



*T*UMMY
TUCK
PLANNER

HOW TO GET FANTASTIC RESULTS
AND SAVE HUNDREDS!

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CALENDAR

4 Months Prior	<ul style="list-style-type: none"> • Gather information and make sure the physician is board certified by the American Board of Plastic Surgery and member of ASAPS • Make sure you are a good candidate—check BMI
6-8 Weeks Prior	<ul style="list-style-type: none"> • Face to face consultation • Financial planning
4 Weeks Prior	<ul style="list-style-type: none"> • Avoid medications listed in Appendix A before surgery
2-4 Weeks Prior	<ul style="list-style-type: none"> • Get lab work done • Get mammogram if over 40 years old
1-2 Weeks Prior	<ul style="list-style-type: none"> • Pre op appointment • Review consents / post op instructions • Avoid extensive core exercises
1 Week Prior	<ul style="list-style-type: none"> • Fill prescriptions • Make final payment
Day Before	<ul style="list-style-type: none"> • Shower with special soap • Prepare house • Set up recovery area with drinks, snacks and entertainment • Expect a call from the surgery center to inform you of the time of your surgery (this will be the business day before surgery) • Nothing to eat or drink after midnight • Shower again with special soap
Day of Surgery	<ul style="list-style-type: none"> • Shower with special soap • Take medications as directed • Wear comfortable clothing • Be prepared for surgery at anytime • Bring responsible ride over 18 years old, available for 48 hours
Day After	<ul style="list-style-type: none"> • Return to office for post op appointment • Follow post op instructions for care, medications and activities • Ambulate frequently, but don't overdo it
1 Week After	<ul style="list-style-type: none"> • Return to office for appointment • Return SCD machine to our office with your appointment • Schedule next visit as needed for drain removal • Begin using scar gel—twice a day for 6 months
6 Weeks After	<ul style="list-style-type: none"> • Return to exercise, gently increasing in intensity over several weeks, as long as there are no healing problems or fluid collections • Return to a good diet/lifestyle and exercise program
3 Months After	<ul style="list-style-type: none"> • Return to office for post op pictures

Congratulations on receiving your free copy of one of the most helpful resources for information regarding tummy tuck and abdominoplasty. This information is going to outline the entire process of abdominoplasty from the point where you begin gathering information through the consultation process and surgery and even your recovery. This information will be *invaluable* to you as you embark on this process and help you avoid common mistakes and misfortunes.

This tummy tuck planner will give you the confidence you want to have when you choose your surgeon. By the time you browse through this information you are going to feel like you already know my experienced staff and me. This will make the decision to book your consultation with me seem like the next logical step. I have the experience that is required to make this process as enjoyable, comfortable, and safe as possible.

This tummy tuck planner gives you reliable and correct information and directs you to other sources for credible information. The problem that some patients face is that when they begin to look for information on the internet they don't know if the information that they are getting is correct. I compiled this information for you to solve that problem; the information that I relate to you is reliable and the other sources I refer to

are also trustworthy. I'm going to answer questions for you that you never would have thought of asking and after learning this information you will be so glad that you know it.

The information contained in this planner is valuable in its own right, but I'm going to give you an even greater value because you have taken the time to review this information. Included in this information are money saving tips and valuable free offers worth hundreds of dollars. This is available to you and all that is required is that you know HOW to qualify and get it. This planner will tell you how to qualify yourself to save money and receive free products.

Gathering information: 4 months prior to operation

For most women choosing to have an abdominoplasty, it is not a spur-of-the-moment idea; you may have been considering it for years. You may have been informally gathering information from friends that have had this surgery or from the internet. About 4 months prior to your anticipated surgery date is when your search really needs to intensify.

Even if you have actually been searching for and gathering information much earlier, this is when you really need to become serious. Much of the information that you have read or heard about previously may not be fresh in your mind. This is when you need to have all of your knowledge fresh and ready to assist you in your decision.

This planner and my website resources are valuable tools because I'm going to give you all the information in a very compact format. I'm going to answer all of the questions that you don't even know you should ask!

It's like having a private consultation with a plastic surgeon in the comfort of your own home. This planner may also help you think of some questions on your own as well. I bet if you read all the free information I have provided you will find that I answer almost every question you can imagine. Additionally you will learn some great ways to save money and take advantage of some incredible deals.

INTERNET

The internet is a great resource for information because it is readily available and in a format that you are familiar with. With this planner you have received one of the most comprehensive information packets on the internet regarding tummy tuck and abdominoplasty. You are fortunate to have this planner because I'm going to help give you the knowledge and information that you need all in one place, organized in

a helpful way, and absolutely free!

Unfortunately, not all internet resources are always completely reliable because there is no internet police to keep people honest about the information they post. Misinformation comes not only from other patients who merely repeat unsubstantiated information that they have heard as well as from physicians trying to advertise their practices. Unrealistic claims about results and recovery are all over the internet. Physicians will also make all kinds of claims about their credentials which sound fabulous. Bottom line, no matter what they try to tell you, if they are not certified by the American Board of Plastic Surgery, they are not board certified plastic surgeons. Do your research carefully; it is hard, and sometimes impossible, to fix a poor result. It is much easier and more desirable to choose a board certified plastic surgeon with a very high patient satisfaction rating and leave worries and uncertainty behind. Not infrequently I see patients wanting to correct a bad outcome; that's what the television show *Botched* is all about. I am constantly amazed when people tell me who the original surgeon was and I know how poor that surgeon's patient reviews are, and I have to just wonder to myself how the patient thought they were going to get a 5-star result from a surgeon with a 3-star average rating.

operation

There is no other board certification for plastic surgery recognized by the American Board of Medical Specialties. [Click here to see if your plastic surgeon is board certified](#). This website also has excellent answers to frequently asked questions regarding physician qualifications and training ([frequently asked questions about physician qualifications](#)). If you are searching specifically for a surgeon that has additional qualifications in cosmetic and aesthetic surgery then you can refer to the American Society of Aesthetic Plastic Surgeons website and search for their names here: [ASAPS surgeons by state](#). The ASAPS is an elite

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group of board certified plastic surgeons who specialize in cosmetic surgery and have been nominated by their peers for membership in this society. Members of ASAPS are the real cosmetic surgery experts in their communities, country and in the world. The added qualifications and requirements to be a member of the “ASAPS” are outlined here: [added credentials of ASAPS](#). In brief: if your surgeon is not listed as being a member of both of those societies, you may be taking more risk than necessary.

Think it is not that big of a deal? At least twice a month I receive a newsletter that inevitably describes the most recent story of a "cosmetic surgeon" being sued or jailed because they have inflicted permanent injury, harm, and even death to unsuspecting patients. It is happening all over the country, including here in Utah. Just Google "women harmed by cosmetic surgeon" and see how many recent results that you come up with. This is far more common than people realize, and unfortunately there is nothing that we can do to stop it. Once someone graduates from medical school they can set up a clinic and claim to be a cosmetic surgeon even if they have never had formal training in plastic surgery. They would never be allowed to perform cosmetic surgery in a hospital, but that doesn't stop them from doing it in their own office. Unfortunately that's the law and all we can do is help educate people about the problem BEFORE they make a very costly mistake.

Some of the stories of doctors doing outrageous things are big enough to get national, prime-time news coverage. One such recent story was about a dermatologist that was actually recording choreographed music videos DURING surgeries. Patients were shocked and outraged to find videos of their doctor lip syncing to rap songs and dancing (even twerking) and were able to see parts of their own unclothed body in the videos. I was personally

outraged at this new coverage because on several news feeds the headline read, “Plastic Surgeon Raps and Dances in the OR”. That physician was not a plastic surgeon, but they were shown actually cutting the patient with a scalpel, so they ASSUMED they were a plastic surgeon. That physician had their medical license suspended. Rightfully so. Don't assume just because someone calls themselves a cosmetic surgeon that they are a plastic surgeon; they could actually be a cardiologist, family doctor, oral surgeon, dermatologist, general surgeon, or ear, nose and throat surgeon. I have personally seen physicians in each of those specialties try to perform cosmetic surgery as a career. ALL plastic surgeons are cosmetic surgeons by training. Not all cosmetic surgeons are plastic surgeons. Buyer beware.

As you begin your research to find information and find a surgeon please be aware that any searches you perform on the internet are going to result in some information that is an advertisement, and not necessarily the best or most helpful information out on the internet. Once you know what to look for it is easy to recognize an advertisement as opposed to a web listing that ranks high on Google search engine because it has helpful, new, and fresh information. Advertisements are typically found at the top and bottom of each page in Google. All advertisements include the word “Ad” (usually on the first line, but I've also seen it on the second line) surrounded by a small round-edged rectangle. Click on the adds if you want (the doctor pays each time someone clicks on the add) but remember that someone is paying to get your attention. Don't let the Ads divert your attention away from getting reputable, reliable, and good information.

Advertisements can say or claim whatever they want – even if it is blatantly false. You are much better off relying on the information that ranks highly on Google search because of its helpful and informative content

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and not because someone is paying to have you see the information. To add more confusion to the process of selecting your surgeon, there are multiple doctors and businesses (notice I didn't use the word surgeon) that advertise VERY heavily on Google pay-per-click that are not board certified plastic surgeons, but the ad makes it seem like they have all the same credentials. I have even seen ads by doctors that says "plastic surgeon" and "board certified plastic surgeon" and I know for a fact that they are not plastic surgeons. This type of advertising is actually illegal, but it happens so frequently that it is difficult to enforce. It's like trying to ticket every car traveling 5 MPH over the speed limit on the freeway; there's no way to enforce it routinely. Bottom line, be aware of advertisements and recognize that some, if not the majority, of information that you are fed when you click on that link may be very misleading.

