

MEDIAL THIGH LIFT

The medial thigh lift (MTL) is performed for those patients that require tightening of the inner thigh. Typical candidates are those who have had massive weight loss or those with a lot of dimpling/cellulite who are otherwise relatively thin people. Liposuction is usually not required since the problem is redundant skin, not excess fat.

Dr. Pautler will draw on your body several different lines to indicate where skin needs to be removed. This is done while you are standing. Surgery can take up to two hours and always involves general anesthesia. Drains will sometimes be placed, and these are removed in the office about two weeks after the procedure. A compressive garment is placed after surgery and will need to be worn up to six weeks.

The scars are confined to the groin area and take a little longer to heal because the areas tends to perspire. Like having surgery in your armpit, the groin can get moist and macerated and may look superficially infected. This is very common and not a sign of poor wound healing. The recovery for this surgery is about 4-6 weeks and positioning comfortably is somewhat difficult at first (i.e., it hurts to sit down initially).

BEFORE YOUR SURGERY

Before you undergo an MTL, Dr. Pautler will ask you to do the following:

1. **Modify your diet:** About 3 days before your surgery, eat high protein, nutritious foods. Please avoid lots of raw vegetables, cabbage, and other foods that bloat. Prunes are a good source of fiber that will help alleviate constipation without bloating.
2. **STOP SMOKING:** if you are a smoker Dr. Pautler will strongly urge you to cease as soon as possible. It is important for you to stop smoking at least four weeks before and six weeks after your planned surgery. Cigarettes contain nicotine, a powerful substance that decreases blood circulation especially in the areas that need it most: surgical wounds. Wound healing is slowed, infection risk is increased, and recovery from surgery may be prolonged. Nicotine-containing chewing gums and patches are as harmful as cigarettes, so please try not to use them. If you absolutely cannot curb your smoking, Dr. Pautler asks that you be honest about it and let her know because she may need to alter her surgical plan for you.
3. **Vitamin C:** This vitamin is helpful for collagen synthesis, which helps boost wound healing. It is available over the counter and is helpful to take two weeks before and two weeks after your surgery.
4. **Stop taking aspirin, ibuprofen, or other non-steroidal anti-inflammatory medications.** This category of drugs can increase your risk of a bleeding complication, so avoid them. Aleve, Advil, Motrin, Naprosyn, Bufferin, Anacin, Toradol and Alka Seltzer all belong to this group. It is best to run your list of medications by Dr. Pautler to see what you can and cannot take if you are in doubt. **TYLENOL is OAKY** to take, as are the pain medications that Dr. Pautler will prescribe for you after your surgery. If you are on any blood thinners such as Plavix, Lovenox, or Coumadin, please let Dr. Pautler know as these will need to be stopped as well. Please refrain from taking any Vitamin E or fish oil for six weeks before your surgery!
5. **Discontinue the use of birth control pills three weeks before surgery** if you are a current smoker or if you have a history of blood clots, high blood pressure, or heart disease. Resume the birth control pills three days after surgery or when ambulating.

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AFTER YOUR SURGERY

After your surgery, there are several things to keep in mind. They are:

1. Refrain from aspirin and ibuprofen, as well as other non-steroidal anti-inflammatory medications and blood thinners until at least ten days after your surgery.
2. Diet: No restrictions; you can eat what you like provided you don't have an upset stomach from anesthesia.
3. Activity: Definitely refrain from any exercise or strenuous activity for the first two to three weeks after surgery. This includes housecleaning, vacuuming, and brisk walking. After about 10 days, it is okay to go out to dinner or a movie, or even a short trip to the store (but don't carry any heavy bags). In general, limit your lifting to no greater than 12 pounds. For those of you with small children, don't carry them. Instead have someone else put them on your lap and you can hold them. By six weeks, for most patients, provided your incisions have healed, your restrictions are lifted, and exercise can be resumed. For less extensive MTLs, this should occur before six weeks.
4. Compression: You should wear your compression garment daily and nightly for at least the first two weeks.
5. Smoking: NO SMOKING FOR AT LEAST 6 WEEKS AFTER SURGERY. Dr. Pautler strongly advises that you stop smoking altogether for your overall health as well.
6. Bathing: It is okay to shower two to three days after your surgery. NO BATHS OR SWIMMING until your wounds are healed and it is okay with Dr. Pautler.
7. No sexual intercourse for six weeks!
8. Scars: once your incisions are healed, there are several options you have to try to improve the appearance of your scars. Inexpensive ones include cocoa butter and vitamin E oil. Mederma is a scar cream that is available over the counter but is a little pricier. Combined with massage, these emollients can help accelerate scar softening, fading, and maturation. Silicone preparations are also available, but costly, and more suitable for patients that have a known tendency to form poor scars. Bear in mind that the way you heal and the type of scar you form are depending on your genetic makeup and despite the best surgical technique and scar management, some patients will have poor scars.
9. Blood clot in veins or in lungs: This is rare but can happen with any surgical procedure that is over two hours long. It is treatable but may require a prolonged stay in the hospital. Dr. Pautler tries to prevent this by using compression devices on your legs during and after surgery and encouraging early ambulation after the surgery.
10. Delayed wound healing: This refers to the length of time needed for the groin incision to heal, which is considerably longer than for other incisions on the body. This is because of the location. It can seep a little there and require more dressing changes. Again, this is normal and if anything, is more of an inconvenience.
11. Migration of the scar: The groin scar is subject to a lot of downward pull and could drop and be visible. If this were to happen, the scar can be revised to be positioned higher.

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