WATERFRONT
PRIVATE HOSPITAL

PATIENT INFORMATION · AFTERCARE

Thigh Lift Aftercare

Recovery guidance for thigh lift (thighplasty) surgery based on Waterfront Private Hospital's written aftercare information. This online guide should be used alongside the official leaflet and the specific instructions given to you by your surgical team.

Typical recovery: 2–4 weeks initial recovery, 3–6 months for final results · Reviewed 4 July 2026 · Version 1.0

When to get help — your traffic light guide

RED

Call 999 or go to A&E now if you have:

These can be life-threatening. Do not wait to call the hospital first.

- Chest pain or difficulty breathing
- Sudden swelling in one leg with difficulty breathing (possible blood clot)
- Heavy bleeding from incisions that won't stop
- High temperature (over 38°C) with confusion or unusual drowsiness

AMBER

Contact us now — do not wait — if you have:

- Temperature over 38°C
- Severe pain not relieved by prescribed medication
- Sudden increase in swelling on one side only

Office hours (Mon–Fri 9am–5pm): 0131 376 3785

Evenings and weekends during your early recovery: Out-of-Hours Nurse Advice Line 07405322689 — our nurse can advise you, contact your surgeon, or direct you to NHS services.

After your early recovery period: call the hospital in office hours, or NHS 24 on 111.

Had your surgery at Spire Shawfair Park (overnight stay)? Contact Spire directly using the number on your discharge paperwork — not the Waterfront advice line.

GREEN

Tell us at your next appointment:

Anything else that is niggling or worrying you — no concern is too small. Mention it at your next appointment, or call us during office hours.

Related Information Leaflets

Separate leaflets about the procedure itself — not the aftercare instructions above. Tap a title to download, or find them all on your procedure page in the portal.

- Body Contouring After Weight Loss — Guide (https://waterfront-patient-portal.netlify.app/waterfrontaftercare/body-contouring-after-weight-loss-guide.pdf)

How to Use This Information

The advice below is based on Waterfront Private Hospital's written thigh lift aftercare leaflet. It is general guidance for the average patient and may be adapted by your consultant for your individual circumstances.

The first few days after thigh lift are the most uncomfortable - you may experience a waddle-like gait and find sitting difficult. This is completely normal and improves rapidly. Most patients notice significant improvement by week 2.

Always follow the specific instructions given to you on the day of your surgery and in your printed leaflet. If there is ever a difference, follow your consultant's written or verbal instructions and contact us for clarification.

Post-Operative Checklist

- Pain medications (including dihydrocodeine) received
- Dressings applied and comfortable
- Follow-up appointment card received with contact details
- Transport home arranged
- Responsible adult with you for first night if general anaesthetic used
- Emergency numbers saved to phone
- Medication schedule understood
- Dissolvable stitches, tissue glue, and steri-strips explained
- Compression stockings for DVT prevention (until fully mobile, usually about 3 weeks)
- Questions answered by nurse or surgical team

Wound Care

- Keep dressings dry for first 48 hours
- After 48 hours, can gently shower and pat dry carefully
- Do not soak in baths, hot tubs, or swimming pools for first 2 weeks
- Keep incision sites clean and dry
- Watch for signs of infection: spreading redness, pus discharge, or severe pain
- Attend week 1 nurse appointment for dressing removal and wound check
- Dissolvable stitches will fall out on their own (2–3 weeks)
- Tissue glue and steri-strips protect incisions and prevent infection
- Once wounds are fully closed (around weeks 3–4), begin scar care with moisturiser or bio-oil

Pain Management

- Take paracetamol 2 tablets (1g) every 4–6 hours, max 8 tablets daily
- Take ibuprofen 400mg three times daily with food
- Take dihydrocodeine as directed for severe pain
- Always take medication with food
- Avoid alcohol while taking painkillers
- Do not exceed maximum doses prescribed
- Most pain subsides significantly after first week
- Laxatives to prevent straining which increases swelling and pain
- Contact your surgeon if pain is not controlled

Activity Restrictions

- Walking: from day 1 (short walks encouraged every 2–3 hours)
- Showering: permitted from day 1 (pat dry carefully)
- Sitting: avoid prolonged sitting, take frequent breaks to stand and walk
- Leg crossing: avoid for at least 4 weeks
- Driving: weeks 1–2 if no longer taking strong painkillers
- Desk work: week 2
- Physical work: end of weeks 2–3
- Short flights (under 3 hours): week 2
- Long flights (over 6 hours): week 3
- Gentle exercise (walking, light stretching): week 4

