

**Pelosi Medical Center**  
**ABDOMINOPLASTY POST-OP INSTRUCTIONS**  
 with PICO Wound Dressing & Jackson Pratt Care

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**WHAT TO EXPECT AFTER YOUR PROCEDURE:** Do not be alarmed when **blood-tinged fluid** oozes from the small skin puncture 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.

**DRESSING:** You will have a sterile dressing across your abdominal incision. The incision should be kept dry until it is removed by Dr. Pelosi during your first postoperative office visit. Unless you are instructed otherwise, you may then shower only for one (1) week as we do not want your incision to sit in bath water.

**SLEEPING:** Rest with your back, head, and neck supported on 3-4 pillows, and with 1-2 pillows under your knees. This position decreases the tension on your abdomen and the incision. **DO NOT** sleep on your stomach. **DO NOT** lie flat.

**ACTIVITIES AND EXERCISE:** You may walk around the house, but do not over-exert yourself. Avoid lifting heavy objects. **DO NOT** pick up children. Avoid stretching or reaching for the first two (2) weeks following surgery. Avoid stressful exercise for six (6) weeks following surgery (jogging, aerobics, stair master, etc)

**GARMENT:** Your support garment should be worn 24 hours per day for the first 6 weeks after surgery. After the first 6 weeks, your garment must be worn during your waking hours. You may take it off at bedtime **ONLY**. This garment is to help your skin adhere to the muscle wall. Remember that you want the best result possible.

**MEDICATION:** You will already have received prescriptions for an antibiotic, pain medication, and medication for possible nausea. Take these medications as prescribed. **DO NOT TAKE ASPIRIN OR IBUPROFEN FOR TWO (2) WEEKS FOLLOWING SURGERY.**

**SMOKING: ABSOLUTELY NO SMOKING FOR FOUR (4) WEEKS FOLLOWING SURGERY.** Smoking interferes with wound healing.

**DIET:** During the 1st week after surgery, eat a well-balanced diet but eat lightly. Avoid excessive quantities of gas-producing foods (vegetables, fruits).

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

### PICO Wound Dressing Care

**What is “Negative Pressure Wound Closure Therapy”?**

Negative Pressure Wound Closure Therapy is a system that uses controlled negative pressure (vacuum) to help heal wounds.

**Home safety tips:** Do not try to service or fix this product. Be careful not to spill liquids on the unit. It must stay dry.

#### Frequently Asked Questions

**How does this therapy feel when in place?**

Most patients using this therapy will say it has a non-painful, mild pulling feeling that goes away after a few minutes. The wound may get tender or itchy as it heals. As a rule, this is a good sign. If itching or pain continues to bother you, please call our office.

**Will the therapy unit make noise?**

- You may hear it rev up once in a while — that’s OK. It is just trying to maintain the pressure. If the green light is flashing, everything is fine.
- A constant buzzing indicates a lost seal, the battery is dead, or the dressing is saturated and needs to be changed.



**Can I move around while on the therapy?**

The therapy unit is made to let you move about freely. Your doctor will tell you how much movement is appropriate for you.

**Can I have a tub bath or shower while using the therapy?**

You should take a sponge bath instead of a tub bath or shower. The unit must stay dry. It is hard to keep the therapy unit dry during a tub bath or shower.

**How many hours a day does the therapy system need to be on?**

For the best treatment, the PICO dressing should stay on at all times. The only time the therapy unit should be off is during scheduled dressing changes. If you notice the therapy unit has stopped working, please refer to the end of this pamphlet. If the therapy unit fails to work, please call the VON to assist you.

**What will the dressing look like when the therapy unit is working?**

The dressing will pull down against your skin and be warm to the touch. Sometimes you may see some shadowing on the dressing from the drainage of your wound.

**How often does the therapy dressing have to be changed?**

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Usually the dressing will be changed 1 or 2 times a week. Your doctor will work with you to plan when these changes will happen.

**Daily tips**

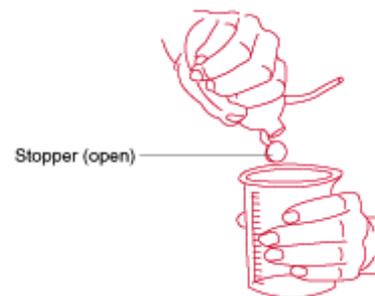
- The therapy unit should remain on at all times, unless otherwise directed by your doctor.
- If the on/off button is turned off by accident, push this same button to turn the therapy unit on. The unit will turn on to the correct settings and therapy will keep going.

**Check often**

- Is the therapy unit on? You should see a green flashing light.
- Are there any kinks in the tubing?

**Notify the doctor right away if:**

- You see more redness or notice a smell from the wound.
- The dressing fills rapidly with blood.
- You feel more pain.
- The therapy unit is not working.



**How will I know the PICO dressing is working?**

Display	What It Means
Green "OK" light flashing	- The therapy unit is working properly.
Green "OK" light and orange "battery" light flashing	- Batteries will require changing within 24 hours.
Orange "suction" light flashing	- Low suction on dressing. There may be an air leak. Smooth down the dressing and press the orange button to restart your dressing. - Contact our office if the orange light continues to flash.
No lights on pump	- The pump has been turned off. Press orange button to restart pump. - The pump may need to be replaced if it does not restart. Contact our office.

**Other things to look for:**

Condition	What to Do
Bleeding under dressing	- Turn off the unit. - Apply pressure over dressing. - Call our office.
Fever, tenderness, redness, swelling, itching, rash, more warmth in the wound area	- Call our office.
Vomiting, upset stomach, loose bowel movements, headache, sore throat, dizziness	- Call our office.