Even advertisements by actual board certified plastic surgeons can be very misleading. This type of advertising is very discouraging to ethical plastic surgeons that have worked hard to develop their reputations because this misleading advertising is always displayed at the top of the search engine page, above the very helpful, and valid information that search engines show based on content. Some plastic surgeons have claimed they were voted as the top surgeon in Utah (by small, local magazines that did not consider surgeons in larger metropolitan areas). Others advertise that they were named as one of the top 10 plastic surgeons in the country by a reputable business magazine. All of these claims are fraudulent and misleading. Each of those supposed "honors" or "distinctions" were purchased through advertising with those particular magazines. Ask yourself this question, "Why would a business magazine or a weekly local news magazine have an article about the best plastic surgeon?" The content of those magazines is NOT about plastic surgery. If you read the fine print in the

magazine articles about the qualifications that led to naming those individuals as the "top plastic surgeon", you would recognize that the qualifications would only disqualify 5% of plastic surgeons. So they just simply sell that advertising space to any plastic surgeon that is willing to pay the very high price.

Equally fraudulent and disturbing is the trend of advertising by selling Groupons. This is a huge red flag and should be avoided completely. I had a patient come to me and report that she had purchased a Groupon for a particular service and called the doctor's office to inquire about redeeming the coupon. She had a funny feeling about things and was surprised by the very high cost the doctor's office quoted her before the groupon discount was applied. She was suspicious, so she had her adult daughter call the office and inquire about the cost of the same surgery, only the adult daughter told the doctor's office she was not aware of any groupon discounts. The office quoted the daughter \$1000 less for the exact same procedure! The groupon was pay \$100 to save \$1000 -- so the office was quoting all groupon respondents \$1000 higher cost, so essentially they were just paying \$100 to THINK they were getting a deal. Very disappointing that a plastic surgeon would resort to such fraudulent advertising, but it happens -- a lot! Go ahead, look at the advertisements if you want to for some morbid kind of reason, but be aware that this type of misleading and fraudulent behavior is unfortunately very common in this industry.

Helpful Internet Sites:

Internet resources that are very helpful for you as you make your decision regarding abdominoplasty include physician's websites, national organizations, commercial, and consumer sites. Individual physician websites can be very helpful because they not only contain information, but they also usually contain before and after photos. Photo galleries seem to be a

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very popular place for people to browse through. I have one of the largest selections of before and after photos on the internet to help demonstrate my results which you can access with the following link. [Dr. Fryer's tummy tuck before and after gallery.](#)

Physician websites should also include information about the procedure, the recovery, and the costs. Be careful on the internet when you look at prices. Some advertised prices are “too good to be true” and they usually are. I hate it when I have to pry information out of someone, so I am very upfront with my costs. I have spoken with multiple patients that tell me about being “nickel-and-dimed” when they investigate plastic surgery. Unfortunately most people only find this out after they have taken off work and scheduled their life around the surgery, so it is too late to cancel even though the cost winds up being higher than anticipated. Although we try to be completely transparent regarding the complete cost of a procedure, please remember that only after you have had an in-person consultation can we be certain about what procedure is recommended for you. Even with tummy-tucks, there are several different variations of the procedure and we have to see you in person to determine the best procedure to obtain your best results.

National and state organizations are also helpful sources for information. Some of the helpful resources in this category include: the American Society of Plastic Surgeons (www.plasticsurgery.org) and the American Society for Aesthetic Plastic Surgery Society (www.surgery.org). In addition to ensuring that your surgeon is a member of these societies, browse the websites for the helpful information and frequently asked questions to help educate yourself. These websites contain very credible information that you can rely on in your search for finding qualified plastic surgeons.

Commercial and consumer sites are also very helpful in the search for information. One of the best resources in this category is RealSelf (consumer driven website where patients ask questions). You can find my profile on RealSelf here: [Dr. Fryer's RealSelf profile.](#) This and other patient review sites offers invaluable information to you as a prospective patient. As a patient you want to know not only about the results you can expect to achieve, but you also want to hear about the patients' experiences. Patient reviews on RealSelf.com are an invaluable resource to you. I have contributed helpful information on this site for patients, but the most helpful information that you will find anywhere is in your hands right now. If you can't find the answer to your question in this material then these are helpful resources where you can search for information.

Patient Comments and Word-of-Mouth

Talk with other women you know about their experience. Everyone knows someone that has had a tummy tuck. If it is a close friend or family member then you will probably feel comfortable asking them questions informally. I also have a list of patients that have said they would be willing to talk to people to let them know about their experience.

One comment I hear repeatedly from my tummy tuck patients is how natural their belly button looks afterward compared to their friends or family that have had this procedure performed elsewhere. Every patient is a unique individual and each will have a slightly different result, but the technique I use for the belly button is an example of how I go the extra mile to provide my patients with the best possible outcome. I take significantly more time creating this natural looking belly button and my patients' word of mouth referrals are worth it to me.

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Before



After



Scars fade over time - 2 years post op

Everyone has heard the phrase, “If you want to know which doctor to go to just ask a nurse”. After all, nurses and other healthcare providers are able to see those doctors in action, have firsthand knowledge of their skills and abilities, and are able to compare them to other doctors of the same specialty. I have an exclusive group of comments and testimonials from my patients who are nurses, physicians and other health care providers and their spouses. I am happy to share those comments with you if you want to know why other health care professionals have chosen me as their surgeon.

Internet reviews are a very helpful way for you to research a surgeon. Pay very close attention to what other patients are saying and learn from their experiences. I have the highest patient reviews anywhere on the internet.

[Dr. Fryer RealSelf profile](#)

[Dr. Fryer Google reviews](#)

[Dr. Fryer "Healthgrades" reviews](#)

[Dr. Fryer "Vitals" reviews](#)

[Dr. Fryer "RateMDs" reviews](#)

Personal Motivation

By the time you sit down in my office for a consultation you have usually already made the decision to proceed with a tummy tuck. Although you have already made this decision you still need to recognize WHY you want to have the surgery performed.

I operate on a wide variety of patients. I have operated on personal trainers, karate instructors, corporate executives, models, professional moms, elite triathletes and other athletes, physicians and nurses.

For some of my patients their motivation comes from a hard fought victory over extra weight that has left their abdominal skin loose and sagging. For other patients pregnancy has left their skin filled with stretch marks and an abdominal wall contour that is loosened and lax. Some look at this operation as the final step in a lengthy recovery from obesity. Some want to just look better in their jeans or workout clothing. Others just want to feel more normal and restore their appearance.

Your expectations need to be realistic as you anticipate your newly regained shape. Abdominoplasty or tummy tuck surgery can remove excess skin and help remove unwanted stretch marks. Liposuction can be performed at the same time and help reduce excess fat from the flanks. These improvements are achieved at the cost of scars however, and you need to be able to accept that as a consequence of surgery.

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Whatever your motivation for wanting a tummy tuck or abdominoplasty, you can be confident that I will help you achieve your best possible results.

Abdominoplasty surgery is a very gratifying procedure to perform because patients are so appreciative and happy with their improved shape. It is wonderful to see how the procedure helps them feel different, not just look different. Abdominoplasty is often more about helping my patients feel differently about how they look than it is making them look different.

DETERMINING IF YOU ARE AN ACCEPTABLE CANDIDATE FOR ABDOMINOPLASTY

The best candidates for abdominoplasty are those individuals who have excess abdominal skin and or stretch marks with or without abdominal wall laxity. Sometimes the only way to know for sure if a tummy tuck is right for you is to see me in consultation and allow me to examine the issues you wish to improve.

Determining exactly which operation will give you the best result is only possible with a formal consultation. Some frequent points of confusion can be clarified before a consult to help shape realistic expectations. Often patients come wanting liposuction of their abdomen, when in reality what they need is a tummy tuck (possibly with some liposuction of their flanks). You need to understand that liposuction only removes fat and does not remove excess skin or stretch marks. The skin will then need to shrink down to match the new volume. If your skin already has folds or rolls (indicating that you already have excess skin) then your skin is not going to shrink sufficiently with liposuction. Skin with significant stretch marks will also not shrink very well after liposuction.

Often people will assume that because their stomach is

more round than they desire that liposuction is the answer, but this is not always the case. A rounded or full abdominal appearance can also be caused by muscular separation or weakness. You can help determine if this is contributing to your problem by standing straight up and tightening your abdominal muscles (pretend someone is punching you in the stomach) and then press on your abdominal skin until you feel the firm muscle. This accurately shows you how much excess fat you have on your abdominal wall. Many people are surprised by how little fat they have and this can help them understand why liposuction is not the right procedure for them. This is especially surprising when patients have had a consult with some of the national franchises and have been offered liposuction (never having been examined by a physician).

I also stress with patients that your weight needs to be well controlled and stable prior to a tummy tuck. As long as you are within 10-15 pounds of your goal weight then we can proceed with a tummy tuck. If your weight has been fluctuating significantly and hasn't been controlled by your diet and regular exercise then you may get significantly better results by waiting until your weight is decreased and under control. I can't stress this fact enough. I see patients that tell me they want to "jump start" their weight loss with the tummy tuck, because it will give them "motivation". This surgery does NOT decrease your weight by any significant amount (maybe 3 lbs if you're lucky), and if you have the surgery and THEN lose a considerable amount of weight it negatively impacts the final result of your surgery. Do things the right way; lose the weight through lifestyle modifications first, and then have the surgery. Going against this advice is simply foolish and you will be sorry in the long run.

Adequate control of your weight before surgery is critical because your weight after surgery will often

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increase temporarily. This is because for months after surgery you will not be able to participate in your normal exercise activities to the extent you are accustomed and during the first several weeks you are confined to your home where "grazing" on comfort food may occur. If your weight is not under control before surgery it is often aggravated in this period after surgery. Ideally you should be at your goal weight for six months or longer to ensure the best long-term outcome.

