

VITAL “BODY LIFT” RECOVERY GUIDE and PRE-CHECK LIST

Procedures Covered: *Mommy Makeovers • Tummy Tucks (Abdominoplasty) • Body Contouring • Panniculectomy • Liposuction • Thigh Lift • Arm Lift (Brachioplasty) • Brazilian Butt Lift (BBL) • Autologous Fat Transfer / Lipofilling / Liposculpture*



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Congratulations on taking this transformative step. Your surgeon has performed an extraordinary procedure, and the weeks ahead are your opportunity to protect and maximize every bit of that result. Body lift procedures are among the most powerful physical transformation surgeries available today -- and excellent outcomes begin with excellent recovery. This guide walks you through the self-care steps that reduce complications, preserve your results, and help you heal with confidence. Follow it closely, lean on your support system, and trust the process your surgical team designed for you.

SECTION 1: MEDICATION MANAGEMENT & PRE-SURGERY ORGANIZATION

The most important recovery preparation happens before surgery. Post-anesthesia and opioid medication impair memory, judgment, and coordination. A well-prepared medication system means you never have to think -- you simply follow what has already been set up for you.

Before Surgery -- Set Up Your Recovery Station

- Fill all prescriptions before your surgery date and organize them on a labeled tray at your recovery spot. Write the medication name, dose, and schedule time on each container.
- Create a medication log: a simple chart with columns for medication name, prescribed dose, frequency, and a checkbox for each scheduled time. Use a printed sheet or a notes app.
- Set individual phone alarms for every dose time. Label each alarm with the medication name so there is no guesswork post-anesthesia.
- Place bending straws and a filled water bottle at your recovery station before leaving for surgery. Reaching and bending for supplies post-op is a complication risk.
- Stock these in advance: prescription pain medication, stool softeners, prescribed antibiotics, anti-nausea medication if prescribed, and surgeon-approved OTC pain relievers for the transition phase.



Pain Medication -- Take It On Schedule

- Take pain medication on schedule, not only when pain becomes unbearable. Staying ahead of pain is essential -- uncontrolled pain triggers muscle guarding and tension that directly stresses your incisions.
- Transition to over-the-counter acetaminophen or other surgeon-approved OTC options as soon as your surgeon advises. Confirm the transition plan at your pre-op appointment.
- Never combine opioid medications with alcohol, sedatives, or sleep aids without explicit surgical team approval.
- If your prescribed dose is not managing pain adequately, call your surgeon's office -- do not self-adjust dosage without guidance.

Bowel Preparation -- Begin Day One, Not Day Three

- Start stool softeners the evening of surgery or the morning after. Do not wait for constipation to develop. After a tummy tuck or body lift, straining places direct mechanical stress on your abdominal closure.
- Take stool softeners daily for every day you remain on opioid pain medication.
- Drink a minimum of 64 ounces of water daily -- hydration is the most effective natural bowel support available.
- A warm glass of water or prune juice in the morning stimulates the gastrocolic reflex and encourages motility.
- If no bowel movement by day 3, contact your surgical team before attempting any intervention.

>> FAMILY HELPER TIPS

- Set backup medication alarms on your own phone, coordinated with the patient's alarms, so both systems are active.
- Keep the medication log and place a checkmark at every dose -- this eliminates confusion about whether a dose was already taken.
- Prepare snacks or small meals timed around the medication schedule. Some pain medications should be taken with food to reduce nausea.
- Monitor bowel status daily. Note each day whether a bowel movement occurred and flag day 3 without one to the surgical team.
- Pre-fill the water bottle and keep it within arm's reach. In the first 48 hours, most patients cannot safely get up to refill it alone.

SECTION 2: COMMON COMPLICATIONS & YOUR SELF-CARE PLAN

Your surgeon has done everything possible in the operating room to set you up for a beautiful outcome. The following complications are known risks after body lift procedures -- but most are highly preventable with disciplined self-care. Review each one, understand the warning signs, and commit to the care steps below.

1. Seroma (Post-Surgical Fluid Pocket)

Most common after: Tummy Tuck, Liposuction, Mommy Makeover, Body Lift, Panniculectomy

A seroma is a collection of clear fluid that builds under the skin when the lymphatic system cannot keep pace with post-surgical fluid production. Left unaddressed, it can delay healing, distort your final contour, and may require drainage in your surgeon's office or additional procedures.

