

## BEFORE and AFTER SURGERY: MEDICATIONS, TOBACCO and SKIN PREP

### HORMONES/CONTRACEPTIVES/TAMOXIFEN:

Hormonal therapy/oral contraceptives have been linked to increased risk of blood clots in the legs and lung. Because all surgical procedures carry a risk of blood clot formation, Dr. Cabbabe recommends that these medications be **stopped at least one week prior to and after surgery. Talk to your medical oncologist for their recommendation for starting and stopping if they are being taken for cancer prevention:**

Hormones

Tamoxifen OR Aromatase Inhibitors

Oral Contraceptives

### ASPIRIN/NSAID's/PLAVIX:

**Since Aspirin, Nonsteroidal Anti-inflammatory Agents (NSAIDS) and Plavix increase bleeding tendencies, it is important to avoid medications which contain these substances for TWO WEEKS PRIOR to SURGERY.** Aspirin and Plavix may be held up to 2 weeks after surgery as well. Ask Dr. Cabbabe when you can resume these.

### COUMADIN/ELLIQUIS/XARELTO:

Blood thinning medications are the most dangerous medications around the time of surgery due to the uncontrollable bleeding associated with their use. **These medications are always held for surgery unless there is an emergency. Dr. Cabbabe generally recommends they be held for 1-2 weeks before and 2-4 weeks after, depending on the medication and the surgical procedure.** You will need to confirm with your own doctor the safety and length of time they can be held.

### DIET PILLS/PHENTERMINE/EPHEDRINE:

New guidelines have been implemented concerning diet pills, including herbal medications. They may have an effect by constricting blood vessels and therefore may reduce blood flow to healing tissues. It is recommended that patients **not take these pills for one week prior to and after any surgical procedure.** This reduces chances of complications of your planned surgery. If you have questions, please check with your physician or pharmacist

### NSAID's/ALEVE:

**These medications should be held for 1-2 weeks prior to surgery. With a couple of exceptions, after surgery Dr. Cabbabe frequently recommends NSAID's to be taken regularly as first line for pain relief.** NSAID's are far and away the most effective pain reliever available. Studies have shown there is no higher risk for bleeding AFTER surgery for most procedures. One exception after surgery is facial procedures to reduce the appearance of bruising. Another exception is if you have a history of weight loss surgery (read the next paragraph)

### WEIGHT LOSS SURGERY PATIENTS AND IBUPROFEN/NSAID's:

**Dr. Cabbabe's current understanding is that ibuprofen products should not be taken by anyone who has had gastric stomach reducing surgery due to increased risk of ulcer formation on the suture line with risk of perforation.** This is particularly true around the time of a stressful surgical procedure and a higher incidence in anyone with a smoking history. There may be a higher incidence with Roux-en-Y surgery than in sleeve gastrectomy. Some bariatric surgeons tell their patients it is OK to take these medications but **that is at the risk of the patient. At a minimum, consider adding Proton Pump Inhibitors or Antacid medication ONE WEEK PRIOR AND AFTER SURGERY if you are planning on taking NSAID's.**

### IRON:

**For significant surgical procedures 3 hours or more, including all liposuction patients, Dr. Cabbabe recommends taking iron supplements one month prior to and after surgery.** After surgery, he may recommend the dose be maximized to recover blood cells. If you have a history of anemia, you may need to start 2-3 months prior to surgery but should speak with your doctor first and have appropriate diagnostic bloodwork.

### COLD MEDICATIONS CONTAINING PSEUDOEPHEDRINE:

Most cold medications are fine to take around the time of surgery. This includes Claritin, Allegra and Zyrtec as well as all inhalers. The exception is medications which contain pseudoephedrine. This medication constricts blood vessels and can decrease blood flow to healing tissues. **This includes: Sudafed, Allegra-D, Claritin-D. These are usually held for one week prior and after surgery.**

### TOBACCO:

**Dr. Cabbabe always recommends complete smoking cessation for general health and ALL SURGICAL PROCEDURES. Smoking is the greatest single contributor to every complication known in surgery. Nicotine itself is the problem for surgical healing, the smoke causes the lung problems. Nicotine constricts blood vessels, leading to reduced blood flow to healing tissues. This increases the rate of poor healing and infections at least 2-4 times higher. In addition, nicotine users are known to carry more aggressive bacteria like MRSA on their skin, leading to higher infection rates with more aggressive bacteria that may not respond to conventional antibiotics. Capsular contracture rates for breast implants are significantly higher. This leads to a higher need for surgical revision procedures to treat infection and related complications. Dr. CABBABE RECOMMENDS QUITTING ALL NICOTINE PRODUCTS, INCLUDING CHEW OR VAPE OR GUM, AT LEAST 1 MONTH PRIOR TO AND AFTER SURGERY TO REDUCE THE RISK OF COMPLICATIONS AND FOR BETTER SCAR HEALING.**