Ideal candidates for abdominoplasty also have body mass indexes (BMI's) in the normal or near normal ranges. You can calculate your BMI here: [BMI calculator](#). Patients with higher BMI's typically get better results if they are able to reduce and maintain their weight prior to surgery. Patients with higher BMI's are more likely to require extended abdominoplasty incisions (an incision that extends farther around the side) and more extensive flank liposuction. Patients that have a BMI > 30 have significantly increased surgical risks including, but not limited to: higher rate of DVT (blood clot in their legs) and PE (blood clot that has traveled to their lungs), pneumonia and unrecognized sleep apnea, wound infection, wound breakdown or dehiscence (wound splitting apart), skin necrosis, and fluid collections beneath the skin (seroma is the technical term). These risks of complications for patients with a BMI > 30 is almost three times higher than for patients considered in the normal range for BMI. Because of these increased risks I have made a personal decision not to offer abdominoplasty or tummy tuck procedures to patients with a body mass index > 30.

In addition to increased surgical risks, patients with higher BMI's also have increased risks related to anesthesia and pain control. Increased anesthesia times, difficulty maintaining adequate oxygenation during and after surgery, increased risk of reflux and possible aspiration, and increase recovery times from anesthesia

are all related to increased BMI's. Additionally, patients with increased BMI's have a more difficult time obtaining adequate pain control after surgery and are more sensitive to the respiratory depressant side effects of both sedatives and analgesics (narcotics). This is a very deadly combination; because of poor pain control overweight patients tend to take more pain medication, and that medication is more likely to depress their natural stimulus to breathe.

I look at this operation as a completely elective surgery and therefore I feel that as a surgeon I have to attempt to minimize the possible complications. You "want to" have the surgery, but you don't "have to" have the surgery. For this reason, I do not offer this surgery to patients with a BMI > 30 because of the statistically higher risks associated with their weight. Other surgeons may not have that same criteria for their patients, but please understand that just because another surgeon is offering you that surgery, it does not mean that you are *not* at higher risk for those same major complications. I empathize with patients that want to improve the way they look, but I recommend weight loss *before* body contouring; not only will you have a better outcome, but you will significantly lower your risks associated with the surgery and anesthesia. Accomplishing this process by first obtaining a reasonable, "happy" goal weight, and then proceeding with body contouring surgery leads to better long-term results. Please do not request that I make an exception for this guideline; I *will* decline because these risks have been outlined extensively in the medical literature and as a physician I refuse to subject patients to unnecessary, increased risks.

The best means of decreasing and maintaining your weight is a regimented lifestyle of decreasing your caloric intake and regular and sustained exercise to burn more calories. Notice I did not use the word "diet"; I do not believe in diets because data indicates

Gathering information: 4 months prior to operation

that diets are ineffective at long-term weight loss. Programs that promote healthy lifestyles like Weight Watchers, Nutrisystem and other programs that teach portion control and promote increased physical activity are the only programs that have scientific data to support their claims of success. Avoid fad diets like HCG, Atkins, Keto, South Beach and others because data shows that the resulting weight loss is only temporary, and may significantly risk your health. Fad diets or pills that offer huge weight loss promises will not provide long term weight control. The only way to lose weight and keep it off is to eat less and exercise more; that is a scientific fact.

Sometimes a patient's money is better spent hiring a personal trainer and possibly a dietician and preparing themselves adequately for surgery. This helps them achieve their optimal weight prior to surgery and allows them to achieve the best possible results and contour from the surgery.

Additional tools are available to patients that despite a healthy lifestyle are not able to obtain their goal weight or are not "happy" at that goal weight. I tell people that they need to be happy at their goal weight, because if their entire day is spent counting calories and tracking their steps and there is no time left for enjoyment then that is not a sustainable lifestyle. Surgical options for weight reduction have made significant advancements in the last decade and these may be considered as additional tools for patients to achieve their goal weight. Like any other tool, it must be used, and used properly, in order to obtain the desired outcome. Information regarding the multiple different options is beyond the scope of this planner, but information is readily available with simple internet searches. I discourage patients from having a tummy tuck if they plan to become pregnant in the future. I feel that it is best to finish having children before removing the excess skin and tightening the abdominal wall.

Pregnancy after a tummy tuck does decrease the quality of the overall result to some degree, but individual patient outcomes vary. I have seen some patients that fared pretty well after pregnancy, but others have required significant revision surgery. Revision surgery to improve a tummy tuck result after pregnancy is possible, but often requires additional scars (usually vertical – up and down) that otherwise are not necessary. If you are planning to become pregnant, wait and have your tummy tuck later. If you happen to become pregnant after a tummy tuck (not planned), then I will try my best to restore the best possible result, but that will require an additional surgery.

During your consultation I will assess your abdomen for muscle separation, muscle weakness, and also for umbilical hernias. Many women have abdominal muscle separation after pregnancy (called rectus diastasis). Tightening the abdominal wall muscles (muscle plication) will correct this. Muscle separation (rectus diastasis) repair is not considered medically necessary by insurance companies and therefore this is not covered or reimbursed by insurance providers. I don't make the rules, but I do have to follow them.

Unlike rectus diastasis, umbilical hernia repairs are covered by insurance. Many patients are unaware that they have an umbilical hernia and this is something that can only be determined by a physician exam. A small, but not insignificant percentage of patients will need to have this repaired at the time of their abdominoplasty. Umbilical hernia repairs will be billed to your insurance or will be added to your bill if you do not have insurance. If you have not met your deductible for the year yet with your insurance then you may be responsible for the cost of the umbilical hernia repair.

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SCHEDULING A VISIT: 8-10 WEEKS PRIOR TO OPERATION

You will want to schedule your consultation for 8 - 10 weeks prior to when you want to have your surgery. When you make an appointment for abdominoplasty in my office you will be spending time with both my assistants and me. My assistants help to explain the surgical procedure and answer your questions, but your appointment will always be with me. This may seem obvious, but when you schedule your first appointment you should meet with the doctor. Sometimes patients are not allowed to meet with the doctor until after they schedule and pay for their surgery—this is a big red flag. You need to feel comfortable with your surgeon before you make the decision to have an operation with them.

If you can't meet with the surgeon until you have already paid for the surgery then what happens if after you finally do meet them you decide that you don't want them to operate on you? You will be out a significant amount of money and then you will probably notice an interesting trend in patient reviews of patients similarly disappointed by losing money to that surgeon's practice. You will never be placed in this situation in my practice – your appointment is always with me and I have my “job interview” with you before you place a deposit to schedule your surgery. The only slight deviation from this is out-of-town patients that want to combine trips to have their initial consultation the day or two days before their surgery. In order to reserve time on my surgical schedule these patients place a deposit sometimes before meeting with me in person. Every single one of these patients, however, has gone through extensive investigation and communication with my office to ensure that they want me to become their surgeon.

You may request additional information from my office staff at any time. We have packets of information which include: 1) frequently asked questions, 2) tummy tuck recovery information, 3) constipation prevention and treatment card and 4) information about financing. This information may be of some interest and we offer it at no cost to you.

When you request more information from my office you can also pre-register for [myTouchMD](#). This is a secure website with even more information which is password controlled and exclusive to my patients. You can review procedural videos and read explanations. You will need the registration code FRYERMD in order to create your account. Access to the valuable information on this website is a free service for my patients. We will post specific information on your account that we discuss during your consultation. This is designed to help you remember details of your visit that you may otherwise forget. We will do everything possible to ensure that you remember the valuable information we review during your consultation. Pre-registering for this will help make your consultation run smoothly.

During your consultation I will use some computer images to help you understand the actual procedure. I will draw on and mark up these diagrams and make notes on them to help you understand the procedure better. At the end of your consultation I save all of those drawings, diagrams, and notes to your TouchMD account so you can review them at any time thereafter.

FINANCIAL PLANNING

You should be able to ask how much the operation is going to cost and get a reasonable answer. There are some variables that are not clear over a telephone conversation, (like if you will need liposuction or

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hernia repair at the same time or not) but you should at least know a price range. My office will do everything possible to give you an estimated cost, but please recognize that these informal estimates are not always accurate because of unforeseen or unanticipated procedures that may be necessary to give you the results you are looking for. Only after an in-person consultation to evaluate for otherwise unrecognizable issues can an actual price quote be given.

My office staff is instructed to be completely open and honest regarding prices. Beware of “hidden costs” which some offices don’t tell you about until after you have scheduled surgery. Make sure your quote includes everything. My office can easily tell you how much a surgery will cost with everything included (except your prescription medications which you will get filled a week before surgery). During your initial visit you will be given a price quote in writing. Obtaining a price quote from other doctors’ offices can be quite deceiving. They may only include the surgeon’s fee and omit the cost of anesthesia and the operating room and may only inform you of those additional costs at your pre-operative appointment. Trust me on this one: you will want both anesthesia and an operating room. Bottom line you cannot make a decision by “price shopping” surgeons. Some offices will add in costs that are not included in your quote. Items that are often “added in” are: 1) charging you separately for anesthesia or operating room fees, 2) charging you for bandages or compression garments, or making you supply your own (how are you supposed to know how the girdle is supposed to fit, and if it fits you before the surgery is it still going to fit you after the surgery?) 3) charging you for post-operative visits (I’ve got nothing to say here, that just plain sucks). Inevitably you are going to be surprised at both how much more the surgery ends up costing you and by your surgical outcome; there is a reason some surgeons try to make the cost of their surgery seem so low. The lowest cost

is not the best option, unless you’re talking groceries. Don’t choose your surgeon based on cost.

My office will help familiarize you with payment options as well. We are happy to send you information about financing if you are interested, or discuss other payment methods. This is a good time to pre-qualify with financing companies and get the process rolling or to start setting aside the necessary money. My website has information on the different financing companies that we accept and you can easily get in contact with them to begin the paperwork. [Financing information](#)



Meeting the Doctor: 8 - 10 weeks prior to operation

There are two categories of consultations: free, or consultations that charge a fee. Yes, I charge a consultation fee. Once you have been in my office you will understand why we charge a consultation fee; we actually educate you about abdominoplasty and liposuction of the flank area. Free consultations are worth what you pay for. Free consultations are typically hurried, and often times you meet only with the nurse and may never actually meet the physician. I'm giving you far more free information and a better education in this tummy tuck planner than you are likely to get from all other consultations that you go to combined. So in essence I do give you a free consultation with this tummy tuck planner. When you are ready to get more serious then you pay a small fee to meet with me and that consultation fee applies to the cost of your surgery if you reserve a surgery date within three months of your visit.