Your Self-Care Actions:

- Wear your compression garment 23 hours a day for the full duration your surgeon prescribes. This is the single most powerful seroma prevention measure available.
- Follow your drain care protocol precisely. Drains are your primary defense against fluid accumulation (see Section 3 for complete drain care instructions).
- Doctor Trick: If your surgeon approves manual lymphatic drainage (MLD) massage -- typically beginning around days 5-10 -- commit to the full recommended frequency. MLD accelerates lymphatic clearance, reduces swelling faster, and measurably lowers seroma risk.
- Limit all physical activity beyond walking for the first 4-6 weeks. Vigorous movement disrupts healing tissue and increases fluid production.
- Watch for: soft, squishy swelling that appears days or weeks after drains are removed, a sensation of fluid shifting under the skin, or asymmetric fullness in the surgical area.
- Do not press on, massage, or attempt to drain a suspected seroma yourself. Contact your surgeon's office for evaluation.

! Contact Your Surgeon's Office If You Notice:

- New soft, wave-like swelling appearing days after drains have been removed
- A sensation of fluid shifting under the skin when you move
- One area of the abdomen or surgical site noticeably softer, fuller, or more asymmetric than the other side

>> FAMILY HELPER TIPS

- Assist with compression garment removal and correct replacement after bathing. Proper repositioning of a compression garment is nearly impossible solo during the first week.
- Help log drain output at every emptying and track daily totals. Seroma risk increases when drains are removed prematurely based on inaccurate output records.
- Watch for and photograph any new or asymmetric swelling changes. Send photos to the surgeon's office -- visual documentation saves office visits.

2. Hematoma (Internal Bleeding Under the Incision)

Most common after: Tummy Tuck, Mommy Makeover, Body Lift, Liposuction, Panniculectomy

A hematoma forms when a small blood vessel continues bleeding under the skin after surgery. It typically develops in the first 6-24 hours at home and is the single most common reason cosmetic surgery patients return unexpectedly to the operating room. Caught early, intervention is simple. Caught late, it is not.

Your Self-Care Actions:

- Rest completely during the first 24 hours. No bending, lifting, twisting, reaching, or straining of any kind.
- Maintain torso elevation at 30-45 degrees continuously during rest. This reduces pressure at incision sites and decreases the risk of vascular stress.
- Apply cold compresses over your compression garment as directed to control early swelling. Never place ice directly on skin.
- Avoid all blood-thinning substances for as long as your surgeon specifies (typically 2-4 weeks post-op): aspirin, ibuprofen, fish oil, vitamin E, herbal supplements, and alcohol.
- If you take blood pressure medication, take it exactly as prescribed. Elevated blood pressure is a direct risk factor for post-surgical hematoma formation.
- Doctor Trick: Set a "bruise journal" check every 4 hours for the first 48 hours. At each check, compare both sides of the surgical area. Asymmetric rapid darkening on one side is the earliest detectable hematoma warning sign.

! Contact Your Surgeon Immediately If You Notice:

- Sudden tightness or pressure at the incision that appeared or worsened after initial comfort
- A bruise that is darkening rapidly, or one side dramatically darker than the other
- Firm, taut swelling on one side significantly greater than the other
- An unexpected increase in pain after a period of relative comfort

>> FAMILY HELPER TIPS

- Check incision sites and bruising pattern every 4-6 hours for the first 48 hours, comparing left and right sides each time.
- Keep a simple photo log of bruising at each check -- these photos help your surgeon assess progression and are far more useful than descriptions alone.
- Ensure the torso remains elevated at 30-45 degrees throughout rest using wedge pillows, a recliner, or propped pillows. Do not allow the patient to lie completely flat in the first 48 hours.

3. Compression Garment Non-Compliance

Most common after: Liposuction, Tummy Tuck, Mommy Makeover, Body Lift, Panniculectomy, Thigh Lift, Arm Lift, BBL

Your compression garment is a clinical tool, not a comfort item. It controls swelling, supports tissue adherence to the underlying surgical architecture, and actively shapes the contour your surgeon created. Missing even a few hours of wear can allow fluid pockets to form and contour irregularities to set permanently.