**Care of your Jackson-Pratt (JP) Drain**

The JP system is made up of a soft plastic bulb (Fig. 1). At the top of the bulb are a catheter and a drainage outlet with stopper. The other end of the catheter is inserted near your incision to collect drainage. When the bulb is compressed with the stopper in place, a vacuum is created. This causes a constant gentle suction, which helps draw out fluid that would otherwise collect under the incision. To achieve the best healing results, the bulb should be compressed *at all times* except when you are emptying the drainage. The amount of time you will keep the drain depends upon your surgery and the amount of drainage you are having.

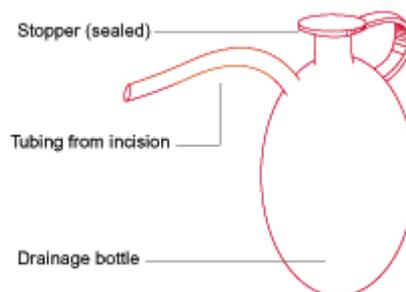


Figure 1

**Stripping the Tubing**

These steps will help move clots through the tubing and enable the flow of drainage. Do this before you empty and measure your drainage.

1. Wash your hands thoroughly with soap and water. Dry them thoroughly.
2. At the point closest to the insertion site, pinch and hold the tubing between the thumb and forefinger of one hand.
3. With the thumb and forefinger of your other hand, pinch the tubing right below your other fingers. Keeping your fingers pinched; slide them down the tubing as far as they will reach. If there is still tubing between the fingers of your lower hand and the bulb, keep the lower fingers pinched and release your upper fingers. Pinch the tubing right below the fingers of your lower hand. Slide them down the tubing as far as they will reach. Repeat until you reach the bulb. You may want to use alcohol swabs to help you slide your fingers down the tubing more easily.
4. Repeat steps as necessary to push clots from the tubing into the bulb. If you are unable to move a clot into the bulb, call the doctor's office.
5. The fluid may leak around the site if a clot is blocking the drainage flow. If there is fluid in the bulb and no leakage at the site, then the drain is working in spite of what appears to be a clot.

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### How to Empty Your Jackson Pratt

You will need to empty your JP in the morning and in the evening, or more frequently, if necessary. Follow these steps. Figure 2

1. You will need a container (such as a disposable cup) to empty the fluid from the JP. Prepare a clean area on which to work.
2. Wash your hands thoroughly with soap and water. Dry them thoroughly.
3. Unplug the stopper on top of the JP. The bulb will expand.
4. Do not touch the inside of the stopper or the inner area of the opening on the bulb.
5. Turn the bulb upside down, gently squeeze it, and pour the contents into the container (Fig. 2). Then turn the Jackson Pratt right side up.
7. Squeeze the bulb until your fingers feel the palm of your hand (Fig. 3).
8. Continue to squeeze the bulb while replugging the stopper.
9. Ensure that the bulb remains fully compressed to assure a constant gentle suction.
10. Pin the loop collar of your Jackson Pratt securely to a piece of your clothing. **Do not allow your drains to dangle.**
11. Check the amount of drainage in the container.

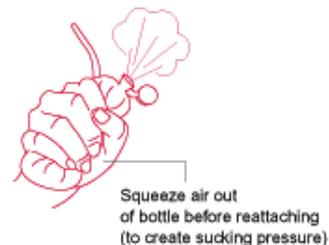


Figure 3

### Caring for the Tube Insertion Site

After you empty the drainage, wash your hands again. Check the area around the catheter insertion site. Look for tenderness, swelling, or pus from the insertion site. If you have any of these, or a temperature of 100.4° F, you may have an infection. Call our office. Sometimes the drain causes redness the size of a dime at the insertion site. This is normal. Apply antibiotic ointment around the tubing and dress the wound with a piece of gauze attached by tape.

### Problems you may Encounter with the Jackson Pratt Drain

**Problem:** *The bulb is not compressed.*

**Why?** The bulb was not compressed completely because it wasn't squeezed tightly enough, the stopper is not closed securely, or the suction catheter was dislodged and is leaking.

**What to Do.** Squeeze the bulb. If the bulb remains expanded after following the above steps, notify our office.

**Problem:** *There is no drainage, a sudden decrease in the amount of drainage, drainage on or outside the catheter dressing.*

**Why?** Sometimes a "string-like" clot clumps the catheter. This can block the flow of drainage.

**What to Do.** Follow the instructions for tube stripping. If there is no increase in drainage flow, call our office.

**Problem:** *The Jackson Pratt catheter falls out from the insertion site.*

**Why?** This rarely happens because the catheter is held in place with sutures. It can occur if the catheter is pulled.

**What to Do.** If this does occur, place a fresh bandage over the site and call our office.

**Problem:** *There is redness greater than the size of a dime, swelling, heat, or pus around the catheter insertion site.*

**Why?** These may be signs of an infection.

**What to Do:** Take your temperature. Call our office to notify us of the signs around the insertion site. Let us know if your temperature is 100.4° F or higher. Keep the insertion site clean and dry by washing it with soap and water and then gently patting it dry.

**Helpful Hints:**

- It is recommended that you safety pin the drainage bottle to your clothing during the day and to your night clothes during the night. Allow enough slack to prevent the tube from being pulled out.
- Be careful not to puncture the tubing/drainage bottle with the safety pin—use the plastic loop collar on the drain to put the pin through.
- Pin the container to your clothing below the level of the tube exit site.
- Be very careful with daily activities so that you do not dislodge the tubing.

**If you experience any unusual swelling, discomfort, or develop a fever (temperature of 100.4° or higher), 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.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date