Your first appointment with me will likely get you very excited about having the procedure done. My knowledgeable and friendly office staff will greet you in my office. You will fill out some standard paperwork and a health questionnaire. Once the paperwork has been completed you will be taken to an exam room where one of my assistants helps gather some other basic information and gets an idea of what you expect from the surgery.

This is a great opportunity to get comfortable with my assistants and clinic staff. My assistants do a great job familiarizing you with the procedure and help you feel at ease. They help give you information about the procedure and the anticipated recovery. After offering helpful information and answering your questions my assistants will have you change into a comfortable bathrobe in preparation for your consultation. You may have a few minutes to browse through a before and after photo book before I come in to meet with

you. We do everything in our power to respect your time and not make you wait excessively long, but please recognize that sometimes there are unexpected situations out of our control that demand our attention. Understand that if you are the patient that has an unexpected issue that demands more of my time, I will give you very individualized attention and care. Occasionally this means that some patients have to wait. I apologize in advance if this happens on the day you come to see me.

Our consultation takes place in the privacy of my comfortable consultation rooms. I review your health questionnaire to make sure that you are a good candidate for elective surgery and allow you time to develop trust in me as your physician. You are welcome and encouraged to ask questions. It is imperative that you feel confident with my skills as well as my personality.

Before I can answer specific questions about the procedure, I will need to perform an exam of your abdomen and flanks. As I explained previously, I will examine your belly button and evaluate whether you have an umbilical hernia (this is surprisingly common especially for women that have had multiple pregnancies). It is necessary to determine if you have a hernia that would need to be repaired at the same time. I also examine the quality and quantity of excess skin of the abdomen and determine if there is excess fat of the flank areas.

I will try to give you an idea of what to expect with the operation and the position and length of the anticipated incision. I may also discuss liposuction of the flank and hip area in order to achieve the best possible abdominal contour. I am very aggressive with liposuction at the same time as a tummy tuck and I think this is one of the reasons my results are so

“When I went to other consultations before I chose Dr. Fryer I felt the staff were not as friendly and most of the doctors were in a hurry and I didn't get my questions answered... Overall Dr. Fryer made me feel more comfortable in my decision about plastic surgery.” – D. M. West Jordan, UT

Meeting the Doctor: 8 - 10 weeks prior to operation

impressive. Combining liposuction of the flanks with the tummy tuck does not require any additional incisions and it does not typically increase the duration of your recovery. Liposuction does slightly increase the chance of developing fluid collections under the surface of the skin (the technical term is seroma) because of the increased tissue trauma and resulting fluid production. Typically the drains that will be used for the tummy tuck are sufficient to manage this increased fluid.

The use of drains after abdominoplasty is extremely common. Drains typically exit at the lateral ends of the incision (most frequently there are two drains). Drains typically remain in place for two to four weeks and are removed one at a time in clinic. Nobody likes having drains (the areas where the drains exit the skin often become irritated and sore), but in the majority of situations drains are absolutely necessary.

I will talk to you about flattening the abdominal wall with muscle wall plication. This consists of suturing the anterior abdominal wall together in a manner that flattens and tightens the muscles. It is like a permanent, internal corset that flattens and tones your abdominal wall. Although your abdomen will be flatter, there is no such thing as a completely flat abdomen in an adult woman; I will help you set realistic impressions for your results. This muscle plication is what makes the recovery from a tummy tuck so different. It is like you have done 10,000 sit ups and every time you use your core muscles (you use them to do everything) it hurts. In order to help improve your recovery I use a long acting numbing medicine called [Exparel](#) in your abdominal muscles that lasts for about three days. This will significantly decrease the amount of narcotic pain medication that you will require. You will still need pain pills, but you will use less of them.

I take extra time in the operating room to achieve the best possible appearance of your belly button. My patients love their belly buttons. There is a world of difference between a good and a bad belly button. Trust me on this point, you don't want a bad belly button.

Patients frequently ask about “mini tummy tucks”. A “mini” tummy tuck does not refer to the length of the incision, but rather to how high up the abdomen the skin is elevated. A mini tummy tuck skin elevation stops at the belly button whereas a full tummy tuck elevates skin all the way up to the ribs. The ability to perform a mini tummy tuck depends on the presence of excess or loose skin at or above the belly button. If you have excess skin above the belly button then you will usually need a full tummy tuck.



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Sometimes however, if the excess skin above the belly button is minimal then you may qualify for something called a “sliding umbilicoplasty” where the stalk of the belly button is lowered on the abdomen instead of making an incision around the belly button. The sliding umbilicoplasty option is ideal for patients whose umbilicus is higher than average because the position of the umbilicus is lowered and it still allows removal of a small to mild amount of skin above the belly button. Patients have to be examined in person to determine if they are candidates for either a mini tummy tuck or a sliding umbilicoplasty.

Additionally from my exam I am usually able to determine whether a vertical incision may be necessary. A small vertical scar linked to the longer horizontal scar is not that unusual and may be expected in possibly up to 10% of patients. Occasionally a much longer vertical incision is necessary. This is sometimes called a fleur-de-lis abdominoplasty after the French term for the emblem of a stylized lily with both vertical and horizontal petals. This is usually only necessary in patients after massive weight loss, or in *very* thin patients who have had severe skin stretching vertically and horizontally from big babies during pregnancy.

Before

After



Sometimes people might have a small vertical scar

Before

After



Sliding Umbilicoplasty

If you can pinch excess skin up and down (vertically) then an incision that extends from hip to hip will remove the skin excess -- standard abdominoplasty. Occasionally patients will have significant excess skin they can pinch from side to side (horizontally). This skin may not be adequately treated by a standard tummy tuck, and a long vertical incision from the low, transverse incision up to the ribs may be necessary (described above as the fleur-de-lis). Repairing muscle weakness (muscle plication) can sometimes make this horizontal (side-to-side) skin excess seem worse. This is because during surgery the skin and fat is separated away from the muscle. The surface area of the skin and muscle are exactly the same when they are initially separated, but tightening the muscle with the muscle plication decreases the horizontal (side-to-side) measurement of the muscle, but it does not decrease the corresponding measurement of the skin. This may cause the skin of the upper abdomen (especially between the ribs) to bunch or gather from side to side.

Meeting the Doctor: 8 - 10 weeks prior to operation

No one likes the idea of a long vertical scar. Ultimately this is your choice; you don't have to have a Fleur de Lis abdominoplasty if I suggest it to you, but please remember that I cannot control the amount of skin you can pinch from side to side without it. Another consideration is where the extra skin of your abdomen stops. A standard tummy tuck incision ends at the front of the hip bones. Not infrequently I will need to make the incision a little longer in order to remove all of the excess skin (I call this an extended tummy tuck). If, however, you still have extra skin extending around the hip bones then we may have to consider a belt abdominoplasty where the scar goes all the way around your trunk.

No one likes the ideas of a scar that goes all the way around your body but sometimes it is necessary in order to avoid bulges of extra skin where the scar stops (sometimes called "dog ears"). Once again, you can choose not to have this option performed if I recommend it but I cannot control those bulges of extra skin (dog ears) without it. In some cases I may recommend a belt and a fleur de lis be combined in order to achieve your optimal results.



I also review the expected recovery from tummy tuck surgery. Patients will need some help and supervision for the first two days. Thereafter patients tend to be mostly independent for the first two weeks, but will not be able to care for anyone other than themselves. As long as you make arrangements and plan in advance this is usually very manageable. Drains are placed at the time of surgery that require basic care and attention. You and your caregiver will be given ample instruction regarding this.

Risks of the surgery are also reviewed at the time of your consult as well. Bleeding and infection are always a risk with any type of surgery. Fluid may accumulate under the skin even after the drains are removed and this may necessitate aspiration in my office. The technical term for this is seroma and it happens in about 15% of patients. There are asymmetries of your abdominal wall before the surgery and these will result in some subtle asymmetries in the length and position of the scar on each side of the abdomen. A wound healing delay is possible if the skin edges are deprived



Meeting the Doctor: 8 - 10 weeks prior to operation

of blood flow. This is most common around the belly button especially if an umbilical hernia was repaired at the same time. However, wound healing delays or small infections can occur anywhere along the incision line. Persistent abdominal discomfort with exercise can last for months (and in some rare cases even years).

The most feared complication from abdominoplasty is blood clots in the legs (called DVT's), which occur in just over 1% of patients who undergo tummy tuck but up to 9% of patients that have a belt lipectomy (incision that extends all the way around the waist). I take this possible complication very seriously. Since there is typically some period after surgery that you are not able to move normally I prescribe a blood thinner to most patients that you have to administer to yourself as an injection once a day starting two hours before your surgery. Because you are on a mild blood thinner there is slightly increased risk of bleeding, but the blood thinner is necessary to decrease the risk of blood clots from immobility. Ultimately the best way to prevent blood clots is to get out of bed frequently and walk. If a blood clot is detected then it may require additional medication or even hospitalization. In *very* rare cases the blood clot may travel through the veins into the lungs. This is a very serious situation and requires evaluation and treatment in the emergency room. More aggressive blood thinning medications would then be necessary. In extreme cases the blood clot traveling into the lungs (called "PE" -- pulmonary embolus) can lead to death. I believe the aggressive preventative measures that I use in my practice have helped keep DVT (deep vein thrombosis) in my practice at a level below the reported national statistics.