Your Self-Care Actions:

- Wear your compression garment 23 hours a day for the full duration your surgeon prescribes -- typically 4-8 weeks depending on procedure and healing progress.
- The one hour off is for bathing and airing skin only. The garment goes back on before any other activity resumes.

- Every time the garment is repositioned, smooth all seams and edges completely. A single folded seam sustained against skin for hours can cause pressure sores, blistering, and skin breakdown.
- Perform a daily skin check under the garment: look for pressure marks, redness, blistering, or skin breakdown. Contact your surgeon if you see these before removing the garment permanently.
- Doctor Trick: Invest in two identical garments. Launder one while wearing the other so you always have a clean garment available without any compression-free gaps.
- Follow your surgeon's garment transition plan: you will likely move to a lighter-compression stage garment around weeks 3-4. Follow that timeline based on surgeon guidance, not comfort or convenience.

>> FAMILY HELPER TIPS

- Help don the compression garment after every bathing session. Correctly putting on a surgical compression garment requires bending and positioning that is unsafe for the patient to do solo in the first week.
- Check fit at every reapplication -- the garment should be snug and covering the entire surgical field without rolling, bunching, or cutting in at any edge.
- Log daily garment-on and garment-off times as part of the recovery record to ensure full protocol compliance.

4. Surgical Site Infection

Most common after: All body lift procedures -- especially Tummy Tuck, Mommy Makeover, BBL, Panniculectomy

Infection is largely preventable -- and consequential when it occurs. Even a localized infection can require antibiotics, wound debridement, or reoperation. The risk window extends through every dressing change, drain interaction, and shower in the first two weeks. Sterile technique and watchfulness are your best defenses.

Your Self-Care Actions:

- Wash hands thoroughly with soap and water for at least 20 seconds before touching any incision, dressing, or drain -- every time, without exception.
- Clean incisions as directed by your surgeon -- typically with saline solution or dilute antiseptic -- using sterile gauze only. Never use cotton balls (fibers remain) or rub the wound.
- Pat incisions completely dry after any water contact. Persistent moisture directly promotes bacterial growth.
- Change dressings on the exact schedule your surgeon specified using fresh, sterile materials every time.
- No submersion in any water until your surgeon explicitly clears you: no baths, pools, hot tubs, rivers, or ocean. Shower only as directed, directing water flow away from incision areas.
- Complete your full antibiotic course exactly as prescribed. Do not stop when you feel well.
- Doctor Trick: Keep fresh bedding on your recovery bed every 2-3 days. Wash clothing daily. No pets on the bed during recovery. These environmental hygiene measures significantly reduce ambient bacterial load near healing incisions.
- Doctor Trick: After surgeon approval, a thin layer of plain petroleum jelly (Vaseline) over closed incisions acts as a moisture barrier and has been shown in clinical studies to reduce both scarring and infection rates compared to dry or antibiotic-ointment dressings.

! Contact Your Surgeon's Office Promptly If You Notice:

- Spreading redness radiating outward from the incision line (larger than a half-inch in any direction)
- Increased warmth or hard firmness at or around the incision
- Discharge that changes: thicker, colored (yellow, green), or foul-smelling
- Fever above 101°F (38.3°C) -- take your temperature twice daily for the first two weeks
- Red streaking visible in the skin surrounding the incision

>> FAMILY HELPER TIPS

- Assist with dressing changes: wash hands and use clean gloves if available. One person holds; the other changes. This two-person technique maintains sterility better than solo dressing changes.
- Take temperature readings morning and evening and log the results. Watch for an upward trend over 24-48 hours even if no individual reading is alarming.
- Photograph the wound at each dressing change to document baseline vs. changes. Photos help the surgeon triage remotely without requiring an immediate office visit.
- Keep pets off the patient's bed and sleeping area for the entire recovery period.

5. Wound Dehiscence (Incision Separation / Popped Stitches)

Most common after: Tummy Tuck, Mommy Makeover, Body Lift, Panniculectomy, Arm Lift, Thigh Lift

Wound dehiscence -- the partial or complete reopening of a surgical incision -- occurs most often in weeks two and three of recovery, when patients feel significantly better but their sutures are still load-bearing. Most cases happen because there was no one present to say "stop." Activity restrictions are based on tissue healing timelines, not on how the patient feels.