### BODY SKIN PREP/HIBI-CLENS:

All patients carry bacteria on their skin. During surgery, this is "prepped" or cleaned right before surgery. **Any patients having surgery on their body, particularly if implants are involved, are recommended to use Chlorhexidine/Hibi-Cleans every other day for one week prior. DO NOT USE THE PRODUCT ON YOUR FACE, EYES, or MUCOUS MEMBRANES.** The product can dry out skin, hence use every other day.

### FACE SKIN PREP:

Facial Cetaphil cleanser or something similar can be used daily one week prior to surgery in preparation for surgery.

### MRSA HISTORY:

**Patients with a known history of MRSA are recommended to use prescription Bactroban/Mupirocin ointment prior to surgery in an attempt to decontaminate the bacteria. This is often applied inside the nostrils directly 2-3 times a day for 1-2 weeks. This is particularly important if implants are being used.** Please ask Dr. Cabbabe about a prescription for this if you meet these criteria.

## BLOOD THINNING MEDICATIONS

Plavix (2 weeks prior to surgery)      Coumadin (5 days prior to surgery)

Elliquis, Xarelto, Pradaxa, Arixtra, Brilinta (7 days prior to surgery)

### ASPIRIN PRODUCTS

Alka-Seltzer	Bayer	Cope	Ecotrin	Fiornal
Anacin	Bufferin	Darvon Compound 65	Empirin	Percodan
Ascriptin	Cama	Doan's	Excedrin	Vanquish
Aspergum				

## NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

Advil	Daypro	Indornethacin	Nalfon	Relafen
Aleve	Feldene	Iodine	Naproxen	Sulindac
Anaprox	Fenoprofen	Medomen	Naprosyn	Tolectin
Ansaid	Ibuprofen	Midol IB	Nuprin	Toradol
Cataflam	Indocin	Motrin	Orudis	Voltaren
Clinoril				

## DIET WEIGHT LOSS PILLS

Adipost	Duromine	Obe-Del	Panrexin-M	Phenlercol	Rexigan
Adipex-P	Dyrexan OD	Obe -Mar	Panrexin-MTP	Phentride	Trimstat
Alli	Malibar A	Obe-Nix	Panstiape M	Phentride Caplets	T-Diet Phenfluramine
Anorex SR	Malfial-105 Unicelles	Obephen	Parzine	Phentrol	Weighless
Appecon	Metra	Obian	Phenazine	Phentrol 2, 4 or 5	Weightrol
Bontril PDM	Neocurb	Oby-Trim	Phendiet	Pondimine	X-Trozone
Bontril Slow Release	Obezine	Oby-Trim	Phendiet-105	Redux	X-Trozone LA

## MISCELLANEOUS

Vitamin E	Fish Oil	Isotretinoin	Accutane
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## ALLOWABLE MEDICATIONS

Acetaminophen	Darvocet	Lortab	Tempra	Tylox
APAP	Esgic	Panadol	Tramadol	Ultram
Celebrex	Fioricet	Percocet	Tylenol	Vicodin

**These lists ARE NOT INCLUSIVE AND YOU SHOULD VERIFY MEDICATIONS IF UNSURE OF CONTENTS.**

## Post Op Care Instructions

**SHOWERING:** most patients can shower 48 hours after surgery. Remove ALL garments (these may be washed and air dried) and dispose of any loose gauze/bandages. Leave ALL adhesives on the breasts. If you have drains, hang them on a lanyard or shoelace tied around your neck. Take a shower with regular soap and water and pat dry. You may reach up and shampoo your hair. Do not rub incisions with washcloths, use only your fingertips. Replace ALL garments immediately after showering.

**DRAINS:** Drains should be stripped regularly, and the bulbs should always be collapsed to retain suction. Do not let the bulbs get more than halfway full. Record the amount of fluid per drain in milliliters and bring to your follow up. Apply polysporin ointment and a band aid where the drain exits the skin. The drain is stitched to the skin to prevent the tube from sliding out; if the drain slides out, never try to push it back in. Drainage around the tube may be normal if liposuction was done in the area or it may represent a clogged drain tube. If this occurs, strip the drain tube. There should always be some fluid moving through the tube and into the drain.