To help minimize risks and avoid complications there are several things that we want you to be aware of. Some medications need to be avoided prior to surgery. Accutane (a medication to help treat severe acne) must be stopped six months prior to surgery. Failure to allow enough time for your body to recover after taking Accutane can result in severe wound healing problems. Phentermine (a medication used to help promote weight loss) and Adderall (a medication to help improve concentration and focus) must be avoided for three weeks prior to surgery. These medications make it less safe to undergo any operation

with general anesthesia. Aspirin and Ibuprofen (including Naprosyn, Aleve, Motrin, and Advil) should be discontinued ten days prior to surgery to help reduce bleeding and bruising during the surgery. Avoiding these types of medications prior to surgery allows me to complete the surgery with minimal blood loss, which leads to less bruising and inflammation.

All women aged 40 or greater should have a mammogram performed within the prior year before a tummy tuck even if we are not performing breast surgery at the same time. This is because the abdominal tissue removed with a tummy tuck is the preferred tissue for breast reconstruction after breast cancer. If you are 40 years old or older (or extremely close to 40) and have not had a screening mammogram within the last year, I will provide you with a prescription to obtain this study. This is your responsibility as a patient to schedule and complete this test in adequate time so that I can review those results prior to your surgery.

SAVING SOME MONEY AND GETTING FREE STUFF

Everyone loves to get free stuff! I'm going to tell you how you can do this so you feel *even better* about your experience in my office.

You are reading invaluable information about your tummy tuck surgery. Reading this information will help you feel confident about your decision and become very excited about your results. This information contains just about everything that you need in order to feel comfortable with me as your surgeon so you can be prepared to schedule your surgery.

All of my cosmetic surgery patients can select from several medical spa services after their surgery. These medical spa services change from time to time but their value is up to \$250. This is a way of showing appreciation that you placed your trust in me as your surgeon. My staff at Clarity Skin are knowledgeable, helpful, and experienced and can help you with any medical spa services you may be interested in. More information about Clarity Skin can be found here: [introduction to Clarity Skin.](#)

Preparing for Surgery: 1 week prior to operation

been asked in my office. This is to ensure your safety and is not something that should be taken lightly. Even though it is repetitive to answer the same questions multiple times this helps to coordinate the efforts of the surgical staff, the surgeon, and the nurse anesthetist. Every effort is made to ensure your safety and to help your surgery run as smoothly as possible.

Prescriptions

I provide you with all of your prescriptions at this appointment. For abdominoplasty surgery you are typically given several medications that you can fill at the pharmacy of your choice well in advance of your surgery. This helps prevent anxiety and unnecessary errands on the day of your surgery. In addition to the prescription medicines, I want you to make sure you have Tylenol at home.

I typically prescribe Duricef (cefadroxil) to help prevent infections. Infections are rare (less than three percent), but are serious problems and sometimes require repeat operations. We take every precaution to prevent this complication and emphasize that you should complete the entire prescription. Duricef is a tablet that is taken twice daily with food. It is a cephalosporin antibiotic and a distant relative of penicillin. Let us know if you have adverse reactions to cephalosporin or penicillin antibiotics and we can prescribe something different. It is generally well tolerated and conveniently dosed twice daily so it is easy to take and complete as prescribed. Occasionally a different but related antibiotic may be substituted at our discretion.

I prescribe Oxycodone to my patients for discomfort (the same active ingredient in Percocet). Adequate control of discomfort is usually accomplished with this medication. If you have had adverse reactions to Oxycodone or Percocet we can try to use another

medication to control your discomfort. If you have personal experience using a different pain medication more successfully please let my office know at the time of this visit so we can accommodate your wishes. Oxycodone is best tolerated with a little food in your stomach and you can take up to two tablets in a four hour period. The proper use of this medication is only to treat acute pain; please refrain from using this medication to help you sleep, or help you calm down. Please do not take more of this medication than is prescribed for you as this can lead to very serious health issues. It is your responsibility as a patient to keep your narcotic prescription safe and secure. It is also your responsibility as a patient to inform my office during normal business hours if you need to have someone pick up a refill prescription. By state law, narcotics prescriptions require a signed request and cannot be called into a pharmacy. While taking narcotic pain pills you should strictly avoid consuming alcohol or any prescription sleep aids.

My office is committed to the fight against the opioid epidemic. As part of this effort to decrease narcotic use I utilize a long acting numbing medication called [Exparel](#) in all of my tummy tuck patients. This is a significant expense to my practice, but I am confident that this is the right choice for my patients. Exparel is a controlled release form of Marcaine and typically lasts for over three days. You will still need narcotics, but the amount of narcotics that you use will be noticeably decreased. The benefits of less narcotics are tremendous and include less nausea, less constipation, better cognition, more drive for ambulation, and lower chance of long term opiate dependence. I am confident that this offers significant benefit to my patients.

My patients receive another prescription for celecoxib in order to decrease the amount of narcotic that you will need. celecoxib is a selective COX-2 inhibitor; that's fancy language for "Ibuprofen on steroids". I

Preparing for Surgery: 1 week prior to operation

PRE-OPERATIVE APPOINTMENT

As your date approaches it is normal to become excited in anticipation of the surgery. This should be an exciting time in a positive way because you will be confident in your decision. It should be even better than the anticipation leading up to the holidays because unlike Christmas this time you should know exactly what you will be getting.

Part of your preparation for surgery includes a pre-operative appointment usually scheduled 1-2 weeks prior to surgery. This is another opportunity to ask questions and make sure that you are ready for the recovery. This is when we give you information sheets about your surgery and make sure you know what will take place on the day of surgery and during your close follow-up care.

If you are traveling in from a distance for your surgery (which is fairly common in my practice), we can arrange to have this appointment the day before surgery. My office staff will do everything possible to accommodate your personal needs in this regard. Please let them know what we can do to help make this time leading up to surgery as stress free as possible.

During this visit you are provided with informed consent information so that you have ample time to read and understand everything that you are signing. These consent forms will occasionally generate questions that you haven't thought of previously and we are always available for discussion. You will have adequate time to fill these out so that you can avoid feeling pressured or hurried on the day of surgery. Waiting until the day of surgery to prepare this paperwork tends to make patients more anxious than necessary. If you are traveling in from out-of-town we can supply you with these forms beforehand so that you can fill these out at your leisure and bring them in with you if that option is more appealing to you.

Photographs are taken during this pre-operative visit so that we can document the wonderful transformation that you will undergo. These photographs are standardized views of the abdomen and do NOT include your face, so your identity is completely confidential. We ask patients to remove any jewelry or other items that might be identifiable in the picture as well. You will be supplied with standardized photography undergarments to wear in the pictures. Photographs are an important part of this process and were most likely very helpful to you in making your decision about surgery. Similar photographs are taken at your three-month visit after surgery and you will have access to your own before and after photographs. I do not use photographs of my patients in my photo book or for advertising without their written consent. You may elect to keep your photographs completely confidential, or alternatively you may elect to allow us to use your photographs to help other patients make that difficult decision to have surgery.

During the last week before your surgery also avoid strong workouts, especially of your core (abs). If you think about it, it makes sense. You don't want to have sore abs right before your surgery that is going to make your abs even more sore. Likewise you will have to depend on your upper body and legs a lot more for the first several weeks, so you don't want to have the surgery and have everything that you are depending on to help you move hurt. That doesn't mean that you sit on the couch and do nothing the week before surgery. You can be active doing very low impact, light to moderate activities.

You will receive a separate phone call from Canyon Crest Surgery Center during the week prior to your surgery. This is where your surgery will actually be performed. They will call to confirm information about your health history. Most, if not all of the questions they ask you will be questions you have previously

Preparing for Surgery: 1 week prior to operation

want you to take celecoxib twice a day to augment and improve your pain control. Because it is related to Ibuprofen, we do not want you to take Ibuprofen in addition to this medication. Celecoxib is one of the medications that we have you take the morning of your surgery with a small sip of water. Look for more information below about how and when to take these medications.

In addition you may receive a prescription for Neurontin. This medication has two purposes: 1) improve pain control, and 2) prevent or decrease post-operative nausea. This medication has excellent data that supports both purposes, and is a valuable drug in our efforts to decrease your use of narcotics. This is also one of the medications that we will instruct you to take one or two hours prior to your surgery.

Tylenol is also an important medication in our efforts to keep you comfortable. Although you do not need a prescription for Tylenol, do not underestimate its effectiveness in helping to improve your comfort after surgery. I want you to plan on taking 500 mg of Tylenol (sometimes referred to as Extra Strength Tylenol) every four hours. We do not prescribe narcotics that contain Tylenol, because we want you to take Tylenol on a regularly scheduled basis, and we only want you to take the narcotic if you feel like you need it. Do not take more Tylenol than instructed. Tylenol 500 mg (or the generic equivalent acetaminophen 500 mg) is readily available at most stores for you to purchase and have ready for you at home. This is also one of the medications that we have you take one or two hours prior to your surgery.

You will be given medication in the operating room to help prevent nausea. If you do experience nausea afterwards it is best to have the medication already at hand. I prescribe Phenergan (promethazine) tablets for you and you can judge whether you need it or not. This

can be taken every six hours as needed. Some people become nauseated if they take pain medicine and so you may want to take this medication a half hour before your pain pills. Most of my patients do not have a problem with nausea, but it is better to have it and not need it, than to need it and not have it.

If you have experienced severe nausea with previous operations or easily become motion sick I may prescribe another medication to help prevent nausea before it becomes a problem. If you are one of the unlucky few that have significant problems with nausea this may be of great benefit. The motion sickness patch (Scopolamine) is placed behind your ear the night before surgery. Please let me and my staff know if you would like these additional medications because we do not automatically prescribe them to all patients; this can be of great benefit to those that have had severe nausea with previous operations.

