



POST-OPERATIVE INFORMATION



MEDICAL GROUP

POST-OPERATIVE INFORMATION

YOUR SURGERY

Thank you for choosing us as your trusted cosmetic surgery provider – we hope you had an enjoyable experience with Enhance and we hope you have a very speedy recovery.

We have popped a few helpful hints and useful information below to support you during the next few days before your appointment for your wound care review.

FOLLOWING YOUR PROCEDURE YOU MUST:

- Self-isolate and shield for 7-14 days to reduce your risk of catching the virus while your immune system might be low
- Keep a distance from family members not isolating
- Inform us if you develop symptoms of the virus or if you test positive
- Continue to maintain good hand-hygiene at all times
- Attend your wound care appointments as directed, however do not attend clinic if you have any symptoms of the virus without talking to a staff member first

WHAT TO EXPECT

- You will likely feel light-headed or sick following any general anaesthetic, we suggest eating little and often
- You will have received pain medication during the day which also may make you feel sick or tired, this is normal
- You will have been given medication to take as and when required after surgery; if you do not feel any discomfort then please do not take the pain relief medication, only antibiotics (if given) are required to be taken. Follow your prescription but you can generally take paracetamol every 4 hours and ibuprofen every 6 hours.
- You might be restless or lack sleep; we cannot recommend sleeping medication unless you receive this from your GP.
- The pain relief medication given can cause an upset tummy, excessive bloating and sometimes feelings of nausea and vomiting; this is normal, we advise a very light diet in the first few days after surgery and plenty of water to ensure you are getting fluid into your system. This bloating can last up to 4 weeks following surgery.
- If you find you are being sick often, please stop taking the pain medication and wait an hour to see if this subsides.
- You have had an operation, so discomfort, pain and stinging is normal; this can persist intermittently for up to 6 weeks; listen to your body and take plenty of rest.
- Stretchmarks are normal with many surgical procedures; if the skin is stretched they are a risk and will fade with time.
- Post-operative bleeding can happen; dried blood and spotting are not to be a concern. If you notice large volumes of blood which is fresh and red, we advise you dial 999. Often a pale pink or yellow fluid can ooze from the wound, this is normal and not an area of concern.
- During the healing period your incisions will go through phases of healing; they might appear dark in colour, lumpy or irregular, they might itch (as might your whole surgical area) these are all normal phases of wound healing.

- You may notice gurgling, bubbling sensations or sharp nerve sensations when the nerves are healing; these are normal and not to worry about – if you do have concerns you can contact our team – the contact details are at the bottom of this document.

WHAT TO DO

- If you have been given a garment, this needs to be worn for up to 6 weeks (please see additional surgeon information if your individual surgeons instructions are different); this is not to be removed without instruction or without you having your own (self-purchased) spare to replace this with.
- Do not change your bra in the first 7 days, unless our medical team advises otherwise. Also do not take off your compression bra within the first 7 days to have a 'sneak peak'- please ensure your bra is kept on for these 7 days - after this, you can change it when you like. Simply follow the instructions on your bra label for cleaning.
- If you are provided with a Breast Band, these are to be worn 24/7 for your first week. Following this, they should be worn during the day only during the second week and removed at night when sleeping. We advise saving the band in case swelling returns and it also can come in handy when reintroducing exercise.
- Any dressings, nose splints or garments given need to be left in place for your first week until you are seen by the nurse, which is usually between 7-10 days.
- Have a shallow bath or shower your non-operated body parts to keep you feeling fresh – You can shower properly once our nurse tells you it's ok to and your wounds are healed, and not before.
- Please do not get your dressings wet, if they happen to get wet, cover them immediately with a new dressing and keep the wounds clean and dry.
- Rest plenty, avoid smoking and alcohol until after your recovery period (usually 2-4 weeks after your surgery)
- We do not routinely recommend taking Arnica Tablets; unless you surgeon advises to do so.