- Full exercise: week 6
- Swimming: week 4 when wounds fully healed
- Avoid smoking and vaping nicotine for at least 4 weeks — smoking significantly impairs wound healing and increases infection risk
- Avoid alcohol while taking painkillers and for 3 weeks post-surgery
- Avoid heavy lifting and strenuous activity for 4 weeks
- Avoid hot baths for 2 weeks
- Avoid sun exposure on treated areas for 6 months

Before You Leave the Hospital

- **Painkillers:** Make sure you have your painkillers before you leave — the nurse looking after you will go through them with you.
- **Dressings:** Applied before discharge. Elevate legs when possible to reduce swelling.
- **Compression stockings:** Often provided or recommended to prevent blood clots. Wear until you are fully mobile (for most people around 3 weeks), as advised.
- **Follow-up appointment:** You will be given a card with details of your first nurse check appointment and contact details.
- **Responsible adult:** If general anaesthetic was used, you must have a responsible adult with you for the first night.

What Was Done During Your Surgery

Recovery after thigh lift is generally faster than larger body contouring procedures. The first week is the most uncomfortable.

- Excess skin and fat removed from inner thighs
- Thigh contour improved and tightened
- Scar placed on inner thigh (groin crease to knee area)
- Dissolvable stitches with tissue glue and steri-strips
- Drains may be present for fluid management

Medication Guide

- **Paracetamol (standard tablets or soluble)**
- **Dose:** 2 tablets (1g) every 4–6 hours
- **Maximum:** 8 tablets daily

- **Notes:** Take with food, safe for most people
- **Ibuprofen (e.g., Ibuprofen, Brufen)**
- **Dose:** 400mg three times daily
- **Notes:** Take with food to prevent stomach upset
- **Dihydrocodeine (Strong Painkiller)**
- **Dose:** As directed by your surgeon
- **Uses:** For severe pain if other medications insufficient
- **Important:** Do not drive or operate machinery while taking this
- **Notes:** Take with food, may cause drowsiness
- **Laxatives (Bowel Management)**
- **Purpose:** Prevent constipation and straining
- **Important:** Take daily if needed - straining increases pain and swelling
- **Examples:** Movicol, Lactulose, or Senokot
- **Important:** Paracetamol and ibuprofen can safely be taken together — taking both regularly usually controls pain better than either alone. Take ibuprofen with food, follow the doses on the labels, and avoid alcohol while taking painkillers. Contact us if your pain is not controlled despite taking them as directed.

Compression Garments & Stockings

- **Compression Garments (Optional)**
- Compression garments are not required from our perspective but some patients find them helpful for reducing swelling and supporting healing. Discuss this with your surgeon during your consultation to determine if they would be beneficial for your recovery.
- **Compression Stockings (DVT Prevention)**
- **Essential until you are fully mobile (for most people around 3 weeks)** to prevent blood clots (DVT)
- Often recommended longer depending on risk factors
- Wear during day and when resting
- Your surgeon will advise duration based on your individual risk
- Replace if they become loose or uncomfortable
- **What to Look For**
- **Appropriate coverage** for your treated areas
- **Adjustable closures** (hooks, velcro, or clips) for comfort
- **Breathable fabric** that allows skin to breathe
- **Firm but comfortable** fit without cutting off circulation
- **Where to Purchase**
- If you need additional garments:

- M&S, Tesco, Asda
- Macom, Lipoelastic (use code QUABA for discount)
- Boots or local pharmacies
- **Note:** Waterfront has no financial affiliation with these suppliers.

Scar Care

- **When to Start Scar Care**
- Begin scar care at **week 4** once your wounds are fully closed and any stitches or steri-strips are removed.
- **Daily Scar Care Routine**
- **1. Apply Micropore Tape:** Use 3M micropore tape from any pharmacy. Gently clean scar first, apply tape along entire length, leave on for 3–5 days continuously. Can shower with it on.
- **2. Remove and Moisturise:** Gently remove tape after 3–5 days. Apply bio-oil, E45 cream, or Aveeno moisturizer. Massage gently into scar for 2–3 minutes.
- **3. Rest Period:** Leave scar exposed for 1–2 days to allow skin to breathe.
- **4. Repeat Cycle:** Repeat tape (3–5 days) and moisturising (1–2 days) for 4–6 months total.
- **Scar Appearance Timeline**
- **Weeks 1–3:** Red/dark and raised (fresh wound)
- **Weeks 4–6:** Still pink, becoming flatter (scar strengthening)
- **Months 3–6:** Pink to salmon colour, much flatter (significant fading begins)
- **Months 6–12:** Pale pink to white, thin and flat (most fading occurs)
- **12–18 months:** Final appearance (scars fade significantly, will always be visible in swimwear)
- **Sun Protection is Critical**
- Sun exposure darkens scars permanently. Protect your scars from sun for at least 12 months by wearing high-SPF sunscreen or keeping legs covered when outdoors. This makes a significant difference in final scar appearance.

