

Labioplasty Post Op Instructions

**Dr
Paul
Belt**

Rest

- ✓ Go home and rest.
- ✓ Minimise exertion over the first few days.
- ✓ Apply a cold compress of ice over the operated area. This is best performed using either ice or a packet of frozen peas placed into a plastic bag and then wrapped in a face flannel. Replace this every couple of hours and continue this for 12 hours to 24 hours after the surgery.
- ✓ Alternatively, you can place an ice pack wrapped in a face flannel, between two sets of underpants
- ✓ **Please bring 2 x pairs of comfortable underwear to the hospital on the day of surgery**

Bleeding

- ✓ If your wound bleeds, simply apply firm, continuous pressure for 15-20 minutes.
- ✓ All bleeding will stop with elevation and pressure.
- ✓ If you have continued problems eg. Continued bleeding or swelling contact me on the numbers below.

Wound Care

- ✓ Clean your wound up to four times per day using salty water on a cotton bud removing all scabs and crusts from the wound. Once clean, a light smear of Chloromycetin ointment is applied to the wound. Apply using clean hands and then store the ointment in fridge.

Pain Relief

- ✓ A script will be provided for pain relief - sufficient for one week. If you run out, Panadeine should be adequate.
- ✓ Do not take Aspirin (unless prescribed) as it prolongs bleeding.
- ✓ Contact Dr Belt if pain relief is inadequate.

Infection

- ✓ Please remember to take your antibiotics regularly as prescribed
- ✓ Wound infection is an infrequent occurrence. Contact Dr Belt if you experience:
 - Increased pain, temperature and flu-like symptoms
 - Widespread redness
 - Offensive discharge coming from the wound.

Exercise

- ✓ Keep exertion to a minimum or a gentle walk for the first 2 weeks gradually increasing over the next 3-6 weeks.

Signs To Look Out For

It is not uncommon for there to be some asymmetry between the left and right side of the wound. It is not unusual for the edges of the wounds to appear slightly rippled and to feel quite hard. This can persist for a period of up to six to eight weeks and these symptoms are not unusual.

There is also a possibility that there may be some fullness at the top and bottom of the wound. Furthermore, some of the sutures may persist for a period of up to two months. This is not unusual.

The signs to be concerned by are a sudden increase in swelling from one side or a discharge of fluid from the wound. If this occurs, you must contact Dr Belt immediately.

In the uncommon event that you cannot contact Dr Belt or his colleagues in an emergency, please present to Greenslopes Private Hospital Emergency Department for treatment.

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If you have any problems post operatively, please contact me on the above numbers. I always prefer to know if there is a problem before you go to your GP as I am responsible for your post-operative care.