Your Self-Care Actions:

- Follow all activity restrictions exactly and completely -- feeling better does not equal medical clearance. Your surgeon's restrictions are calibrated to your tissue's actual healing state, not your comfort level.
- Never reach above shoulder height, twist at the waist, or lift anything heavier than your surgeon's specified weight limit during the restriction period.
- Master the side-roll technique for all position changes: roll to your side first, then use your arms to push up. Never sit straight up from lying flat -- this creates direct abdominal wall flexion that stresses sutures.
- Brace every sneeze and cough: hold a firmly folded pillow pressed against your abdomen before each one. This protects both your closure and your comfort.
- Doctor Trick: Place a brace pillow (a firm throw pillow) beside you at all times during the first three weeks. Make it automatic -- you brace before you cough the same way you buckle before you drive.
- Manage constipation aggressively with stool softeners and hydration. Straining is a direct mechanical stress on abdominal closures and one of the most preventable causes of wound complications.

! Contact Your Surgeon's Office If You Notice:

- Any widening, separation, or new opening along any portion of the incision line
- Dressings becoming wet or saturated from wound weeping
- A gap, indentation, or visible "step" appearing along any suture line

>> FAMILY HELPER TIPS

- Be physically present for every position change in the first three weeks -- hand on arm or shoulder, assisting the movement. Most wound dehiscence is accidental, not willful.
- Actively call out activities before the patient attempts them: reaching, twisting, lifting, carrying. A verbal reminder is more effective than a restriction list the patient reads once.
- Demonstrate and reinforce the pillow-bracing technique before every anticipated cough, sneeze, or laugh.
- Keep toddlers, children, and pets from jumping on or bumping into the patient during the restriction period -- these are a leading cause of unexpected force on incisions.

6. Opioid-Induced Constipation & Bowel Complications

***Most common after:** All body lift procedures using narcotic pain management -- especially Tummy Tuck, Mommy Makeover, BBL*

Opioid-induced constipation is nearly universal after body lift surgery and consistently under-prepared-for. After an abdominoplasty, straining is not just uncomfortable -- it places direct mechanical stress on your closure and is a documented contributor to wound complications. Prevention must begin on day one.

Your Self-Care Actions:

- Begin stool softeners the evening of surgery or the morning after. This is non-negotiable. Do not wait for constipation to announce itself.
- Drink 64 or more ounces of water daily. Hydration is the most effective non-pharmaceutical bowel support available.
- Walk on your hourly schedule. Movement is the second most effective bowel stimulant after hydration.
- Incorporate fiber-friendly recovery foods as tolerated: prunes, pears, applesauce, warm soups, oatmeal. Minimize processed and low-fiber foods in the first week.
- Doctor Trick: A warm drink -- warm water with lemon, prune juice, or herbal tea -- consumed first thing in the morning stimulates the gastrocolic reflex and reliably encourages motility within 30-60 minutes.
- If no bowel movement by day 3, contact your surgical team before attempting any intervention. Do not strain. Do not use laxatives without surgical team approval.

>> FAMILY HELPER TIPS

- Prepare fiber-friendly recovery meals in advance and have them ready before the patient comes home.
- Keep a hydration log -- mark each water bottle refill. Most patients underestimate how far short of 64 oz they fall without tracking.
- Note the day of each bowel movement in the recovery log. If day 3 passes without one, remind the patient to call the surgical team before attempting any self-treatment.

7. Falls & Mobility Injuries

Most common after: All body lift procedures -- highest risk in the first 48-72 hours

Falls after anesthesia and opioid medication are significantly more common than most patients expect -- and the consequences after body lift surgery go far beyond bruising. A fall after abdominoplasty can rupture an internal repair. A fall after a thigh or arm lift can shear skin from underlying tissue. Prevention is simple: do not move alone in the first 48 hours.