Lifestyle Guidelines

- ✓ **DO**
- Keep dressings clean and dry
- Wear compression stockings for DVT prevention (until fully mobile, usually about 3 weeks)
- Walk regularly to encourage circulation
- Keep legs elevated when resting
- Take short walks every 2–3 hours in early recovery
- Drink 8-10 glasses of water daily

- Eat a healthy diet with plenty of protein
- Take your medications as prescribed
- Attend all your follow-up appointments
- Use sun protection on scars
- Ask questions if you're unsure about anything
- ✗ **AVOID**
- Prolonged sitting in early recovery
- Sitting with legs crossed for at least 4 weeks
- Heavy lifting and strenuous activity for 4 weeks
- Lower body exercise for 6 weeks
- Hot baths for 2 weeks
- Swimming until wounds fully healed (4 weeks)
- Sun exposure on treated areas for 6 months
- Smoking or vaping nicotine for at least 4 weeks
- Alcohol while taking painkillers
- Alcohol for 3 weeks post-surgery
- Tight clothing over treatment areas
- Missing follow-up appointments

Your Recovery, Stage by Stage

Days 1–3 — Early Recovery

Immediate post-surgery, significant pain and swelling in thighs

WHAT'S NORMAL

- Significant pain and discomfort in thighs
- Heavy, tight sensation in treated areas
- Severe swelling in thighs and groin area
- Bruising that gets worse before improving
- Waddle-like gait when walking - this is normal
- Small amount of fluid leaking from incisions
- Difficulty walking normally
- Fatigue and emotional sensitivity

CARE ROUTINE

- Take strong painkillers on schedule (don't wait for pain to worsen)
- Keep dressings clean and dry. Elevate legs when resting
- Keep legs elevated above heart level when resting

- Sleep with pillows under thighs to elevate legs
- Take short walks every 2–3 hours (even waddle counts)
- Avoid sitting for long periods
- Avoid sitting with legs crossed
- Shower carefully from day 1 onwards
- Pat skin dry gently after washing
- Do not soak in baths during first 2 weeks
- Drink 8-10 glasses of water daily

COMFORT

- Take paracetamol 2 tablets (1g) every 4–6 hours (max 8 tablets daily)
- Take ibuprofen 400mg three times daily with food
- Take dihydrocodeine as directed for severe pain
- Always take medication with food
- Do not exceed maximum doses
- Avoid alcohol while taking painkillers
- Contact your surgeon if pain is not controlled

Days 4–7 — Improving Gradually

Pain becomes more manageable, swelling peaks then starts to reduce

WHAT'S NORMAL

- Pain more manageable but still significant
- Swelling at maximum around days 4–5
- Bruising at worst, then beginning to fade
- Gait improving - waddle less pronounced
- More energy returning each day
- Ready for first nurse check-up appointment

CARE ROUTINE

- Continue gentle mobilisation as advised
- Keep legs elevated when sitting or lying down
- Continue taking medications regularly
- Increase amount of walking (gently and slowly)
- Continue avoiding sitting for long periods
- Do not sit with legs crossed
- Continue regular hydration
- Attend first nurse check-up appointment (usually around day 7)
- Can shower and pat dry gently

COMFORT

- Pain should be noticeably decreasing
- May reduce to paracetamol and ibuprofen only
- Continue medication as needed
- Gradually reducing need for strong painkillers

Week 1 Check-Up — Nurse Appointment

First post-operative assessment and wound care

WHAT'S NORMAL

- Nurse will assess your recovery progress
- Dressings will be removed
- Healing will be checked
- Dissolvable stitches and steri-strips will be assessed

CARE ROUTINE

- Attend your scheduled nurse appointment
- Nurse will remove dressings
- Dissolvable stitches will remain (they fall out naturally)
- Steri-strips will be removed or adjusted
- Tissue glue will be left in place
- Ask any questions during this appointment

COMFORT

- Pain should be significantly improved
- Continue pain relief as advised

Week 2 — Return to Light Activities

Pain decreasing, can return to desk work and gentle movements

WHAT'S NORMAL

- Pain continuing to decrease
- Bruising gradually fading
- More energy
- Able to manage most daily activities
- Swelling starting to reduce noticeably
- Walking more comfortable, less waddle

CARE ROUTINE

- Follow wound care instructions as advised
- Can return to desk work and light activities