Lastly, we use a nationally recognized risk assessment score sheet to determine your risk factors for blood clots in your legs (“DVT” – deep vein thrombosis). For those patients at increased risk according to their score, I prescribe Enoxaparin as a blood thinner for you to administer as a subcutaneous injection for the first week of your recovery, beginning several hours before your surgery (yes, that’s right, you give yourself the first shot several hours **before** your surgery). The shot is administered once daily in the subcutaneous (fatty) tissue of the thigh, buttock, or upper arm. Please do **NOT** administer the shot in the abdominal area (this is the most common area to administer this shot and often the pharmacist will instruct you to give the shot in the abdominal area). The day after your surgery you will be seen in my office for your routine follow up appointment. Bring a single dose of Enoxaparin with you to this appointment (do NOT administer this dose before being evaluated by my nurses). After your evaluation if everything appears to be okay and you do

Preparing for Surgery: 1 week prior to operation

not have evidence of any bleeding problems then my nurses will help administer this dose of Enoxaparin to you. You will then administer the next five doses at the same time of day as the dose that my nurse administers to you.

In addition to these prescriptions I also send you home with some special antibacterial soap and instructions for its use. It is the same soap often used in the operating room to help disinfect the skin prior to surgery. Follow the written instructions to use this special liquid soap during three showers including the morning of surgery to help cleanse the skin. It can be gently lathered over your skin from your shoulders to your thighs using a shower sponge. After lathering it on your body allow it to remain in place for about five minutes before washing it off. This helps to reduce the risk of surgical site infections.

During the last week before your surgery avoid the use of any products or medicines that include aspirin or Ibuprofen (or any other NSAID like Naprosyn). The use of aspirin and Ibuprofen type medications during this time can increase the amount of bleeding experienced during your operation. Increased bleeding results in increased bruising. The more you bruise, the greater amount of inflammation that you will have in the tissue. The greater the inflammation the longer the recovery. You may use Tylenol for headaches or mild discomfort, but avoid all other medication. You may NOT use aspirin or Ibuprofen type medications after surgery if you have been prescribed Enoxaparin (a blood thinner to help prevent blood clots in your legs) since that would significantly increase your chance of a bleeding complication.

Over-the-counter medications to help prevent constipation are also helpful. Pick up some Colace 100 mg capsules when you are at the pharmacy filling your prescriptions. Colace is a stool softener that helps to increase the amount of water and fat in the stool. This is not a stimulant laxative, it only helps prevent stools that are too hard or firm. You can actually start taking this medication the day before surgery. The usual dose for Colace 100 mg capsules is 1 to 3 capsules by mouth every day (either spread out through the day or as a single dose). Frequent ambulation, maintaining good hydration, and increasing fiber intake also help to avoid the dreaded constipation. Starting on the day of surgery after you return home you should start using Senna (an over-the-counter herb used to stimulate motility) 2 tablets daily. Narcotic medications tend to create constipation quickly. Stay ahead of it and try your best to prevent it with the stool softeners. We also have an information card that you will receive at your pre-operative appointment that covers how to treat constipation if it occurs. Prevention is a lot easier -- trust me.

We want you to save money on your prescriptions and have resources in our office to help you do this. We have cards that explain a helpful app that you can download on your phone so that you can search for the cheapest prices to fill your prescriptions. This app, called "[GoodRx](#)", can save you hundreds of dollars, not just with the prescriptions I give you but with **all** your prescriptions.

Preparing for Surgery: 1 week prior to operation

Payment

Payment in full is required prior to your surgery date. Payments can be made in cash, or with a debit or credit card, or cashier's check. We do not accept personal checks. Many of my patients choose to finance their surgeries through one of the convenient financing companies that we work with. All of the financing information is provided to you at the time of your initial consultation so you have time to get pre-approval if you want to use their services.

Surgery

DAY BEFORE

This is a very exciting time for you and anticipation of the surgery could keep you up late. Adequate planning can reduce the number of distractions and will help you rest comfortably the night before. Start your preparations early in the evening and then try to get some good rest. Avoid strenuous exercise for the last week before surgery. If you go in to the surgery with sore muscles, your recovery will be even more difficult.

This is a good time to prepare an area in your home where you can return for your recovery. It is normal to feel tired after surgery and you want to have everything prepared in advance so you can rest when you return home. Gather a few magazines or books for you to read and have some good music selected so you can relax. You will want to have some cold drinks and maybe a few snacks nearby – it helps to keep a little food in your stomach when you take your medications after surgery.

Prepare an area where you can be in a “beach chair” position during your recovery. You will be unable and unwilling to lie completely flat on your back. You will need to have your hips and knees flexed similar to the position of a beach chair or a recliner. Many patients have found that recovering in a recliner is the most comfortable situation. If you do not have a recliner then you will need enough pillows to create a ramp behind your back and also a bump beneath your knees. You will maintain this positioning for the first two weeks until you can stand up a little more straight. Foam wedges can also be helpful for positioning.

Get all of these preparations done early and then plan on retiring to bed. In preparation for surgery do not have ANYTHING to eat or drink after midnight. This includes no gum, hard candy, breath mints or water.

This helps avoid unnecessary problems with anesthesia. The ONLY exception to this is the medication that you are instructed to take with a small sip of water on the morning of surgery (see below). If you do not follow this instruction your surgery will be cancelled and you will have to pay a rescheduling fee to reserve another day. This is not negotiable; it is the standard of care in surgery and failure to abide by this standard can have serious consequences.

Some patients may be prescribed a motion sickness patch to place behind their ear the night before surgery to help prevent or decrease nausea after surgery. Plan on applying this to the bare skin behind your ear just before you go to bed. This patch can remain in place for 3 days to help decrease nausea but can be removed earlier if you feel like it is no longer needed. If you feel like you need something to help you sleep the night before surgery then Benadryl (diphenhydramine) 50 mg is a very effective sleep aid to help you overcome any jitters.

Canyon Crest Surgery Center

You will be instructed at least the business day before what time to check in at Canyon Crest Surgery Center that is located across the lobby from my office. You may be contacted by phone on the day of your surgery to adjust your arrival time to help prevent long waits. Please keep your phone with you on the day of surgery and answer the phone even if you do not recognize the number. It may be a staff member of the surgery center contacting you about your surgery. Sometimes unanticipated or unexpected circumstances arise and may alter your exact time for surgery. I do not compromise my patient’s safety or quality of their surgery just to stay on schedule. Please know that I will give you that same level of excellent care when you are in my operating room. I appreciate your understanding in this matter.

Surgery

Please do not overschedule things on this day. It is important for you to **be available the entire day**. We do everything possible to avoid changing the schedule at the last minute, but some situations are out of our control.

Wear comfortable clothes and shoes that slip on. Loose fitting elastic waistband pants and a zip up cotton sweatshirt are ideal. The zip-up sweatshirt is very convenient because the staff will help you put it on after your recovery. Shirts that have to be pulled over your head are a little harder for you to negotiate.

There are several medications that I want you to take with a *small sip of water* just before you arrive at the surgery center. The ideal timing for these medications is one or two hours before surgery, so you need to plan accordingly. You will take a total of four pills of three different medications: Celecoxib, Neurontin, and Tylenol. Your prescription for Celecoxib is for 200mg tablets and we want you to take two of these tablets. You will also take one each of Neurontin 600 mg and Tylenol (acetaminophen) 500 mg. This combination of medications taken prior to surgery will help decrease the amount of narcotic required to keep you comfortable during and after the surgery.

There is some minor paperwork to fill out on the day of your surgery in the surgery center. We always have you arrive in plenty of time so you do not feel rushed. You may also want to bring a book or favorite magazine to help the time pass after you have checked in. You will be asked to remove all of your clothing and will be given paper undergarments and compression socks to wear. We also supply thick bathrobes for you to wear so you can stay warm. Female patients will need to provide a urine sample at the surgery center so we can perform a pregnancy test. Try not to empty your bladder at the gas station down the street before you arrive so you will have fewer

problems providing the sample. We have had a few “happy announcements” at the surgery center and therefore a urine pregnancy test is mandatory for all female patients prior to any cosmetic procedure unless you have had a complete hysterectomy.

Prior to your operation I will meet with you in the privacy of a consultation room where I review our surgical plan. I will also make marks on your abdomen and hips that mark the areas of planned skin excision and liposuction if that is being performed at the same time. The paper undergarment will help keep you covered during this process and will also assist me in making the necessary marks. These marks are made with “permanent” markers, but be assured that the marks are not really permanent. In reality most of the marks are completely gone by the end of the surgery or during the first post-operative week.

After speaking with me you will also meet with one of our certified nurse anesthetists and they will review your plan for anesthesia. All of our nurse anesthetists are excellent and have extensive experience in performing cosmetic surgery anesthesia. They are skilled in providing you with not only a safe procedure, but also a procedure with the lowest risk of nausea and discomfort. They will briefly review your health history and familiarize you with what you will experience.

The anesthetist will lead you from the private holding room into one of our state-of-the-art and fully accredited operating rooms and will help you get comfortable. You will have a warm blanket covering you while an IV is placed in your arm. This is usually the last memory that people have of the entire operation. The anesthetist is there monitoring your comfort and safety the entire time. That is their only job during the surgery, and they are very good at what they do.

Surgery

Once you are asleep we clean your skin with a powerful antiseptic soap to help remove bacteria from your skin. Sterile towels and drapes are then used to cover your skin to help prevent contamination of the surgical area. Your specific surgical plan is then reviewed again with the entire surgical team in the operating room before we begin your tummy tuck.

My tummy tuck patients get outstanding improvement in the contour of their abdomen and they also get a cute, sexy belly button. There are many different techniques and procedures that I use to optimize the appearance of your belly button. It is common for my patients to tell me that their belly button looks better than any other they have seen. Look carefully at before and after photos; you don't want to have a big, round, flat belly button. I determine the best option for my patients' body contouring procedure and utilize the best technology available to give them results that are exceptional.