Your Self-Care Actions:

- Never get up alone in the first 48 hours. Call for your caregiver or family member before every single movement.
- Before standing from any lying or seated position: sit on the edge for 30 seconds, stand slowly, hold support for at least 5 full seconds before releasing and walking.
- Use a walker, wall rail, or sturdy chair support for all bathroom trips. A toilet riser is recommended after abdominoplasty to eliminate the deep-squat lowering motion.
- Wear non-slip socks or rubber-soled slippers at all times. Never bare feet on smooth floors.
- Keep all essentials -- medications, water, phone, entertainment -- within arm's reach at your recovery station to eliminate any need to reach, bend, or make unnecessary trips.
- Do not drive or operate any machinery for as long as you are taking opioid pain medication.
- Doctor Trick: Report any dizziness, lightheadedness, or visual dimming when standing to your care team immediately. These are signs of orthostatic hypotension -- a blood pressure drop on standing -- which is common post-surgery and can escalate to a faint without warning.

>> FAMILY HELPER TIPS

- Be physically beside the patient for every movement during the first 48 hours -- hand on arm or shoulder, moving alongside them.
- Before the patient arrives home, audit and remove all tripping hazards from every path they will use: loose rugs, power cords, pet toys, shoes, and clutter on floors.
- Install a nightlight between the bed and bathroom. Nighttime bathroom trips in the first week are the highest-risk fall moment.
- A toilet riser or grab bar in the bathroom is a high-value, inexpensive purchase that removes the most physically demanding position change the patient will perform daily.

8. Skin Flap Necrosis (Tissue Loss at Incision Edges)

Most common after: Tummy Tuck, Panniculectomy, Mommy Makeover, Body Lift -- especially patients who smoke

Skin flap necrosis is the loss of skin in areas where surgical tissue movement has temporarily reduced blood supply -- most commonly along abdominoplasty closures and T-junction incisions. It announces itself gradually: skin discoloration, then darkening, then firmness, then an open wound. Caught early, the area can often be supported and salvaged. Caught late, it requires excision and revision.

Your Self-Care Actions:

- Do not smoke for a minimum of 4-6 weeks post-surgery. Nicotine causes vasoconstriction -- it is the single most significant modifiable risk factor for skin flap necrosis.
- Stay well hydrated. Dehydration reduces blood volume and compromises peripheral tissue perfusion.
- Avoid cold environments that cause vasoconstriction: cold rooms, cold compresses directly on the skin near incisions, or prolonged exposure to cold air.
- Sleep and rest in the positions your surgeon prescribed. Incorrect positioning can compress tissue and restrict local blood supply to the flap.
- Doctor Trick: If your surgeon has not already recommended it, ask about arnica montana supplements or topical arnica. Arnica reduces bruising, inflammation, and has been shown in clinical studies to support tissue perfusion after surgical procedures. Always confirm with your surgeon before starting any supplement.
- Watch daily for: skin at or near the incision that appears dusky, grayish, or purple; skin that does not blanch (turn white) when pressed and then return to color; or skin that feels unusually firm compared to surrounding areas.

! Contact Your Surgeon's Office Same Day If You Notice:

- Any area of skin at the incision line appearing dusky, gray, blue-purple, or darker than surrounding tissue
- Skin that does not blanch when pressed, or that stays white after pressure is released
- A dark or hardened patch developing anywhere along a T-junction or closure line
- An unexpected open area forming along any part of the incision

>> FAMILY HELPER TIPS

- Inspect skin color at all incision sites daily and compare to the day before. Photographs at each check make color changes easier to document and report.
- Ensure the patient's sleeping position is maintained exactly as prescribed, including during the night. Check periodically that they haven't shifted to an incorrect position during sleep.
- Keep the recovery environment warm and comfortable. Cold environments cause peripheral vasoconstriction that reduces blood flow to surgical tissue.

9. BBL & Fat Graft Loss (Autologous Fat Transfer / Lipofilling)

Most common after: Brazilian Butt Lift (BBL), Autologous Fat Transfer to Face / Hips / Breasts, Liposculpture

The result of a Brazilian Butt Lift or fat transfer procedure is not decided in the operating room. It is decided in the two weeks that follow -- by how strictly you avoid pressure on the transferred fat. Newly grafted fat cells must establish their own blood supply to survive. Pressure during this window cuts off circulation and kills graft volume -- sometimes 30-50% of what was transferred. That is the volume your surgeon worked to give you.

