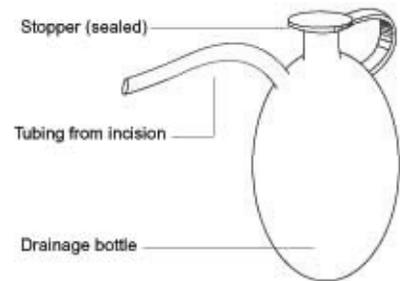
Patient Initials: _____

Caring for Your Jackson Pratt® Drainage System

What is a Jackson Pratt (JP) Drain?

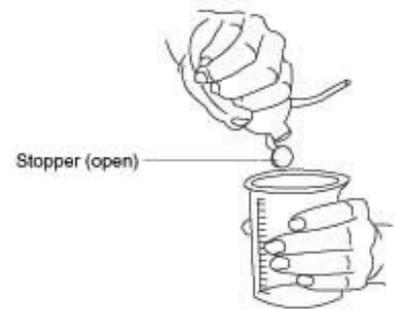
The Jackson Pratt system is made up of a soft plastic drainage bulb. There is a stopper and a catheter at the top of the bulb. The other end of the catheter is inserted near your incision to collect drainage. When the bulb is compressed with the stopper in place, a vacuum is created. This causes a constant gentle suction, which helps draw out fluid that would otherwise collect under the incision.

To achieve the best healing results, the bulb should be compressed *at all times* except when you are emptying the drainage. The amount of time you will keep the drain, depends upon your surgery and the amount of drainage you are having. Drainage is very individual. Your doctor will decide when to remove the drains based on the amount of drainage that has accumulated, so please be sure to bring the *JP Drain Output Record* with you to all your follow-up appointments.



Instructions to drain JP:

1. Wash & dry hands thoroughly with anti-bacterial soap
2. Strip or “milk” the drainage tubing going from the exit site out of your body toward the bulb. Beginning at the exit site, hold drainage tubing with one hand and with the other hand stretch and release tubing an inch at a time, while moving downward, with both hands, toward the bulb.
3. Do this 2 to 3 times before emptying the bulb.
4. Unplug the stopper at the top of the bulb. This will allow the bulb to expand.
5. Gently squeeze the bulb until it is empty into a measuring container. Make sure spout of bulb does not touch the measuring container to prevent the spread of germs onto or into the drain.
6. Turn the Jackson Pratt right side up.
7. Squeeze the air out of the bulb, and while continuing to squeeze the bulb while re-plugging the stopper.
8. Check to see that the bulb remains fully compressed to assure a constant gentle suction.
9. Make sure your JP drain remains below the level of the incision, never let it dangle!
10. Check and record the amount of drainage fluid in the attached tables
11. The bulb should be emptied about 3 times daily, or as needed if it is filling up
12. Flush the drainage fluid down the toilet and wash out the measuring container
13. Wash hands again with anti-bacterial soap



Please call the clinic at (416) 244 8377 if:

- You get a fever
- Significant Redness occurs around the area where the tube exits the body
- Immediate refilling of the bulb with fluid or blood immediately after emptying
- **The drains fall out**

Patient Initials: _____

