

**Pelosi Medical Center**  
**BUTTOCKS FAT TRANSFER**  
**POST-OPERATIVE INSTRUCTIONS**

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**WHAT TO EXPECT AFTER YOUR PROCEDURE:** Do not be alarmed when **blood-tinged fluid** oozes from the skin wounds. This is a normal result of liposuction and usually stops within one (1) day. Dr. Pelosi leaves these tiny incisions exposed so that the liquid spills out, thereby minimizing bruising. You should cover your bed to avoid staining it from this fluid.

There will be some **swelling** and **bruising** which gradually disappears five (5) to eight (8) weeks following surgery. Despite this swelling, you will be smaller than your original size. However, you should wait to buy new clothing until your size has stabilized.

Following liposuction or fat injection, you are placed in a compression support garment. Do not remove this until Dr. Pelosi instructs you to do so. We usually have the patient remove their garment and take a shower after one (1) day. The first time that you remove your garment you will feel faint, which is normal. Have someone with you at that time. After your first shower, you need to apply a lotion all over the liposuctioned areas and the buttock skin to relieve the itchiness that is caused by the skin-drying effects of liposuction. We recommend Arnica Montana cream or lotion which helps reduce pain, swelling and discoloration from bruising. Arnica Montana is an herbal remedy. You may purchase Arnica Montana cream at Pelosi Medical Center or at a local natural food store.

**MASSAGE:** After your first shower, this is a good time for you to start massaging the fat injection areas. You should massage these areas softly, about three times a day, for about six (6) weeks. Sometimes, patients whose skin was not firm and elastic will experience **dimpling** of the skin. This can be eliminated or minimized by massaging and early exercise.

**SLEEPING AND SITTING:** For the first two (2) weeks you should sleep on your stomach and not on your back. During this time, avoid putting direct pressure on your buttocks for a few minutes at a time. If you have to sit, use a very soft cushion. From week three (3) until week six (6) you should also sit on cushions when sitting for prolonged periods.

**MEDICATION:** Liposuction and fat injection feels mostly like a bad bruise. Dr. Pelosi may prescribe medication to ease this discomfort. **Antibiotics** are prescribed to reduce the risk of infection.

**CLOTHES/DRESSING:** **Support garments** should be worn 24 hours a day for three (3) weeks, and then during the daytime for the next three (3) weeks. This will help to reduce swelling, shrink the skin, and shape the buttocks.

**ACTIVITIES AND EXERCISE:** It is good to ambulate after surgery in order to prevent pooling of blood in your legs and to reduce the chance of developing **blood clots**.

Most patients can resume normal activities within one (1) week after fat injection. After this time you can start gentle walking but must refrain from jogging or doing heavy physical activity or exercising until six (6) weeks after surgery. You can do upper body exercising after two (2) weeks. Most patients return to work within a week after fat injection.

**SEXUAL RELATIONS:** Fat injection does not hinder your ability to have sexual relations. However, you should resume sexual activity **only as you feel comfortable in doing so**. The desire to resume having sex varies from patient to patient.

**SMOKING:** Do not smoke for 3 months after your procedure. Smoking delays healing.

**DIET:** Do not diet for 3 months after your procedure to maximize results and promote longevity of the transferred fat.

**FOLLOW UP VISIT:** It is important that Dr. Pelosi examine you the day after your procedure. You may call our office to schedule your post-op visit.

If you experience any unusual swelling, discomfort, or develop a fever, you must call the office at 201-858-1800. If the office is closed, our answering service will take your message and contact Dr. Pelosi who will then return your call.

**I acknowledge that I received my post-procedure patient instructions and that they were explained to me.**

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Patient Signature

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Date