- If at any time you are concerned, contact us on the below numbers – ask us first before seeking NHS attention as your aftercare is already covered with us and your surgeon; of course if you are in immediate danger dial 999.
- Rest and do not exercise for the first 6 weeks; we do not advise any vigorous movements and heavy lifting including lifting of children or household items. Walking is fine and a great form of movement. If you have had breast surgery, we recommend not lifting your arms repeatedly above your head for the first 2 weeks.
- Driving is up to the patient; this is your insurance. Before driving ensure you can safely perform all actions in the car; we advise after 10 days is usually fine.
- If you notice an issue or your incision opens or dressings fall off please do not handle the wound, cover it immediately and contact your clinic. If you have a cover dressing this is not an emergency and will wait until the clinic is open.
- Once you have seen your nurse for your first appointment, you can often shower; we recommend non-perfumed products for the first 6 weeks and nothing direct on the incisions.
- For most procedures you will be required to sleep propped on pillows at a 25-45 degree angle, this aids comfort and circulation. Do not worry if you naturally roll to a different position in the night, just readjust and sleep when you can. We do not recommend side or front lying in the first 6 weeks unless your surgeon advises otherwise.
- You can continue sexual intercourse when you feel comfortable to do so; we do not recommend anything too rigorous in the first 6 weeks and we do not expect excessive touching of the surgical area in the first 3 months.
- Any piercings in the surgical area can be put back in once you have seen the nurse and she has discharged you from post-operative care.
- Your first check-up might be a phone call; check with your advisor before making a journey to the appointment. You are usually seen for a face to face appointment around day 7. This nurse appointment lasts usually 10-20 minutes and involves a wound check, dressing change or removal, photographs and treatment if required. The nurse will advise you at this appointment about specific information regarding showering and can reassure you of any early concerns.

- You will not see your surgeon before 3 months unless we feel this is clinically needed; time and patience are vital. Please contact us directly to organise your 3-6 month surgeon review.

Flying / Travelling Abroad

It is advised that you are able to fly short haul 2 weeks following the procedure and you can fly long haul 6 weeks post-operative. Please always check with the clinical team. Please use the TED stockings or compression flight socks if you are flying recently after your operation and especially if it is a long flight (more than 3 hours).

Products

It is strongly advised that you do not use perfumed products, make-up, fake tan or oils on your incisions until fully healed and even after this to approach with caution. It is advised to protect the incisions after 12 weeks from sunlight following surgery using >35 SPF. Please do not use a sun bed until 6 weeks – scars must remain covered for 12 weeks whilst using the sun bed. You can use bio-oil and other scar healing gels 6 weeks after your wounds have healed.

Bras & Compression Garments

Please wear and sleep in your compression garment for 6 weeks for a Breast Enlargement and around 8 weeks for a Breast Lift; after this as long as your incisions are healed you can get measured and start to wear normal non-wired bras (many providers will provide online measuring services when purchasing new bras). At 12 weeks you can then begin to wear normal wired bras. You can continue to sleep in your compression bra if you wish. Please follow this information unless you have been given further details and instructions from your surgeon on the day of your surgery or in your discharge pack.

Need for further surgery

Asymmetry is something which is uncommon but is known relating to all surgery completed bilaterally (both sides); size and shape will have been discussed with the surgeon to give an idea of final result but please be aware that this is always subjective. Hormone imbalances, weight gain, changes in exercise routine and the

use of certain drugs can lead to further changes in the body and tissues. This may result in the desire for further surgery or your surgeon offering free of charge revision surgery if they feel they have not achieved a result which would meet the expectations set to you in your initial consultation.

Attending Appointments

To ensure you do not breach your terms and conditions or your warranty; you are encouraged to attend all appointments offered by us for your wound care following surgery. We offer these at some consult clinics and operating sites, and you may be expected to travel to attend the nearest convenient location. We accept no liability for appointments unattended or wound care which is obtained from outside the company such as your GP. We want to get you the best result from your surgery, your satisfaction is very important to us.

If you have any clinical / nursing questions after your surgery the below numbers will help:

To speak with a nurse or book clinical appointments in all locations during 8am – 6pm Monday to Friday you can call:

02085638111 London Hammersmith Hospital
01213890582 Bromsgrove Clinic

IF YOU HAVE AN EMERGENCY and wish to speak with a nurse outside of the above hours, or on a weekend, you can call 07879490124.

****THIS LINE IS FOR EMERGENCIES ONLY****

Alternatively, you can always call or email your advisor if you have a non-clinical query such as implant questions, warranty, and further surgery etc.

**We look forward to seeing you at your first check-up
& please do take care**

This procedure is a cosmetic procedure and so assessment of the results involves an element of subjectivity. Therefore, it is important to understand that while you have been advised by your surgeon as to the probable results, this should in no way be interpreted as a guarantee.