As you begin to awaken after your operation you will be in our recovery area. Here you are monitored carefully until you are able to go home. The nurses in our recovery area are very experienced in helping this be a very relaxing time for you. The nurses will help you slip into your clothes in preparation for returning home. They are able to administer medications as needed for your comfort and safety. When it is time to leave you are wheeled from the recovery room to the private exit where your car will be waiting a few feet away. This helps ensure patient privacy and convenience. Because of the medications used during the surgery you will likely have minimal memory of your time in the recovery area. It is not uncommon that your first memory of the recovery room is being helped into a wheel chair and wheeled outside. Although this may be your first memory, all of our patients have to meet very specific safety criteria before

being discharged including the fact that you have to verbalize to the nurse that you are ready to be discharged. No one is wheeled out of the operating room, dumped in a wheelchair, and then taken out to their car. Your safety and comfort are our top priorities. For your safety we do encourage you to move and walk and ultimately go home so that you are not being overly dependent on caregivers. This encouragement is always given for your safety and wellbeing.

You will require assistance walking and moving around for the first day or two. This includes someone to help you maintain balance while walking and someone to help you adjust in the bed or recliner. Please make sure that you will have some adult help and supervision for those first two days.

It is very important that you are able to urinate after surgery. Oftentimes we had to use a catheter in your bladder during the surgery because of the length of the surgery. You may notice a slight burning sensation for 1-2 seconds the first few times you urinate after surgery; this is completely normal. General anesthesia can sometimes make your bladder muscle "lazy" and make it difficult to empty your bladder. Make a definite effort to empty your bladder in the first several hours after being discharged. Take your time on the toilet and don't rush things. It is sometimes difficult to get comfortable on the toilet after surgery and you just have to give it time so you can be comfortable.

A few old nursing tricks to get you to urinate are sometimes helpful. Fill the toilet bowl with very warm water so you can feel a gentle warmth coming up from the bowl. You will need some help doing this because you won't be able to lift a large pot full of water. Sometimes you need to pour in the very warm water twice; the first time will cool quickly with the water in

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the bowl and then the excess will drain. Pour the second large container in and it will not be cooled as much as the first container. Another old nurses trick is putting a drop or two of mint essential oil in the warm toilet bowl water. Don't over-do it, this is not a spa treatment, we're just trying to get you to peel! If you have not been able to empty your bladder and you are becoming uncomfortable (you feel the pressure) then you may need to have a catheter placed. If you have started trying early enough then we can have you return to the clinic where one of our nurses can place the catheter. If it is later in the evening then you may need to be seen in the ER to have the catheter placed. This may require a co-pay that you will be responsible for. In either case we will leave the catheter at least over night and occasionally one additional night to allow your bladder muscle to wake up before we remove the catheter. Start immediately trying to urinate so that if there is a problem we can have you return back to the clinic; we're happy to save you the co-pay of the ER as long as we still have nurses available.

Most patients are tired and fatigued after surgery and it is not uncommon to take several short naps afterwards. I contact all my patients the night of their operation to help ensure that you are recovering as expected and give you details of your operation. Although I speak with all of my patients after their surgery in the recovery area I have found that very few remember anything about that conversation. Please provide the surgery center staff with a telephone number that I can use to contact you that evening.

Day After

You will be scheduled for an office visit the day after your surgery. You typically meet with one of my office staff to ensure that we don't need to adjust or administer any medications and to make sure you're recovering as expected. If there is no evidence of a bleeding problem then my nurse will help administer your injection of Enoxaparin (blood thinner). You will then administer the remaining five doses at the same time of day as your follow-up appointment. This is typically a very short visit but it gives you a chance to ask questions that have come up overnight. The bandages will be removed and this will be your first opportunity to see your new shape. There will be some swelling, possibly some minor bruising, and some unevenness of the tissue at this time. Despite this you will be very excited about what you see. We make sure that you understand the care of the drains and know how to remove and reapply the compression girdle. You will need assistance the first several days in removing and reapplying the girdle, but will soon become very adept at making adjustments yourself.

It is common to have some discoloration of the skin of the belly button at this first visit. This discoloration usually completely resolves during the first week, but may persist longer if a hernia was repaired at the same time. Discharge or drainage from the incisions is usually limited to the first day and therefore bandages are usually not necessary after this first visit, but occasionally excess drainage necessitates an additional day of bandages.

“The staff at the surgical center on the day of surgery was excellent. They were calming, reassuring, and kind.”

--L.A. Boise, ID

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Expect to sleep a significant portion of the first several days of your recovery. This is a normal response to the stress of the surgery. Recognize that your discomfort should be controlled with the pain medication sufficiently to allow for this rest and make the discomfort acceptable. Increasing your activity too soon after the surgery tends to increase the amount of discomfort you experience.

It is normal to have feelings or sensations that you have never experienced before. Despite the discomfort that you sense in the abdomen your skin will be mostly numb. Occasional shooting pains that last for only a few seconds are commonplace during the first several weeks. You may also feel a sensation that is best described as “rice crispies” beneath your skin. This is because there is a small amount of air beneath the tissue that takes your body one or two weeks to completely absorb. You will recognize it when you feel it. It is not uncomfortable at all, but it is not a sensation that you are familiar with.

As I reviewed earlier, we prescribe pain and nausea medication to everyone and you can decide for yourself if and when you need to take them. Everyone is slightly different in how they experience their recovery. There are two medications that I want you to take until they are completed; the antibiotic that will help prevent infection and the Enoxaparin that helps prevent blood clots. Please remember NOT to take aspirin or Ibuprofen while you are on the Enoxaparin (blood thinner) since they increase the risk of bleeding. You can begin taking aspirin and/or Ibuprofen 36 hours after your last dose of the blood thinner. You can, however, take celecoxib, that we prescribed you.

After surgery we also encourage you to be up and walking as much as you can tolerate. Do NOT have the attitude that you are going to recover in bed. We want you to walk and move around. Ambulation is the

best prevention of blood clots, helps to decrease the amount of constipation that you may experience, and helps expand the small air sacs in your lungs. You should also perform deep breathing exercises at least once an hour while you are awake. These exercises are quite simple; exhale gently and then slowly inhale as far as you possibly can and then HOLD it. Hold it some more. Even try forcing the air out of your lungs for 1 or 2 seconds but don't allow any air to escape your nose or mouth. Then exhale gently and breathe normally for two to three breaths and then repeat this exercise all over again. You should target five to ten repetitions of this exercise every hour; if you aren't able to breathe deeply target ten, if you feel like you are breathing deeply then target five. If you find that you have to cough during your recovery you will find it very helpful to wrap a pillow across your abdomen and press the pillow against your abdomen tightly with your arms while you cough.

You will often find that your back will begin to hurt as much as your abdomen. This is because your core spinal muscles are having to work much harder because you cannot stand fully upright. This can lead to muscle soreness and muscle spasm. This can be improved with the use of a heating pad in the areas of the sore muscles. Please use the lowest setting for the heating pad because your skin sensation may not be totally normal despite the pain that you may feel in that area. If your skin sensation is not normal then a heating pad on a higher temperature could result in accidental burns. Keep it on low, and you should be fine.

You can also use some cold in the areas on the back. Often alternating heat and cold can be helpful as well. If you alternate heat and cold then always end the cycle with the cold. DO NOT use cold or ice packs on the front of the abdomen in the area of the tummy tuck surgery because that will decrease blood flow to the

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areas that have already had their blood flow altered with the surgery.

Swelling is also a very common issue after any type of surgery. The stress of the surgery causes your body to retain more water than you normally would. We had you put on compression socks before the surgery and this helps to decrease the amount of swelling that you will experience in your feet and ankles. Continue to wear the compression socks as long as you feel like you are a little swollen. You may also notice that your rings

are a little tighter. There is a little bit of swelling throughout your whole body. Some swelling may be surprising to you. The compression girdle that we initially put you in after surgery has a large opening between your legs for your bathroom convenience. Since all other areas have pressure against them and that area doesn't, some people may experience a substantial amount of swelling in that area. If this occurs then just use some underwear over the top of the girdle that covers any exposed areas and offers some gentle compression.

After Your Surgery

Recovery

You will be scheduled for an appointment one week after your surgery. You will still be experiencing some discomfort and difficulty moving around at this time. During this appointment we remove the tape strips covering the incision and evaluate the output of the drains. The drain output will be higher in the first several days and will begin to decrease and also begin to change colors from the initial red drainage to orange and then to yellow and then become almost clear. In the first several days you may need to empty the bulb of the drain several times, but as soon as the output decreases to the point where you can empty the drains only once a day then begin doing so. By emptying the drains at the same time every day we can begin to determine if they are ready to be removed. The output we expect to see prior to removing a drain is less than 25 ml in a 24-hour period. If drains are used, they typically stay in place between two to four weeks. Despite the use of drains 10 - 15% of patients may develop a fluid collection (seroma) that requires drainage in the office.

Almost all the sutures I use are beneath the surface of the skin so you will never see them; they eventually dissolve and go away. There are several stitches that need to be removed; there is one suture holding each drain in place that will be removed when the drain is removed. I always have you pay attention to the scar during this visit because it is usually barely visible even when you are looking for it. This is ultimately how the scar will look, but during the next few weeks the color of the scar will become more pink and red and will begin feeling a little firm and stiff. This is a normal progression and the instructions we give you about scar massage and the use of the scar cream will help that scar return to normal skin color as rapidly as possible.

There is sometimes a ridge of tissue beneath the incision as well for the first several weeks. This is where the large sutures are holding the tissue firmly together beneath the skin. This healing ridge of tissue softens during the first four to six weeks and becomes less prominent. Scar massage is usually encouraged starting about two weeks after surgery and this helps to promote the softening of the scar and of the healing ridge.

