

Dr. Jeffrey Cole
30140 Harper Ave. Suite 300
St. Clair Shores, MI 48082
Phone: (586) 415-6800

LIPOSUCTION POST-OP INSTRUCTIONS

1. You must have a responsible adult drive you to our office on the day of surgery, drive you home after surgery and care for you for 24-48 hours after surgery.
2. The first 24 hours after return home from surgery, absolute bed rest. You may get up to use the bathroom only.
3. **FLUIDS ARE EXTREMELY IMPORTANT!** Drink fluids such a Gatorade, clear Juices, or water. Do not drink anything very cold or hot, room temperature is best.
4. You must wear your surgical garment at all times (other than showering) until you are instructed to do otherwise by Dr. Cole.
5. You may shower 48 hours after surgery. Remove your surgical garment and all gauze pads. Wash with a warm, soapy washcloth and pat dry. Put your garment back on. You do not need to cover your incisions. This is a good time to wash and dry your garment.
6. Oozing will occur for the first 24-48 hours. This is normal and will be a clear to pink color. This is the local anesthesia solution that was injected prior to surgery.
7. Swelling and bruising is normal and complete recovery from this may take several weeks. No lifting, aerobics, running, ect.. Until authorized by Dr. Cole.
8. Take medications as prescribed. If you are taking pain medication that makes you feel drowsy, have someone else give you your medications at the proper time intervals. Under such circumstances, you could forget and take them too often.
9. No Aspirin or aspirin containing products for 72 hours post-operatively unless authorized by Dr. Cole.

If you have any questions, concerns, and/or problems call Dr. Cole
Office Phone: (586) 415-6800

After Hours answering service: (248) 544-6989

If you experience any of the following please contact Dr. Cole:

1. Severe pain not responding to the pain medication.
2. Temperature elevation over 100 degrees.
3. Marked swelling.
4. Any excessive bleeding.
5. Other questions or problems.

Post-Operative Appointment: _____

I have read and understand the above instructions.

Responsible Party/Relationship: _____

Patient's Name: _____

Witness: _____ **Date:** _____