Your Self-Care Actions:

- Do not sit directly on your buttocks or lie directly on your back for at least 2-3 weeks, or as directed by your surgeon. Every single sitting and lying moment matters during this window.
- Use a BBL pillow (donut or cut-out pillow) under your thighs for any seated position, including on the toilet. The pillow transfers weight to the thighs and completely removes pressure from the graft sites.
- Sleep face-down or on your side as directed. If side sleeping, use a pillow between your legs and behind you to prevent rolling onto your back.
- Plan bathroom logistics in advance: position a BBL pillow on the toilet seat before surgery. This is not optional -- it is a clinical requirement for every bathroom visit.
- Doctor Trick: Set a position check alarm every 2 hours during the day and ask your caregiver to visually verify your position on each alarm. Unconscious positional drift is extremely common at hours 12-18 when fatigue overrides discipline.
- Hydrate aggressively. Dehydration reduces blood plasma volume and compromises delivery of oxygen and nutrients to newly grafted fat cells.
- For facial fat transfer / lipofilling: avoid direct pressure on treated areas, sleep with your head elevated, and do not wear tight eyewear or headbands over treated areas for the period your surgeon specifies.

>> FAMILY HELPER TIPS

- Set a position check reminder every 2 hours and physically verify the patient's position each time -- look for buttock contact with any surface.
- Prepare the sleeping environment before surgery: lay out the face-down pillow arrangement, confirm the BBL pillow is on the toilet, and set up the recovery station.
- For car transport home from surgery, prepare the back seat with BBL pillow support so the patient can travel with thighs-only contact.
- Remind the patient at every meal and activity: "Are you on your thighs?" This becomes the household question for the first 2-3 weeks.

10. Deep Vein Thrombosis (DVT) & Pulmonary Embolism

Most common after: Abdominoplasty, Mommy Makeover, Body Lift, Panniculectomy, Liposuction, BBL -- any procedure with extended immobility

A blood clot forming in the deep veins of the leg is the #1 cause of mortality after body contouring surgery. It can travel to the lungs (pulmonary embolism) and is almost entirely preventable with

movement, hydration, and compression -- all achievable at home. Do not underestimate the power of your hourly walks.

Your Self-Care Actions:

- Walk every hour during all waking hours. Even two to three slow laps around your living space qualifies. Movement is the most powerful DVT prevention tool you have.
- While resting, perform ankle pump exercises every 30 minutes: flex and point your feet 10-15 times each, then circle ankles in both directions.
- Drink a minimum of 64 oz of water daily. Dehydration thickens blood and significantly increases clot risk.
- Wear compression stockings exactly as directed by your surgeon. Do not remove them without explicit approval, even briefly.
- Never remain in one position -- seated or lying -- for more than one continuous hour without some form of movement.
- Take any prescribed blood thinner (e.g., Lovenox, aspirin) exactly as ordered. Do not skip doses.
- Doctor Trick: Elevate the foot of your bed 4-6 inches using books or a wedge pillow under the mattress. Passive leg elevation during sleep assists venous return and reduces overnight blood pooling in the legs.

! Call 911 or Go to the ER Immediately If You Experience:

- Asymmetric leg swelling, redness, or warmth -- especially if one calf is significantly larger than the other
- Sudden chest pain, pressure, or tightness
- Unexplained shortness of breath or difficulty breathing
- Rapid heart rate or an overwhelming sense of anxiety without clear cause

>> FAMILY HELPER TIPS

- Set hourly walking reminders and walk alongside the patient for every lap -- your presence prevents skipped walks, especially on painful days.
- Each morning and evening, visually compare both calves for asymmetric swelling, redness, or warmth. Report changes to the surgical team immediately.
- Help apply and correctly position compression stockings after every bathroom trip -- this is very difficult to do solo after abdominal surgery.
- Track daily hydration by keeping the water bottle filled and noting how many bottles are consumed.

11. Surgical Drain Care

Surgical drains are thin, flexible tubes placed at your incision during surgery to remove the fluid your body produces during healing -- fluid that would otherwise accumulate as a seroma or become an infection risk. Most body lift patients go home with 1-3 drains in place for 1-3 weeks. Proper drain management is one of the highest-impact things you can do for your final result.

