



## **INFORMED CONSENT; MEDIAL THIGH LIFT SURGERY**

### **INSTRUCTIONS**

This is an informed-consent document that has been prepared to help inform you concerning medial thigh lift surgery, its risks, and alternative treatment(s).

It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by Dr. Barood and agreed upon by you.

### **GENERAL INFORMATION**

A medial thigh lift is a surgical procedure to remove excess skin and fatty tissue from the medial thighs. A medial thigh lift is not a surgical treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body contouring surgery until they have reached a stable weight.

There are a variety of different techniques used by plastic surgeons for a medial thigh lift. A medial thigh lift can be combined with other forms of body-contouring surgery, including suction-assisted lipectomy, or performed at the same time with other elective surgeries

### **ALTERNATIVE TREATMENTS**

Alternative forms of management consist of not treating the areas of loose skin and fatty deposits. Liposuction may be a surgical alternative to a medial thigh lift if there is good skin tone and localized abdominal fatty deposits in an individual of normal weight. Diet and exercise programs may be of benefit in the overall reduction of excess medial thigh fat and contour improvement. Risk and potential complications are also associated with alternative surgical forms of treatment.

### **RISKS of MEDIAL THIGH LIFT SURGERY-**

Every surgical procedure involves a certain amount of risk, and it is important that you understand the risks involved. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience these complications, you should discuss each of them with your Dr. Barood to make sure you understand the risks, potential complications, and consequences of the surgical revision of scars.

**Bleeding**- It is possible, though unusual, to experience a bleeding episode during or after surgery. Intraoperative blood transfusions may be required. Should post-operative bleeding occur, it might require emergency treatment to drain accumulated blood (hematoma) or blood transfusions. Do not take any aspirin or anti-inflammatory medications for fourteen days before surgery, as this may contribute to a greater risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. If blood transfusions are needed to treat blood loss, there is a risk of blood related infections such as hepatitis and HIV (AIDS).

**Infection**- Infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics or additional surgery may be necessary.

**Change in Skin Sensation** – It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. Diminished (or complete loss of skin sensation) may not totally resolve after a medial thigh lift.



**Scarring**- All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur both within the skin and in the deeper tissues. Scars may be unattractive and of different color than the surrounding skin. There is the possibility of visible marks from sutures used to close the wound. Scars may also limit motion and function. Additional treatments including surgery may be needed to treat scarring.

**Skin Contour Irregularities** – Contour and shape irregularities and depressions may occur after a medial thigh lift. Visible and palpable wrinkles of skin can occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility as is skin pleating when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.

**Major Wound Separation** – Wounds may separate after surgery. Should this occur, additional treatment including surgery may be necessary.

**Skin Discoloration/Swelling** – Bruising and swelling normally occurs following a medial thigh lift. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.

**Skin Sensitivity** – Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.

**Sutures** – Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires removal.

**Fat Necrosis** – Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.

**Damage to deeper structures**- Deeper structures such as nerves, blood vessels and muscles may be damaged during the course of surgery. The potential for this to occur varies according to where on the body surgery is being performed. Injury to deeper structures may be temporary or permanent.

**Pubic Distortion** – It is possible, though unusual, for women to develop distortion of their labia and pubic area. Should this occur, additional treatment including surgery may be necessary.

**Skin Scarring** – All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than surrounding skin. Scar appearance may also vary within the same scar, exhibit contour variations and “bunching” due to the amount of excess skin. Scars may be asymmetrical (appear different between right and left side of the body.) There is a possibility of visible marks in the skin from sutures. Additional treatments including surgery may be necessary to treat abnormal scarring.



**Surgical Anesthesia**- Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

**Asymmetry**- Symmetrical body appearance may not result from a medial thigh lift. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Most patients have differences between the left and right side of their body before surgery is performed. Additional surgery may be necessary to attempt to improve asymmetry.

**Delayed Healing**- Wound disruption or delayed wound healing is possible. Some areas of the abdomen, flank, back, or buttocks may not heal normally and may take a long time to heal. Some areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue.

**Smokers have a greater risk of skin loss and wound healing complications.**

**Allergic Reactions**- In rare cases, local allergies to tape, suture material, or topical preparations has been reported. Serious systemic reactions including shock (anaphylaxis) may occur to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

**Seroma**- Fluid accumulations infrequently occur in between the skin and the abdominal wall. Should this problem occur, it might require additional procedures for drainage of fluid.

**Umbilicus (navel)**- Malposition, scarring, unacceptable appearance or loss of the umbilicus (navel) may occur.

**Shock** – In rare circumstances, your surgical procedure can cause severe trauma, particularly when multiple or extensive procedures are performed. Although serious complications are infrequent, infections or excessive fluid loss can lead to severe illness and even death. If surgical shock occurs, hospitalization and additional treatment would be necessary.