ADDITIONAL PATIENT INFORMATION

SURGICAL SITE INFECTIONS

What are Surgical Site Infections?

Many micro-organisms (germs) live in and on our bodies and also in our environment. Most germs are harmless. Some are useful, for example the germs in our gut produce useful chemicals, and building up an immune system. Our bodies therefore have natural defences against the few germs that can cause harm.

The skin, our largest organ for example, prevents germs from entering our bodies. A wound infection occurs when germs enter the body through the incision / cut that the surgeon makes through your skin in order to carry out the operation. This wound infection is classed as a surgical site infection when time frames, symptoms and confirmed swabs all correlate.

When do these infections develop?

A surgical site infection can develop at any time from two days after surgery until the wound has healed (usually two to three weeks after the operation). Very occasionally, an infection can still occur many months after an operation. Most surgical site infections are limited to the skin, but can spread occasionally to deeper tissues. Infections are more likely to occur after surgery on parts of the body that harbour lots of germs, such as the gut.

How will your wound be monitored? How can you prevent infection?

Following your procedure you will have wound dressings in place and it is important that you follow the instructions of your surgeon / nurse about these dressings; if you are asked to leave them in place it is important you do this. If you are concerned about your wound, contact us.

Don't be tempted to remove your dressing, or touch your wound or wound drain. You could accidentally transfer germs from your hands to your wound. At your follow up appointment at the clinic the surgeon / nurse will check for any signs of infection.

Symptoms of a Surgical Site Infection:

- The skin round your wound gets red or sore, or it feels hot and swollen
- Your wound has a green or yellow coloured discharge (pus), this may also smell
- You feel generally unwell, or you have a high temperature

If you have a problem with your wound, you should contact your clinic immediately.

What happens if you develop symptoms?

If the surgeon or nurse suspects that you have a surgical wound infection, the clinic staff may take a sample from the surface of your wound with a swab and send it to the laboratory for tests and may prescribe a course of antibiotics. The clinic staff may also take photographs of your wound to monitor the progress of healing.

The Surgeon and nursing staff will ensure you receive the appropriate antibiotics for the infection you have and they will ensure dressings are changed as required; they will continually document your healing process.

VENOUS THROMBOEMBOLISM

WHAT IS VENOUS THROMBOEMBOLISM (VTE)?

A clot within a blood vessel is called a thrombus and the process by which it forms is known as thrombosis. It can be damaging as it might block the flow of blood. Also, part of the clot may break away and block a blood vessel further along, this will restrict the blood supply to important organs; this is often referred to as Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE). The risk from dying from VTE due to hospitalisation is over 1000 times greater than as a consequence of air travel. Venous thromboembolism (VTE) is a significant cause of preventable hospital death in the UK. Therefore effectively managing the risk of VTE has become a national priority.

WHAT THE NICE GUIDANCE SUGGESTS

NICE guidance suggests all patients and/or their families or carers are offered written and verbal information on:

The risks and possible consequences of VTE

The importance of VTE prophylaxis and its possible side effects

The correct use of VTE prophylaxis

How patients can reduce their risk of VTE

WHAT IS DEEP VEIN THROMBOSIS?

Deep vein thrombosis (DVT) is a blood clot in a vein. Blood clots in veins most often occur in the legs but can occur elsewhere in the body, including the arms.

WHAT IS A PULMONARY EMBOLISM?

Pulmonary Embolism occurs when a foreign body, usually a blood clot, blocks the supply of blood to the lungs. This is a serious condition, which can often be life threatening for all age groups. A Pulmonary Embolism develops when the blood clot travels from your leg up into your lungs.

HOW CAN I REDUCE MY RISKS?

Encouraging shared decision-making between patients and healthcare professionals will reduce VTE risk. Empowering patients with regards to VTE and prophylactic measures will enable individual management regimes, where patients are involved in decision making and reducing their own risk.

- Correct medicines are important and when these are administered and stopped is also key
- Wearing compression stockings when provided is important
- Following the advice of the medical professionals is vital

WHAT ARE THE SYMPTOMS OF DVT?