Daily Drain Care Routine (Every 4-8 Hours)

- Wash hands thoroughly with soap and water before handling any part of the drain system -- every time.
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- Milk (strip) the drain tube before emptying: pinch the tube firmly near the skin exit site and slide your fingers downward toward the bulb to clear any clots or debris. Repeat 2-3 times.
- Open the bulb stopper and pour the contents into a measuring cup or marked container. Note the volume in milliliters and the color of the fluid, then squeeze the bulb flat, reseal it, and release to restore suction.
- Log every emptying with date, time, total volume, and fluid color. Your surgeon uses this data to decide when drains can safely be removed. Accurate records mean timely removal.
- Observe fluid progression: output normally transitions from dark red or burgundy to pink to pale yellow or straw-colored. Bright red blood, a sudden volume increase, or foul-smelling drainage should be reported promptly.
- Clean the drain exit site (where the tube exits the skin) with saline solution or as directed. Apply fresh gauze or foam dressing. Pat -- do not rub -- completely dry.
- Secure drain bulbs to your compression garment or clothing with safety pins. A small cloth bag worn around the neck or pinned inside clothing works well to prevent accidental pulling throughout the day.
- Doctor Trick: Mark the drain output log with a simple daily trend notation (up, flat, or down). Drain output should decrease each day. If output plateaus for more than 2 days after initially decreasing, notify your surgeon -- premature stasis can indicate a developing seroma.

! Contact Your Surgeon If:

- Output suddenly increases after several days of decrease -- this may signal new fluid accumulation
- The drain becomes clogged and cannot be cleared with repeated milking
- The drain exit site develops increasing redness, warmth, thickening skin, or unusual discharge
- The drain tube partially dislodges or pulls -- do not remove it. Stabilize it with tape and call your surgeon immediately
- You are unable to manage drain care alone and have no caregiver available to assist

>> FAMILY HELPER TIPS

- Take primary responsibility for drain emptying and milking during the first week. The positioning required to milk one's own drains is difficult and risks accidental tube displacement.
- Maintain the drain output log with times and measurements. Track whether daily totals are trending downward and flag plateau or increasing output to the surgical team.
- At night, secure drain bulbs in a small cloth pouch pinned to the patient's pajamas to prevent accidental tugging during sleep.
- When the patient transitions between positions, garments, or during bathing -- hold the drain tubes actively to prevent any tugging or catching.

BODY LIFT RECOVERY PREPARATION CHECKLIST

Prepare these items before your surgery date so everything is in place the moment you arrive home.

- Hydration Station:** Fill a large water bottle with a flexible straw and keep it within arm's reach at your recovery spot at all times. Consistent hydration helps your lymphatic system clear post-surgical fluid faster, reducing swelling and supporting tissue perfusion.
- Cold & Warmth Supplies:** Prepare ice packs and a soft heating pad for comfort and swelling management. Always layer them over your compression garment -- never directly against skin. Cold is most effective in the first 72 hours; warmth is supportive for muscle tension after that.
- OTC Pain Relievers:** Have surgeon-approved over-the-counter pain relievers on hand for when you transition off prescription medication. Confirm which specific OTC medications are approved for your procedure at your pre-op appointment.
- Bowel Support Supplies:** Stock stool softeners before surgery and plan to begin them from day one. Straining after a body lift is a genuine complication risk -- prevention must be proactive, not reactive.
- Wound Care Kit:** Prepare sterile gauze pads, saline solution, and a gentle cleanser. Clean incisions by gentle patting only -- never rubbing. Always pat completely dry. Keep a clean pair of gloves available for dressing changes.
- Entertainment Station:** Load your tablet, phone, or e-reader with shows, audiobooks, podcasts, and reading material before surgery. Set up a hands-free stand or lap desk at your recovery position so you stay comfortably occupied without reaching, straining, or repositioning.
- Scar Care Products:** Ask your surgeon when to begin scar gels or silicone sheeting -- typically after incisions have fully closed. Commit to their recommended timeline. Early and consistent application produces measurably better long-term scar outcomes.
- Sun Protection:** Once healed incisions will be exposed to sunlight, apply high-SPF broad-spectrum sunscreen consistently and reapply exactly as directed. UV exposure on healing scars causes permanent hyperpigmentation that cannot be reversed with topical products.



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