**Surgical Wetting Solutions** – There is the possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.

**Persistent Swelling (Lymphedema)** – Persistent swelling in the legs can occur following medial thigh lift surgery

**Long-term Effects**- Subsequent alterations in body contour may occur as the result of aging, weight loss or gain, pregnancy, or other circumstances not related to abdominoplasty.

**Pain**- You will experience pain after your surgery. Pain of varying intensity and duration may occur and persist after medial thigh lift surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after a medial thigh lift.



**Other**- You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

**Unsatisfactory result**- There is the possibility of an unsatisfactory result from the surgery. Surgery may result in unacceptable visible deformities, loss of function, wound disruption, skin death and loss of sensation. You may be disappointed with the results of surgery.

**Allergic reactions**- In rare cases, local allergies to tape, suture material, or topical preparations has been reported. Systemic reactions, which are more serious, may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

**Surgical anesthesia**- Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

**Unsatisfactory Result**- You may be disappointed with the results of breast reconstruction surgery. Asymmetry may occur after surgery in terms of muscle flap placement or breast shape and size. You may be dissatisfied with the flap placement or location of the surgical scar. It may be necessary to perform additional surgery to improve your results. Breast reconstruction by any technique may fail due to complications attributable to the mastectomy surgery or from chemotherapy/radiation therapy treatments, which are independent of the Latissimus muscle flap procedure.

**Deep Venous Thrombosis, Cardiac and Pulmonary Complications** – Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary and fat emboli can be life threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with Dr. Baroody any past history of blood clots, swollen legs, or the use of estrogen or birth control pills that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heartbeats, seek medical attention immediately. Should any of these complications occur, you might require hospitalization and additional treatment.

## **ADDITIONAL ADVISORIES**

Metabolic Status of Massive Weight Loss Patients – Your personal metabolic status of blood chemistry and protein levels may be abnormal following massive weight loss and surgical procedures to make a patient lose weight. Individuals with abnormalities may be a risk for serious medical and surgical complications, including delayed wound-healing, infection, or even in rare cases, death.



**Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)**

– Patients who are currently smoking, use tobacco products, or nicotine products (patch, gum, nasal spray) are at a greater risk of significant surgical complications of skin dying, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smoking may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

\_\_\_\_\_ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causes surgical complications.

\_\_\_\_\_ I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

**Long-Term Results** – Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery.

**Female Patient Information** – It is important to inform Dr. Baroody if you use birth control pills, estrogen replacement, or if you believe you may be pregnant. Many medications including antibiotics may neutralize the preventative effect of birth control pills, allowing for conception and pregnancy.

**Intimate Relations After Surgery** – Surgery involves coagulating of blood vessels and increase activity of any kind may open these vessels leading to a bleed, or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery and control bleeding. It is wise to refrain from sexual activity until Dr. Baroody states it is safe.

**Mental Health Disorders and Elective Surgery** – It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery and often stressful. Please openly discuss with Dr. Baroody, prior to surgery, any history that you may have of significant emotional depression or mental disorders. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

**Medications** – There are many adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with Dr. Baroody about any drug interactions that may exist with medications you are already taking. If you have an adverse reaction, stop the drugs immediately and call Dr. Baroody for further instructions. If the reaction is severe, go immediately to the nearest emergency room. When taking the prescribed pain medications after surgery, realize that they can affect your thought process. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medications only as directed.



### **ADDITIONAL SURGERY NECESSARY**

In some situations, it may not be possible to achieve optimal results with a single surgical procedure. Multiple procedures may be necessary. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with medial thigh lift surgery. Other complications and risks can occur but are even less common. The practice of medicine and surgery is not an exact science. Although good results are expected, there cannot be any guarantee or warranty expressed or implied on the results that may be obtained.

### **PATIENT COMPLIANCE**

Follow all of Dr. Barood's instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activity needs to be restricted. Protective dressing and drains should not be removed unless instructed by Dr. Barood. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation, and need for return to surgery. It is wise to refrain from intimate physical activities after surgery until Dr. Barood states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

### **FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

### **DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information, which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.**



## CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. Baroodly and such assistants as may be selected to perform the following procedure or treatment:  
I have received the following information sheet:  
**INFORMED-CONSENT MEDIAL THIGH LIFT SURGERY**
2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.
3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involve risk and the possibility of complications, injury, and sometimes death.
4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.
5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided the pictures do not reveal my identity.
6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.
7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.
8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.
9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
  - a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
  - b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
  - c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I AM SATISFIED WITH THE EXPLANATION.	
_____	
Patient or Person Authorized to Sign for Patient	
Date _____	Witness _____



