

LIPOSUCTION

Liposuction is a body contouring procedure which removes fatty deposits that are not amendable to improvement through exercise and diet alone. It is not a method of weight loss, but more a way to improve the silhouette and the way clothes fit. Most commonly the areas treated include the thighs, upper arms, flanks, hips, back, buttocks, knees and under the chin, and in some cases the abdomen.

The surgery usually takes up to two to three hours (depending on the areas to be suctioned) and involves general anesthesia. Before performing the surgery, Dr. Pautler will outline the areas to be treated while you are standing. The suctioning of the fat is done with long blunt tipped instruments but first a solution of salt water, adrenaline, and anesthetic is injected into the fat. After a few minutes, Dr. Pautler will aspirate the fat with some of the injected fluid. The adrenaline minimizes the bleeding, and the anesthetic decreases the discomfort associated with the procedure. The incisions involved are small, less than 1 cm. These are then closed with one or two sutures which are removed about two weeks later.

After the surgery, you will need to wear a compression garment for 4-6 weeks. The steady compression not only reduces swelling but also helps the skin contract down onto the contoured area. Pain and discomfort will be controlled with oral pain medication.

Liposuction does not remove, tighten, or smooth skin. It is purely a debulking procedure. Any dimples or ripples in the skin that are present before the procedure will be present after and may be more visible. This is especially true in the inner thigh. Dr. Pautler will mark the areas to be suctioned with the patient standing up. The operation is performed with the patient laying down, on the side, or on the back or stomach. The patient cannot be stood up during surgery. Bear in mind how different areas of the body look lying down compared to standing up. Dr. Pautler uses her best surgical judgement to contour as best as possible to take into consideration how things look once the patient stands up.

BEFORE YOUR SURGERY

Before liposuction, Dr. Pautler will ask you to do the following:

1. Avoid aspirin or ibuprofen types of drugs for two weeks. These drugs interfere with blood clotting. Alka Seltzer, Anacin, Ascriptin, Bufferin, Fiorinal, Dristan, Excedrin, M idol, Sine Aid, Sine Off, and Percodan all belong to this family, so don't take them. Tylenol is okay. Please refrain from taking any Vitamin E or fish oil for six weeks before your surgery!
2. DON'T SMOKE for at least 2 weeks before and 4 weeks after the surgery. You should cease smoking altogether for your general health. Nicotine impairs circulation and could adversely affect your wound healing capacity.
3. Arrange for someone to drive you to and from the hospital or surgery center. You should also have someone stay with you the night of the surgery to make sure you are comfortable and doing well.
4. Nothing to eat past midnight the day before your surgery. This is standard for any kind of surgery.
5. Make sure your freezer works for ice!
6. Discontinue the use of birth control pills and/or hormone replacement therapy 2 weeks prior to surgery. Resume taking the birth control pills and/or hormone replacement therapy 1 week after surgery.

Initials

AFTER YOUR SURGERY

1. Take your pain medications on a regular basis to maintain a steady, level, pain control and take them with food if possible.
2. Drainage from the incisions is normal for the first night and second day. At first it will be bloody, but eventually it will lighten to a clear fluid. Don't be surprised if the seepage is profuse. Sleep on several towels to protect your bed linens with first couple of nights.
3. Your garment will already be on when you awake from your surgery and you should keep it on until your first post-op visit.
4. Strenuous exercise should be avoided until at least 3 weeks after your surgery.
5. Areas on your body may feel numb since the nerves in the skin may be injured from the suctioning. This is normal and sensation should return in a matter of weeks.
6. **NO SMOKING WHATSOEVER!**
7. Apply ice cold compresses to areas if it makes you feel better.
8. Refrain from aspirin and ibuprofen as well as other non-steroidal anti-inflammatory medications and blood thinners until at least 2 weeks after your surgery.
9. Bathing: It is okay to shower two to three days after your surgery.
10. No vigorous sexual activity until cleared by Dr. Pautler!

RISKS

An inherently safe procedure, there are risks involved and they are delineated below:

1. Infection: This rarely occurs because the procedure is done in a sterile operating room. Dr. Pautler is very careful to surgically prep all parts of your body that will be exposed during the procedure. However, should you get an infection, oral or intravenous antibiotics would have to be given. In the worst-case scenario, a hospital admission may be necessary.
2. Fluid Collection: Either blood or serous fluid could accumulate in a pocket under the skin. Small collections your body will absorb; however, larger ones may need to be aspirated in the office with a needle. This treatment usually solves the problem and rarely is further treatment needed.
3. Scars: These are very small and usually not noticeable. They may remain pink for a few months.
4. Waviness or wrinkling of the skin: After liposuction the skin contracts or shrinks down at different rates which may cause some uneven skin contours which may be visible. With time, resolution of any swelling and light massage, a lot of these improve.
5. Lumpiness: This is very normal and is the result of scar tissue under the skin. It usually is most notable 3-6 weeks after the procedure. More often, you just feel it, but in a few instances you can see it. With time and completion of healing under the skin, the lumpiness improves and usually disappears completely.
6. Indentations: These are very rare and can appear months later. They are thought to occur from scar tissue tethering the skin down or from the cannula passing under one area too often. These are correctable with a small fat graft, but most diminish with time and healing.
7. Asymmetry: This can happen even if identical amounts are suctioned from both sides. Our bodies have a lot of asymmetries to begin with (one side bigger than the other). When a patient lies down on an operating table, these discrepancies are not visible. A few months after the procedure, if there continues to be marked asymmetry, a touchup may be necessary.
8. Nerve injury: Sensory nerves may sustain an injury from the suctioning. The area may be numb or overly sensitive. This improves with time and rarely is further treatment needed.

9. Fat embolus: A small fragment of fat may enter your circulation and end up in your lungs. This is very rare but if it was to occur, treatment is supportive (a prolonged stay in the hospital and in severe cases in an ICU).
10. Blood clots in your legs and lungs: These are also very rare but would need treatment in a hospital. Dr. Pautler prevents these as best she can with massage and compression of your calves during the surgery to prevent blood pooling and encouraging early post-operative ambulation.
11. Fluid shifts: A lot of fluids get placed into your body during the procedure. Patients with unhealthy hearts or kidneys may have difficulty handling this fluid challenge and therefore constitute poor candidates for this procedure. If you have normal kidney function and a healthy heart, the fluid is excreted over a few hours. It is very unusual but not unheard of for a healthy patient to get fluid overload and need diuretics.
12. Perforated abdominal wall or lung injury: This is extremely rare and fortunately most plastic surgeons read about this complication rather than ever experience it. If a lung cavity was to get perforated with the suction cannula, a dropped lung could occur which would need in-hospital treatment. The same is true if your abdomen was perforated. By emptying the bladder or placing a bladder catheter (for long cases) and with good surgical technique with proper handling of the suction cannulas, this complication, again, is very unusual.