In some cases of deep vein thrombosis (DVT) there may be no symptoms, but possible symptoms can include:

- pain, swelling and tenderness in one of your legs (usually your calf)
- a heavy ache in the affected area
- warm skin to touch in the area of the clot
- redness of your skin, particularly at the back of your leg, below the knee

WHAT ARE THE SYMPTOMS OF A PE?

It can be difficult to recognize the signs and symptoms of a pulmonary embolism because they can vary between individuals. The following symptoms may occur in the order they are listed:

- chest pain – a sharp, stabbing pain that may be worse when breathing in
- shortness of breath – which may come on suddenly or develop gradually
- anxiety
- coughing – which is usually dry, but may include coughing up blood or mucus that contains blood
- sweating
- feeling light-headed or dizzy
- passing out

IF YOU EXPERIENCE THESE SYMPTOMS SEEK URGENT MEDICAL ATTENTION

WHAT MEDICINES ARE USED?

Anticoagulant medicines prevent a blood clot from getting bigger. They can also help stop part of the blood clot from breaking off and becoming lodged in another part of your bloodstream (an embolism). Although they are often referred to as "blood-thinning" medicines, anticoagulants do not actually thin the blood. They alter chemicals within it, which prevents clots forming so easily. Two different types of anticoagulants are used to prevent / treat DVT:

- heparin
- warfarin

ARE THERE ANY MEDICINE SIDE EFFECTS?

Some side-effects of medicines may be serious while others may only be a mild inconvenience. Very occasionally, certain side-effects can be beneficial. Reactions to a medicine are very individual to each patient and are therefore difficult to measure. It is difficult to predict which side-effects you will have from taking a particular medicine, or whether you will have any side-effects at all. The important thing is to tell your prescriber or pharmacist if you are having problems with your medicine.

WHAT CAN I EXPECT WHEN I AM IN HOSPITAL?

Because it is difficult to predict whether you will have a blood clot, simple treatment to prevent a blood clot developing in the first place is now regarded as the best and most cost effective medical practice. You will have a risk assessment performed to assess your risk for DVT and you will be provided with information regarding the choice of treatment for preventing a DVT this may include daily injections (containing Clexane / Warfarin) and support compression stockings, you will also be encouraged to mobilise as soon as possible as this encourages blood flow. Usual treatment in HPH includes stockings and air-boots in theatre, Clexane injection before / during surgery and then a second dose within 12-24 hours post-operatively. Further doses might be prescribed for patients undergoing abdominoplasty surgery.

WHEN I GET HOME

Your clinical team will decide with you when to stop any anticoagulant treatment you have been taking. Some patients will need to continue taking the medication once they have gone home but we will discuss this with you before you are discharged from hospital. Remember to keep as active as you can as being immobile increases the risk of developing blood clots.

HAEMATOMA AND SEROMA

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WHAT IS A HAEMATOMA?

Haematoma refers to a collection of blood outside of the blood vessels, which gathers in body tissues or cavities. Haematoma's are most commonly apparent as bruising to the skin, or with visible swelling and a change in anatomical shape. They are caused by internal bleeding into the extracellular space following trauma - this can include accidents, falls and surgery.

Haematomas under the surface of the skin can manifest as un-raised bruising or as hardened lumps. These lumps are blood sacs which aim to keep internal bleeding localised and to a minimum but can result in large areas of swelling and can feel warm to touch.

Haematoma's usually dissolve (they are reabsorbed by the body) and go away without surgical intervention; in these cases conservative treatment can include , and can typically be treated surgically if they do not. In some cases, particularly with a larger haematoma, they can migrate to nearby areas of the body due to the effects of gravity.

Bruising from haematoma can sometimes be painful, but smaller bruises do not usually pose a health risk. Larger haematoma that do not fade over time could require further surgery. Bruising is normal following surgery, the key when considering a haematoma is to look at the bruising, with the skin temperature, swelling and localised pain collectively to reach a diagnosis and make a treatment plan.

WHY DO THEY OCCUR?

Surgical haematoma's can happen if the vessels continue to bleed post-operatively; this can be the smallest bleed which leaks causing the swelling / haematoma. Haematoma's are common risks associated with elective surgery; while excessive movement and lack of rest doesn't cause the haematoma, it can make the bleeding worse or less likely to heal conservatively. Following the surgeon advice and resting and wearing the compression bra / garment is essential to try to prevent a haematoma.

HOW CAN I AVOID THEM?