## **Medial Thigh Lift Surgery**

### **Before Surgery Instructions:**

#### **Medications**

- No Aspirin or Anti-inflammatory medications for at least 2 weeks before surgery. Tylenol may be taken if needed.
- Notify Dr. Baroodly of all medications you are taking including over-the-counter and herbal supplements
- Bring your daily medication with you on the day of surgery
- Fill pain, nausea, and antibiotic prescriptions prior to surgery

#### **Diet**

- Nothing to eat or drink after midnight, the night prior to your surgery including water, chewing gum, hard candy and throat lozenges.

#### **Tobacco/Alcohol**

- Absolutely no tobacco (including “the patch”, nicotine gum, nicotine nasal spray) or being around anyone who is smoking for 2 months prior to surgery
- If you smoke prior to surgery, the procedure will be CANCELLED
- No alcohol for 2 days prior to surgery

#### **Attire/Dressings**

- Do not wear any makeup, contact lenses, nail polish, or jewelry to surgery
- Leave jewelry and other personal valuables at home
- Learn, from the office staff, how to manage the drains and pain pump catheter which will be placed during the surgery

#### **Activity**

- Plan to have someone stay with you for the first 24 hours after your surgery
- Plan for a driver after surgery. If you do not have someone to drive you home your surgery will be CANCELLED

Notify the office if you have any of the following symptoms within 2 weeks of your surgery:  
FEVER, COUGH, COLD, NAUSEA, VOMITING, DIARRHEA, OR RASH



Before you stop taking any prescribed drugs, you must receive clearance from the prescribed physician. Please notify our office immediately if you do not receive clearance to stop taking your prescribed medications.

The following drugs could cause life-threatening problems with surgery. If you are on these medications you must discuss these with your doctor. Patients who take these drugs may require laboratory tests and a consultation with their physician to determine when they may safely undergo a surgical procedure.

- |   |                |
|---|----------------|
| ❖ Coumadin  | ❖ Methotrexate |
| ❖ Elmiron-IC  | ❖ Plavix       |
| ❖ Fragmin, Lovanox and other low Molecular Weight Heparin Drugs | ❖ Persantin    |

Patients on Aspirin, Coumadin, or Aggrenox regimen should consult their ordering physician for instructions.

All herbal or dietary supplements should be stopped 2 weeks prior to surgery. **This includes vitamins, and anti-oxidant supplements, as well as consumption of any form of Green Tea.**

**FAILURE TO ADHERE TO THE ABOVE MAY RESULT IN THE CANCELLATION OF YOUR SURGERY.**

There are several categories of additional medications that must not be taken in the 2 weeks prior to surgery. A listing of these drugs is attached. You are not to take any of these products listed. Tylenol is fine.

### **Authorization**

I have disclosed all of the medications, supplements and herbal remedies I take on a regular or incidental basis to Dr. Baroodly. I understand that I am required to refrain from taking any of the above and below listed medications in the days prior to surgery. Should I take any of the medications, supplements or herbal remedies I am instructed to avoid, it is my obligation to notify my physician immediately. I fully understand that my surgery may have to be rescheduled or postponed in the event that I have not complied with these medication restrictions listed.

I also understand that it is my responsibility to obtain clearance from the prescribing physician before I stop taking and of my regularly prescribed medications.



## Medications, Vitamins, and Supplements to Avoid

**Aspirin and Aspirin containing medications include, but are not limited to the following:**

Alka Seltzer	Darvon Compound	Palbalate
Alka Seltzer Plus	Darvon Compound 65	Palbalate SF
Anacin	Don's Pills	PAC
Apac Tablets	Dristan	Pamprin
APC Tablets	Easprin	Percodan
Arthritis pain reliever	Ecotrin	Percodan Demi
Arthropan	Emprin Compound	Propox Compound
Aspirin Tablets USP	Emprin Compound #3	Robixisal
ASA	Equagesic	Salflex
ASA plus codeine	Excedrin	Sine Off
Acriptin	Fiorinal	Sodium Salicylate
Asperbuf	Fiorinal #3	Soma Compound
Aspergum	4 Way Cold Tab	Saint Joseph
Axotoal	Liquiprin	Supac
Azdpme	Lortab ASA	Synalgos
BAC	Magnaprin	Synalgos DC
Bayer Aspirin	Measurin	Salwin Compound
BC Powder	Mediprine	Trilistate
Bufferin	Midol	Trigesic
Butalbital Compound	Momentum	Ursinus Tabs
Cama inlay-tabs	Mono-gesic	Vanquish
Carisprodal Compound	Norgesic	Zorprin
Congesprin	Norgesic Forte	Plavix
Cope	Norwich	Coumadin
Coricidin-D	Orphengesic	
Damason	Orphengesic Forte	

