

Discharge Instructions and Orders for Abdominoplasty

Medication given may have significant effects after discharge; therefore on the day of surgery:

1. A responsible adult must accompany you upon discharge and for 24 hours after surgery.
2. Do not drive a motor vehicle, operate machinery, power tools or appliances, drink alcoholic beverages, or make critical decisions for 24 hours.
3. Diet: You may resume your regular diet but it is better to increase intake slowly with liquid and working up to solid foods or as indicated.

Pain: There may be some pain associated with the procedures. Your surgeon will have given you a prescription for medication. If this medication does not provide adequate relief -call the office.

Prescription given to patient ☐Yes ☐No ☐NA

Nausea: Nausea and vomiting may occur as you become more active or begin to increase food intake. If this should happen, decrease activities and resume just clear liquids. If the problem persists, call the office.

Fever: Fever is not expected. You should report a temperature above 101 degrees.

Dizziness: Beware of dizziness, which may cause a fall. Change positions slowly.

Urinating: Notify the office if you have not urinated within 12 hours after discharge.

4. Today, you may adjust the binder or support garment for comfort. Change dressing pads as needed. Tomorrow, you may remove dressing; leave the Steri-Strips (paper tapes) in place. After tomorrow, continue to use the binder or support garment for support. Except when bathing, you are to continue to wear support night and day for four (4) weeks unless your surgeon tells you otherwise. Routinely, patients wear a support garment night and day for four weeks and in the daytime for at least six weeks.
5. If you have drains, you may not shower or take a bath until the drains are removed. If you do not have drains, you may shower, but leave the Steri-Strips (paper tapes) in place.
6. If you have drains, empty the reservoirs at regular (8-hour) intervals and record the amounts. Please bring the record you keep to your next office visit.
7. No lifting greater than ten pounds or any strenuous activity (jogging, bouncing, long driving) for six weeks.
8. You have an appointment with Dr. _____ on _____ at _____
9. Additional instructions: _____

Plastic Surgery Department
Kaiser Permanente – Santa Rosa
Medical Office Building West, Suite 220
401 Bicentennial Way
Santa Rosa, CA 95403

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If you have any questions arise, call your surgeon at the office:

Cosmetic Services: (707) 566-5288

Surgery Department: (707) 393-4090

or go through the Kaiser Permanente Hospital Operator: (707) 393-4000

If unable to contact surgeon, please call the advice nurse at (707) 393-4044.

I have received, read and understand the above instructions. All of my questions have been answered to my satisfaction.

Date_____ Signature of patient _____

Nurse _____

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