We strongly advise you do not take any aspirin or anti-inflammatory medications for ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. We also always advise patients to stop their hormone replacement therapy / contraceptive pill 4 weeks pre-surgery under the guidance of their GP as this too can increase the risk of post-operative haematoma.

Rest, wear the bra / garment as instructed, observe your body for changes and attend appointments as scheduled. Haematoma following surgery is often a known risk and cannot be avoided but can be easily treated once diagnosed. A well-managed haematoma is not life threatening.

Unfortunately, in major procedures, the clinical team might prescribe an anticoagulant to prevent DVT but there is then a risk that this increases the risk of post-operative bleeding including haematoma.

WHAT ARE THE TREATMENT OPTIONS?

Conservative – this is where the clinical staff will monitor the haematoma with a view that it is small enough to subside and be reabsorbed into the body; in these cases, the clinical team might recommend more compression or cool compression to the area.

Surgical intervention – this is an option when the clinical team feel the haematoma will not subside on its own; if this happens, the team will schedule the patient in for a return to theatre, where the patient will receive anaesthetic and the blood will be drained using a small incision and / or a drain device. This intervention requires the patient to be nil by mouth and a chaperone after the procedure. A haematoma is not a major procedure and does not require an overnight stay in hospital.

It is also a known on-going risk that should a patient lose blood via a haematoma, that they might require a blood transfusion which they would be transferred to an NHS facility for such treatment and monitoring.

WHAT ARE THE LONG-TERM EFFECTS OF A HAEMATOMA?

Haematoma may contribute to capsular contracture, infection or other problems depending on the procedure performed; for breasts, it can cause pocket displacement. For facial procedures it can result in localised swelling, blurred vision for example.

HOW IS A SEROMA DIFFERENT?

Seroma- Fluid may accumulate around the operation site or around an implant following surgery, trauma or vigorous exercise. Additional treatment may be necessary to drain fluid accumulation around breast implants or sites of recent surgery. This may contribute to infection, capsular contracture, or need for implant removal or further surgery. A seroma is different to a haematoma because it is not a collection of blood; it is often a collection of nutrients from the body (serous fluid / straw like colour) which are often formed and sent to a wound site to allow for optimum healing. Sometimes after surgery, or if a patient does not rest (often in cases of abdominoplasty) this fluid is over generated and sent to the wound area – when it gets there, the wound cannot use it all and the fluid sits stagnant and can often appear swollen or is often referred to a likeness of a water bed. Seroma, like haematoma has the same treatment options; small amounts can be left alone and treated conservatively, large volumes must be removed using aspiration or draining method as leaving the fluid there in excess can result in higher risk of infection or be a detriment to the surgical outcome.

DRAINS

Surgical drains, often ready-vac are used post-surgery to help remove fluid away from surgical wounds. We insert the drains during surgery and can leave these in for up to 7 days if we feel this is required. The morning after surgery, we often ask patients to return to hospital to have their drain checked, if this has drained less than 30mls, the drains can often be removed. If a patient is sent home with the drains, they are provided with instructions which are as follows

- The drains must not be left sat on a floor or raised above the wound site; the best position is for the drain to be just below the incision of the wound site so gravity and suction can work effectively.
- If a drain removes over 150mls in short period of time, it is likely there is a reason for investigation and the clinical team will arrange treatment with the patient- Do not touch the drain, the port or the closures; if any dressings come off, simply put one on with clean hands and contact your nurse. If the drain dislodges or comes out or is pulled out by accident, we ask the patient to contact clinic immediately.
- The amount drained should be checked every hour by the patient; if the drain removes more than 60mls of fluid in an hour, we ask that the patient calls their nurse or clinic for advice.

WHAT SHOULD YOU DO IF YOU THINK YOU HAVE A HAEMATOMA OR SEROMA?

Contact your clinic and ask to see a nurse; your aftercare is essential, and your warranty relies on compliance with appointments. As per your terms and conditions, you might be required to travel to an open clinic or back to hospital for surgical intervention, we ask patients to put their health and safety first in all situations.

**If your surgeon has provided additional information
please do read and follow their instructions.**

We hope you have a very speedy recovery

From Enhance Medical Group & Our Team x

Useful Contact Numbers:

02085638111	London Hammersmith Hospital
01213890582	Bromsgrove Clinic

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above hours, or on a weekend, you can call 07879490124.**

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