**Anti-Inflammatory and Anti-Inflammatory containing medications include, but are not limited to the following:**

Aches n Pain	Haltran	Naproxen
Advil	Ibuprofen	Nuprin
Aleve	Ibu-tab	Orudis
Anaprox	Ifen	Ovuvail
Ansaid	Indocin	Pediaprophen
Butazoladin	Indomethocin	Phenylbutazone
Cataflam	Meclomen	Panstel
Clinoril	Medipren	Rufen
Co-Advil	Motrin	Tolectin
Daypro	Motrin IB	Toradol
Dolobid	Nalfon	Trendar
Fledene	Naproxyn	Voltaren



**Additional medications to avoid include but are not limited to the following:**

- |                |                         |                 |
|----------------|-------------------------|-----------------|
| Alloe          | Kava-Kava               | Mysteclin F     |
| Barberry       | Licorice                | Nicobid         |
| Bilberry       | Parsley Seed            | Oraflex         |
| Cardomon       | Saffrom                 | Pamelor         |
| Don Quai       | Tansy                   | Parnate         |
| Chlortrimeton  | Tumeric                 | Phendimetrazine |
| Clinoril       | Valerian                | Phentermine     |
| Elavil         | Vitamin C 250 gms / day | Ru-Tuss         |
| Echinacea      | Vitamin A               | St. John's Wart |
| Fatty Acids    | Vitamin E               | Surmontil       |
| Fever Feu      | Willow Bark             | Tagamet         |
| Fish Oil       | Endep                   | Tenuate Dospan  |
| Garlic Tablets | Etiafon                 | Tetracycline    |
| Ginkgo         | Flagyl                  | Triavil         |
| Ginger         | Flexoril                | Vibramycin      |
| Ginseng        | Imitrex                 | Yohimbe         |
| Hawthorne      | Lioresal                | Zomax           |

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask Dr. Barood and his staff any questions I have related to these instructions or about my procedure, health, and healing.

Patient or Person Authorized  
to Sign for the Patient \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_



## **Medial Thigh Lift Surgery**

### **After Surgery Instructions**

#### **Medications**

- Do not take medications on an empty stomach
- Use the prescribed pain medication or Extra-strength Tylenol for pain control
- Only use anti-nausea medication if needed
- No Aspirin or any medication containing Aspirin

#### **Diet**

- Begin with sips of liquids and gradually progress to a regular diet as tolerated
- Drink 8-10 glasses of water, juice, or Gatorade per day after surgery

#### **Tobacco**

- No smoking and being around anyone who is smoking for 2 months

#### **Attire/Dressings**

- Wear the compression garment 24 hours/day for the 1<sup>st</sup> 2 weeks, then during the day for the following 4 weeks
- When the compression garment becomes soiled; remove it, wash, dry, and replace
- No warm or hot compresses to skin

#### **Skin Care**

- Avoid direct sun exposure to incision site for 1 year
- No tanning beds for at least 1 year

#### **Activity/Work**

- Rest at home for 24 hours
- Start walking, bent at the waist, the day after surgery
- Place 2 pillow beneath your knees when lying down
- Sexual activity may resume depending on your post-operative physical examination
- No heavy lifting (greater than 10 pounds) and no strenuous exercise (aerobics, stretching, vacuuming, laundry, etc.) are permitted for 6 weeks
- Gently sponge bathe with soap and water after the surgery; taking care of the drains and pain pump catheter
- Leave the steri-strips in place
- Return to work in 14-21 days depending on post-operative physician examination
- Drive in 14-21 days provided you are not taking prescribed pain medication



## Medial Thigh Lift Surgery

### What to Expect

You will have swelling and bruising post-operatively. The degree varies with each individual and usually resolves within 4-6 weeks. Your abdomen will be tight and you will be bent at the waist for comfort. Over the following several days you will begin to straighten and stand erect. Be patient and take it slow.

It is common to feel emotional after any cosmetic surgery. This is usually related to the immediate discomfort, anxiety over the appearance of swelling and bruising, and limitation of activity and socializing. These feelings will disappear as your appearance improves and you return to your usual daily activities.

**Notify the office immediately if you develop:** FEVER OVER 100°F, SEVERE PAIN NOT RELIEVED WITH PAIN MEDICATION AND REST, INCREASED SWELLING OR BLEEDING, NAUSEA OR VOMITING.