

Fat Transfer

Pre-Operative Instructions for Fat Transfer

Shopping list

Prescriptions

Submitted to your pharmacy. Your pharmacy should contact you when ready to pick up.

Stool Softener (Miralax or Metamucil)

Helps with constipation associated with narcotic pain relievers.

Tylenol

Alternative to narcotic pain medication if pain is not severe. Do NOT take NSAIDS.

Compression Wrap

Provided to you by Dr. Collins.

Arnica

Take 3 tablets, 3 times a day starting 3 days before your procedure date

Frozen peas/ Crushed Ice

Useful as an icepack when wrapped in a towel

Artificial Tears

This will help to relieve any eye irritation that may occur from post op swelling. We will also provide Lacrilube to keep the eye moist as the lids heal.

Night Before and Day of Surgery

- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT OR SURGERY WILL BE CANCELLED.** If prescribed, take medications with a small sip of water.
- **Set up home recovery area.** This may include pillows, blankets, books, television, and anything else for a comfortable recovery.

Day of Surgery

- **Dress Comfortably:** Dress in comfortable, clean, and loose-fitting clothes. Shirts that can be buttoned or zipped up are preferred.
- **Do NOT wear** any makeup, jewelry, cosmetic creams, hair products, deodorant, sunscreen.
- **Please remove ALL piercings**

Post-Operative Instructions for Fat Transfer

Medications

- **Antibiotic:** Take your antibiotics the night of surgery. Continue to take your antibiotics until finished.
- **Pain medication:** You will be prescribed a pain medication for post-operative pain control. If your discomfort after surgery is not strong, you are welcome to take Tylenol in place of the prescribed medication. Do NOT combine the prescribed medication with Tylenol. Often the medication that is prescribed to you will have Tylenol in it and combining it with more Tylenol could cause an overdose. **Do not exceed 4,000 mg of Tylenol in any 24-hour period.** Take medications with food to minimize the risk of nausea.
- **Nausea:** A common side effect after general anesthesia and strong medications. If you are experiencing nausea, we advise that you take your nausea medication.
- **Constipation:** It is quite common to experience constipation when taking narcotic pain medications or after having general anesthesia. MiraLax or other over the counter laxatives are recommended. Also beginning a regimen of Metamucil or other fiber supplement is also advisable. Do not wait until you are constipated.
- **Medications to avoid:** You will find a list of medications to avoid in this packet. In general, you should avoid anything that is known to thin the blood (such as aspirin or NSAIDs) or interact with anesthesia. A full and comprehensive list of medications to avoid prior to surgery is included in this packet. In general, these should be stopped 2-6 weeks prior to surgery, but if you have any specific questions, bring these up ahead of surgery with plenty of time to allow you to come off the medication.
- **Substances to avoid:** Avoid alcohol, nicotine, and caffeine, for these will dramatically slow the healing process.

Nutrition

- **Diet:** A light, low fat diet is best after surgery. You may start a regular diet the day after surgery if you are not feeling nauseous or vomiting. Start with liquids for the first few hours after surgery and then slowly advance to more solid foods.
- **Hydration:** Stay hydrated by drinking 8-10 glasses of water a day. Avoid alcohol for 48 hours after surgery and do not combine with pain medications.

Activity

- **Movement is important:** Make sure to get out of bed and maintain movement (walking around) immediately after your surgery. When lying down in bed or on the couch, make sure you are moving your legs and ankles. Take deep breaths frequently to keep your lungs clear.
- **Physical activity:** Normal daily activity may be resumed a few days after surgery. No bending over, straining, lifting more than 5 lbs. for the first week after surgery. Be extremely careful if wearing “pull over the head” clothing.
- **Exercise:** You may resume exercise regimen in approximately 2-3 weeks after surgery, though you should start light and build up gradually to your previous exercise levels. Just know that swelling may become transiently worse with exercise.
- **Sleep:** Sleep on your back with your head elevated about 30-40 degrees (2-3 pillows). Do not sleep on your side or stomach. Keeping your body more upright will minimize swelling. Continue this for one week.
- **Driving:** DO NOT operate a vehicle or make important decisions until you have been off pain medications for 24 hours. If you feel that you would not be able to react quickly should a child jump in front of your car, you should not be driving. You should not drive until you feel well enough to react and move in these situations. Use good judgement.
- **Travel:** Automobile travel can resume immediately though frequent breaks are needed, approximately every two hours to prevent blood pooling and clots. Airline travel is restricted until one week post op. You will notice increased swelling with airline travel which can happen as far out as 6-8 weeks following surgery due to pressure changes that occur.
- **Return to work:** Most patients require approximately 5-7 days off work depending upon their job responsibilities.
- **Sexual intercourse:** Sexual activity can be resumed with no restrictions when you feel ready.
- **Showering:** You may shower the day following your procedure. You may wash your face with gentle cleanser.
- **Swimming:** Do not submerge in a bathtub, swimming pool or other body of water for 3 weeks following your surgery. You may go up to your waist and it is fine to be splashed by water to cool down in the summer heat, but until your incisions have fully healed and sealed, you should not spend time fully submerged under water. Public pools, rivers and lakes should be avoided for at least 6 weeks following surgery