- Most daily tasks manageable
- Gentle walking encouraged
- Can drive if not taking strong painkillers
- May stop painkillers if comfortable
- Continue avoiding prolonged sitting
- Avoid sitting with legs crossed

COMFORT

- Most patients able to reduce painkillers
- Use paracetamol/ibuprofen as needed for mild discomfort

Weeks 3–4 — Significant Improvement

Much better, can start scar care, normal movements returning

WHAT'S NORMAL

- Swelling 70-80% resolved
- Bruising almost completely resolved
- Pain minimal to none
- Feeling much more like yourself
- Walking feels almost normal
- Dissolvable stitches fallen out or removed

CARE ROUTINE

- Follow nurse guidance on activity levels
- Start scar care once wounds fully healed
- Apply moisturizer or bio-oil to scars
- Apply micropore tape cycles for scar protection
- Gentle scar massage in circular motions
- Can sit more comfortably (but avoid prolonged sitting)
- Sitting with legs slightly apart more comfortable than crossed
- Most daily activities manageable
- Gentle walking encouraged

COMFORT

- Most pain resolved
- Occasional mild discomfort only
- No medication typically needed

Week 6+ — Return to Normal Activities

Full recovery achieved, all activities permitted

WHAT'S NORMAL

- Most or all swelling gone
- Bruising completely resolved
- Normal walking restored
- Feeling completely normal
- Final shape starting to become visible
- Scars healing well and fading

CARE ROUTINE

- Continue scar care routine
- Continue scar care for best results
- Can resume normal sitting and positions
- Can resume exercise with surgeon approval
- Can resume all normal activities
- Continue sun protection on scars
- Swimming permitted once wounds fully healed
- Regular follow-up appointments as scheduled

COMFORT

- No pain expected
- Full recovery achieved
- Contact team if any concerns arise

Follow-Up Appointments

Week 1 Nurse Check (Days 7–10) — Your first post-operative appointment to assess healing and manage any concerns.

- Dressing removal
- Wound healing assessment
- Dissolvable stitch check
- Steri-strip and tissue glue assessment
- Drain removal if present
- Questions answered by nurse

Further nurse reviews — as needed — Some patients need further nurse reviews. If so, the nurses will arrange these with you and will discharge you from nurse-led care once they are happy your wounds have healed.

Around 6 months — surgeon review (final follow-up) — Your surgeon will usually see you at around 6 months to assess your final result. Your surgeon is always available to review you sooner if required, and in some circumstances may wish to see you before your final follow-up.

Your appointment schedule may vary. Always follow the specific dates and times given in your appointment card. Contact us if you need to reschedule.

Frequently Asked Questions

Where will my scars be?

Your scars run along the inner thigh, typically from the groin crease down towards the knee depending on the extent of skin removal. Scar placement is chosen to be as inconspicuous as possible, hidden by most clothing and swimwear. Initially scars appear pink or red and firm, but fade significantly over 12–18 months. Most patients find the improved thigh contour is well worth the scar.

How long until I can walk normally?

Walking is encouraged from day 1 (short walks every 2–3 hours). Most patients notice improvement by week 2, with less waddle-like gait. By weeks 3–4, walking feels almost normal. By week 6, walking is completely normal with no pain or restriction. The waddle-like gait in the first week is completely normal as your body protects the surgical sites.

Is swelling between my thighs normal?

Yes, significant swelling between the thighs and in the treatment area is completely normal. It peaks around days 4–5 and then gradually improves. Swelling is 70-80% resolved by weeks 3–4 and largely gone by week 6. Keeping legs elevated helps manage swelling. It continues to reduce over 3–6 months as final results emerge.

When can I exercise?

Walking is encouraged from day 1. Light cardio and gentle stretching can start around week 4. Full exercise including lower body strength training usually resumes around weeks 6–8. Your surgeon will give specific clearance at your week 6 follow-up. Always listen to your body and avoid pain or excessive swelling.

Do I need compression garments?

Compression garments are not required from our perspective but some patients find them helpful for reducing swelling and supporting healing. Discuss this with your surgeon during your consultation.

When can I sit comfortably?

Avoid prolonged sitting for the first 2 weeks. By weeks 3–4, sitting becomes increasingly comfortable. By week 6, you can sit normally. In the first weeks, avoid sitting with legs crossed and take frequent breaks to stand and walk. Elevating legs while sitting helps reduce swelling and discomfort.

Is numbness or tingling normal?

Yes, temporary numbness or tingling in the thighs is completely normal. It results from nerve irritation during surgery. Sensation gradually returns over 3–6 months. Some areas may always feel slightly different, which is normal. These sensations usually improve significantly by week 4.