Good scar creams can be very helpful during this period of time. We provide all patients with a tube of scar cream and encourage you to use it as soon as the tape strips are removed. The whole purpose of scar creams is to supply the necessary vitamins, minerals, and trace elements directly to the tissue instead of relying on your dietary intake and blood flow. Patients frequently ask me if they should use vitamin E. I usually respond by saying, "Yes, and about 30 other vitamins and minerals." Instead of using each one individually I believe it is easier to use Scar Recovery gel by SkinMedica. We have had thousands of patients use this scar cream with great satisfaction. Although we provide you with the first tube, you will likely need to purchase additional tubes as it becomes necessary. The tube we provide to you is enough for at least 6 weeks of application and possibly up to 12 weeks (depending on your surgery). I encourage you to use the Scar Recovery gel twice a day for six months. There is a limited window when scar creams are beneficial – six months. After six months topical treatments are mostly ineffective, so make sure that you apply the cream as instructed twice daily (usually starting one week after surgery when the tape is removed from the incision) to help optimize your scar's appearance.

You will be seen weekly after your surgery until both drains have been removed and then one additional week to ensure that fluid has not accumulated beneath the skin. Sometime around day ten you will notice that

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you are able to stand a little straighter and taller and that you are now feeling a little better. Despite feeling better this is not the time to increase your activity or mobility significantly because this will increase the amount of fluid produced by the tissue and will actually prolong your recovery. The site where the drain tubes exit your skin will become irritated, red, and tender at some point in your recovery. You can help prevent/treat the irritation by cleaning around the drain site with some dilute hydrogen peroxide and placing a tiny amount of antibacterial ointment around the drain site. You will also find that the drain site will feel better if you have either some gauze or a wash towel padding against the skin so that your girdle doesn't press the drain tube immediately against the skin where it exits from the skin.

You will continue wearing a compression girdle after surgery until one week after all drains have been removed and no fluid accumulation is present. After this time you are no longer “required” to wear the compression girdle, but you will find that you may actually *want* to wear some kind of girdle to help offer compression and support. Many patients report wanting to wear some kind of supportive girdle for months afterward. You can determine if and when you want to wear this support.

I ask my patients to refrain from vigorous exercise for a period of six weeks after surgery. This usually gives them enough time to adequately heal and recover from the surgery. Once you do begin to exercise again please understand that you are not going to have the same stamina, strength, or mobility that you had prior to your operation. This is because you have just taken a six-week break and muscle that is not exercised becomes weaker. You will be able to regain your previous strength and endurance, but it will take time. You will recognize when you have pushed yourself too hard, too fast because you will become sore and ache.

This is normal and doesn't mean that you have to stop, it just means that you may need to be a little more gentle with your next workouts.

Periodic shooting pain or discomfort in the abdominal wall is also common for months after abdominoplasty. These pains typically last only for seconds but despite this, they are sometimes quite bothersome to some patients. This may indicate that scar tissue is remodeling or stretching and the frequency and intensity of these pains will usually gradually decrease and disappear.

There is something magic that happens around the ten day mark (plus or minus a couple of days). Most patients report that they start feeling much better, that the pain is much more tolerable, and that they are able to stand a little taller (not quite so bent over).

Remember this is a BIG recovery. Start out with the end result in mind and understand how long you will be sore and you will be able to manage things well. Pace yourself, this is more like a marathon recovery than a 5K.

Long Term Results

You will be contacted either by email, text, or telephone as a reminder to return for your 3-month exam. This exam is to ensure that you are well healed and happy with your results. My assistants will also take some photographs. By this time many patients have a hard time remembering what they looked like before their operation. You will receive instructions on how to access your personal before and after photographs. Your photographs are not used for the in-office photo book or for any other advertising without your written consent. It is always very rewarding to see how happy and satisfied my clients are at this appointment.

Long term results are dependent on good diet and continued exercise. Many patients continue to lose weight after abdominoplasty surgery because they feel

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better about themselves and like the way their exercise clothes fit and so they continue to exercise even more than before. Not infrequently exercise is more comfortable and less encumbered after removing excess skin from the abdominal wall which makes continued weight loss even more achievable.

Occasionally patients are not able to maintain the requirements of diet and exercise and their long-term results are impaired by subsequent weight gain. This is disappointing for both the patient and for me. This can usually be avoided by making sure that you are at a realistic, ideal weight before surgery and that you have been able to maintain that weight with your lifestyle (not dieting) for three to six months. If you do gain weight after surgery then take control and modify your lifestyle and become more active and drop it back off. You can do it!

You may also recognized that you "like" to wear the compression girdle longer than we require you to. This is quite common even for the first year. Some days you will know that you have a lot to do or will have a long day and you will want that compression and support. After we no longer require you to wear your girdle then it is absolutely okay for you to decide on certain days (or most days) to wear it for some added support and comfort.

Once a Patient, Always a Patient

Once you have been my patient, I want you to remain with me in my practice. You will feel confident in my surgical abilities and with my experienced and helpful staff. After having a tummy tuck under my care if you ever have questions or issues arise I am happy to speak with you at any time.

I am honored that you selected me as your surgeon to care for you. It is a great demonstration of trust to

place yourself into someone's hands having confidence in the outcome. As a way to show my appreciation for your trust I offer all my clients a loyalty discount off all full-priced *future* surgeries. This is another way to help you feel like you are an important part of my practice.

I build my practice on excellent results and happy patients. When you are excited about your results you will likely want to share your experience with your friends. This is also a great honor to take care of your family and friends and I will do all that I can to deliver the same level of excellent care and service. This word-of-mouth growth in my practice is greatly appreciated because these new patients automatically share your confidence and trust in my abilities. Thank you for helping my practice grow.

As a board certified plastic surgeon I offer the entire spectrum of cosmetic surgery options for my patients. Five years of general surgery training and two full years of dedicated plastic and cosmetic surgery training have prepared me to offer every option possible for your cosmetic surgery. Having all options available helps me to be able to honestly recommend the option that will be of greatest value to you instead of just suggesting the only option I have to offer. If I don't perform the operation you're interested in then I'm happy to refer you to one of my qualified partners.

I also perform a high volume of breast augmentation and breast lift procedures. This is sometimes combined with tummy tucks in a procedure we call a "mommy makeover". I perform a very high number of augmentation and lift procedures and I am one of the few plastic surgeons that will combine an augmentation with a lift in the same surgery. You owe it to yourself to become educated about these procedures and I have a breast augmentation planner just like this planner you have finished reading to give you all the information you need to make an educated decision.

After Your Surgery

I am confident that you will find this information helpful to you in your search for information on abdominoplasty. I am also confident that I can give you an excellent result so that you will become one of my loyal patients. Please do not hesitate to contact my office with any other questions you may still have. I look forward to helping you achieve the beauty and confidence you desire.

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Appendix A

This is a list of medications that can have an effect on bleeding, swelling, healing and can cause other problems if taken around the time of surgery. These drugs should be avoided 2 weeks prior to surgery and avoided 1 week after surgery.

The following drugs and NSAIDs, contain aspirin and/or aspirin like effects:

A.P.C.	Backache Formula	Emprin with Codeine
A.S.A	Bayer Children's Cold Tablets	Endep
A.S.A. Enseals	Buff-A Comp	Equagesic Tablets
Adderall	Bufferin	Etrafon
Advil	Buffets II	Excedrin
Aleve	Buffinol	Feldene
Alka-Seltzer Plus	Buff-Tabs	Fiorinal
Alka-Seltzer	Butazolidin	Flagly
Anacin	Caffergot	Four Way Cold Tablets
Anaprox	Cama Arthritis Pain Reliever	Gemnisyn
Ansaid	Carisoprodol	Gleprin
Argesic	Clinoril	Goody's
Arthritis Pain Formula	Congestion Chewable	Ibuprofen (all types)
Arthritis Strength Bufferin	Cope Tablets	Indocin
Arthropan Liquid	Damason P	Indomethacin
Ascriptin	Darvon	Lanorinal
Asperbuf	Disalcid	Lioresal
Aspergum	Dolobid	Magan
Aspirin (all brands)	Doloprin	Marnal
Atromid	Easprin	Marplan
B.C. Tablets & Powder	Ecotrin	Medomen

Appendix A

Methocarbamol with Aspirin	Pabalate-SF	St. Joseph's Cold Tab
Micrainin	Pamelor	Sulindac
Midol	Parnate	Synalgos
Mobidin	Percodan	Tagamet
Mobigesic	Pepto-Bismol (all types)	Talwin Compound
Momentum Muscular	Persantine	Tenuate Dospan
Motrin	Phenteramine	Tolectin
Nalfon	Phenylbutzone	Toradol
Naprosyn	Ponstel	Triamincin
Naproxen	Propoxyphene Compound	Trigesic
Nardil	Robaxial	Trilisate Tablets/Liquid
Nicobid	Rufen	Uracel
Norgesic	S-A-C	Vanquish
Norgesic Forte	Saletto	Verin
Nuprin	Salocol	Voltaren
NSAID's	Sine-Aid/Sine-Off/Sinutab	Zorpin/Zorprin
Orudis	SK-65 Compound	

Appendix A

This is a list of Vitamins/Herbal Supplements that can cause abnormal bleeding problems and could affect surgical outcomes and safety. **These supplements should be avoided for at least two weeks prior to surgery.**

Black Cohosh
Dong Quai
Echinacea
Ephedra
Feverfew
Fish Oils (Omega-3 fatty acids)
Garlic
Gingko Biloba
Ginseng
Glucosamine
Goldenseal
Kava
Licorice
St. John's Wort (All types)
Valerian
Vitamin C (more than 2000mg daily)
Vitamin E (more than 400mg daily)

Patients having surgery must discontinue any diet pills for at least 2 weeks prior to surgery. This includes, but is not limited to **Phentermine, Reduz, Ephedra (any type), and both Prescription and Over-the-Counter Non-Prescription Diet Pills.**

Nicotine products reduce the blood flow to the skin and may impair healing. **Quitting smoking drastically improves the body's response to surgery.** Nicotine products to avoid include, but are not limited to **Cigarettes, Cigars, Nicotine Gum, Nicotine Patches.**