How to Take Care of Your Incisions

- **Puncture marks:** Fat transfer entry points that resemble a puncture mark will be found in a few spots on the face. Apply an antibiotic ointment (Bacitracin, Neosporin, etc.) to these areas until they have completely healed.

- **Incisions:** Small incision lines may be found in areas where fat was harvested. There will be a dressing over these areas, and you may be in a compression garment depending on the amount of liposuction that was performed. If you combined your fat grafting procedure with a more formal liposuction procedure, you will be given a separate set of postop instructions to guide you through that recovery.
- **Stitches:** the sutures will need to be removed one week after your surgery.
- **Sun Exposure:** Avoid and minimize sun exposure. If you are outside, wear an SPF of 30 or greater and always wear sunglasses as you are healing, and the scar is maturing. Even a mild sunburn can worsen swelling, irritate and incision that is healing and cause permanent scar discoloration.

What to Expect

- **Drainage:** Some mild bleeding and/or drainage is not unusual at the incision sites or puncture areas the first few days after surgery. You may use gauze or a light pad to reinforce postop dressings if this occurs.
- **Bruising:** You can expect to have bruising. Most bruises will heal in about 2-3 weeks. The bruise will go from a purplish color to yellow/green shade as it resolves.
- **Swelling:** Swelling is to be expected for weeks and sometimes months. The swelling can improve with intermittent rest and compression in the areas of harvest. Exercise and physical activity can transiently worsen swelling but is encouraged. Swelling in the grafted area can be impressive for the first week or two post op.
- **Pain and Itching:** It is normal to experience tightness, pressure, shooting pain, itchiness, soreness, and fatigue for several days to weeks following surgery as you recover. You may use artificial tears
- **Weak or Dizzy:** You may experience some weakness or dizziness. This may be more evident if you try to stand up too quickly. Take a minute from lying down to standing. The sensation of feeling lightheaded will get better in a few days and by staying well hydrated.
- **Results:** Fat grafting is inherently unpredictable since it is a live tissue graft. Fat cells that are transplanted from one area of the body to another area will be permanent if they set up a blood supply and survive the transfer. It is difficult to predict the percentage of cells that will survive once transplanted. For this reason, Dr. Collins does not over treat the area anticipating that part of it will not survive. Instead, she treats to effect and will go back for second and third grafting as needed. Typically, there is anywhere from a 30-50% take of graft at each procedure. Therefore, it is very common to get a complete effect that you will need to have more than one procedure.

Beth Collins, M.D.

PLASTIC & RECONSTRUCTIVE SURGERY & MED SPA

Do Nots

- **Do NOT place anything frozen directly on the skin.** Make sure it is wrapped in a gauze or thin towel etc.
- **Do NOT** soak in bathtubs, jacuzzies or hot tubs or submerge your face in water until incisions have fully healed.
- **Do NOT** take aspirin, Ibuprofen, Naproxen, or other blood thinners until your surgeon advises you that it is safe.
- **Do NOT** apply ice to the area that received the fat transfer as these cold temperatures can kill the fat cells

Emergency Situations

*****When to call the office or go to the emergency room*****

- **Signs of infection:** Spreading redness, worsening swelling, increased drainage, or drainage of pus, worsening pain, warmth at the incision site and temperature above 101.5°F
- **Excessive bleeding:** If the dressings are saturated with bright red blood and you are having to make frequent dressing changes, or you notice sudden expansion in the size of one breast compared to the other.
- **Other emergency situations:** Shortness of breath or difficulty breathing, chest pain, lightheadedness that does not quickly resolve, severe vomiting, pain, or asymmetric swelling of your legs.