**BRAS/GARMENTS:** Wear compression garments continually, day and night, to prevent swelling and fluid build - up. Most liposuction patients need to wear their garments a minimum of 4-6 weeks after surgery. These may be washed. A sports bra will substitute for a surgical bra. Spannx can be worn if no drains are present or after drain removal. Bring underwear to follow up visits to be worn after drain removal.

**IBUPROFEN:** If you have not had weight loss surgery, ibuprofen/Aleve is recommended for pain relief, in addition to any pain medicine prescribed. For most normal weight adults, the ibuprofen dose is 600-800 mg three times a day. If you choose not to take Ibuprofen, expect to need more narcotics and get more side effects such as nausea and constipation.

**IRON:** For all skin removal/body contouring/liposuction patients, Dr. Cabbabe recommends iron supplementation at least one month before surgery then 2-4 weeks after surgery to minimize anemia and weakness/light headedness/dizziness from blood loss. 325 mg (65 mg elemental iron) of iron should be taken three times a day with meals. This may cause constipation and laxatives or stool softeners should be taken as needed.

**ASPIRIN:** Do not take Aspirin or any blood thinners until told to do so by Dr. Cabbabe.

**TYLENOL:** Tylenol may be taken in lieu of the pain medicine because most pain medications contain Tylenol already. Ibuprofen is much more effective at pain relief and fever reduction.

**CONSTIPATION:** Anyone taking narcotics is at risk for this. Senna/Colace can be taken twice a day to help prevent constipation; however, this is not a laxative. If you do not have a bowel movement within 72 hours of surgery, a laxative is recommended. Recommended laxatives available over the counter include MiraLAX, Milk of Magnesia, Dulcolax (oral or suppository)

**SCAR CARE:** Most patients will have absorbable sutures placed, covered by surgical glue or surgical adhesive tape with glue. Leave this in place as it will wear off within 2-3 weeks. Steri-strips around the nipple-areola of the breast tend to fall off within 1-2 weeks. No scar care is needed while these are in place.

Patients such as mole removal or face lift patients will have black stitches that are removed within 7-10 days of surgery. Polysporin ointment should be applied three times a day to the incision before and for a

couple days after suture removal to keep it moist. Eyelid lift patients should receive special ophthalmic antibiotic ointment to apply to their incisions to prevent eye irritation from regular antibiotic ointment.

Dr. Cabbabe recommends silicone – based scar therapy for all scars. This includes silicone adhesive gel or tape (preferred due to added benefit of compression). Our office has silicone gel for sale.

It is common for internal sutures to break through the skin 2-4 weeks after surgery and these can be trimmed with scissors/nail clippers or tweezed out.

If your scar becomes red and raised, Dr. Cabbabe may also recommend steroid injections to flatten the scar and decrease the redness. This is common in arm and thigh lift surgery.

**WOUNDS AFTER SURGERY:** Certain procedures such as *breast reduction surgery, thigh lifts and mastectomies* are more likely to lead to healing issues. This includes any patient with a higher BMI >30, advanced age, nicotine use or steroid use. If there is a scab, Dr. Cabbabe recommends applying BETADINE-IODINE two times a day. Once the scab comes off, Aquaphor or Wet to Dry dressings may be initiated.

**LYMPHATIC DRAINAGE THERAPY(LDT):** Dr. Cabbabe recommends this with any liposuction procedure, particularly more aggressive procedures. LDT will help you get a better result, faster, and can help prevent unevenness than can become visible as a result of scarring. In conjunction with compression garments, benefits include:

- Reduction of bruising
- Reduction of pain
- Reduction of inflammation
- **Fewer lumps and bumps**
- **Helps minimize scar formation**
- **Prevention of subcutaneous fibrosis after liposuction**
- Helps the body heal more quickly from surgical trauma

**Lymphatic Drainage Therapists (not employed by Dr. Cabbabe):**

Hayley Clark LMT

Hayley's Haven Mobile Massage St Louis

[www.HayleysHAven.com](http://www.HayleysHAven.com)

314-776-8563

**WHEN TO CALL:** Call for any major concerns. Low grade fever can be normal for the first 24-48 hours after surgery. Infections are uncommon in the first week after most elective surgeries. After 24-48 hours, make sure to call for fever >100.4 degrees F, spreading redness or increased pain at the surgical site. Please contact the office at 314-842-5885