

A BETTER YOU COSMETIC SURGERY CENTER**POSTOPERATIVE INSTRUCTIONS-FACIAL PLASTIC SURGERY**

POST-OP: The first 24 hours are best spent resting. You must have someone with you at all times for the first 24 hours and he/she must also read these instructions carefully. You should have someone assist you when you start ambulating (moving around).

You can expect drainage (usually bloody) from the wounds, swelling, bruising and possible discoloration of your face. Keeping your head elevated will help decrease swelling. Maximum swelling will occur at the second day postoperatively. One side may be a bit different from the other during the first few days and weeks, both as far as pain and swelling are concerned (but remember that the face was asymmetric before your surgery). The contour may be irregular, but generally it settles with the help of time and gravity. It is not unusual for one eyelid to be more swollen than the other. You can apply cold compresses (gauze soaked in ice chips or placed in the freezer, or a bag of peas purchased at the food store) especially during the first 24-36 hours.

When general anesthesia is used, the tube placed in the throat may cause the throat to be sore. This is best relieved with cold liquids. The soreness disappears in a few days.

DIET: If you have no nausea, then you can take liquids. If liquids are tolerated, then mild, bland foods may be tried next. Once these are adequately ingested, a normal diet may be resumed.

ACTIVITY: No strenuous activity is allowed for the first two weeks. Take it easy and pamper yourself. Try to avoid straining. It is better to use a reclining chair if you have one. If not, when lying down, do not lie flat, but elevate your head on two or more pillows and you can also place a few books underneath the mattress to elevate the head of the bed. It is very important to keep your head elevated at all times since it decreases your swelling. Avoid waterbeds. Slowly increase your activities throughout the first week. General guidelines **ARE TO AVOID EXERCISE, BENDING, FLEXING OR LIFTING**. Specifically **DO NOT DO HOUSEWORK!** No driving at least until the 6th day after surgery (4th day if you only had a Blepharoplasty) or when you are no longer taking pain medication and you are comfortable doing the motions required to drive a car. At that point, you may begin short trips to the store, etc. You may ride in the car earlier than this, but you must not take extended drives (more than about 10 miles) for the first 2 weeks or better yet, stay at home except for follow-up visits with Dr. Gentile. You may increase your activities slowly during the second and third weeks after your surgery. You may take long walks. You may begin performing some light housework, cleaning one room of the house at a time but not the whole house. Your second return appointment will be 3 weeks after your surgery. At that time, we will probably let you know when we can release you to all activities including any athletic hobbies, such as running, weight lifting aerobics, racquet sports etc.

DRAINAGE: Do expect drainage (usually bloody) from the wounds for the next 2-4 days. It is helpful to place plastic covers in the bed over the mattress or reclining chair to avoid dirtying it (plastic trash bags work well).

BROWLIFT: If you had a browlift, you must not comb or brush your hair from behind for six weeks. Specifically, **YOU CAN ONLY COMB/BRUSH OR WASH YOUR HAIR USING A MOTION FROM THE FRONT TO BACK** so that you do not dislodge the COAPT SYSTEM implant.

BLEPHAROPLASTY: If you had eyelid surgery, you must keep your head elevated at all times for the 1st week and you cannot bend or strain since all this can increase pressure in your eyes causing potential bleeding. Check your vision frequently during the first few days (at least 3-4 times a day) by covering one eye and then the other.

SHOWERING: You may begin showering one day after your surgery. Use lukewarm water. You may shower your face after the bandages are removed by Dr. Gentile.

DRESSINGS: The bandages, which were put on at the time of surgery, will be removed by Dr. Gentile in 4-5 days postoperatively. At that time a special facial garment will be applied. The garment should be worn at all times for two weeks. If the bandage loosens and self-removes: replace it if it possible, if not, remove the dressing and replace only the Ace Bandage. **DO NOT USE HEATING PADS.** Use cold packs (pea bags from HEB) one on each side of the face placed on top of a towel for the first 24-36 hours as this will decrease swelling.

SUNSHINE/

TANNING: It's absolutely important that you remain indoors in an air-conditioned environment for the first week to help decrease swelling. **Do not tan** for 12 weeks after surgery. This includes tanning beds (never recommended). Sun exposure and tanning can cause your face to swell up. If you begin to burn or tan splotchy, stop and wait for one month before tanning again. Continued tanning may cause the splotches to become permanent. The skin will be very sensitive for several months, and you may sunburn the skin without knowing it. Use the combination of Zinc and Titanium Oxide on your face as this blocks both the UVA and UVB wavelengths at all times when exposed to the sun.

SMOKING: **ABSOLUTELY NO SMOKING** is allowed, and stay away from others who smoke! Smoking significantly increases the development of complications resulting in lengthy and problematic recoveries.

CLOTHING: For ease in changing clothes without discomfort, wear clothing that does not require going over your head.

SENSITIVITY: Nerves in the area of the face are frequently irritable after the surgery. This may show up by decreased sensation (numbness) or more frequently with oversensitivity of the skin. Usually this resolves in a few weeks but occasionally it may take months.

PAIN MEDICATION: Pain medication makes recovery more tolerable and prevents a rise in blood pressure. Take Hydrocodone (Lortab) and Hydroxyzine (Vistaril) by mouth every 4-6 hours as needed for pain. If you are asleep, the family should not wake you to take the pain

medication. Most people do not need medication after two days. You are encouraged to take this medication for the first few days but take them only as needed. Be certain to eat something when taking your pain medication (i.e. cookies, crackers, milk, food, etc.) When

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using prescribed pain medication, DO NOT drink alcoholic beverages or operate motor vehicles. Pain medicine refills CANNOT BE CALLED IN after hours or on weekends, so anticipate if it looks like you may run out! All pain medicines can be constipating. After you are back on a more normal diet, eat fruits or drink fruit juices. You may take a mild laxative (such as Correctol or Milk of Magnesia) if necessary. If you have a tendency towards constipation, consider taking a laxative the day before your surgery. Absolutely DO NOT take Aspirin, Motrin, Advil, etc.

TAMPON USE DURING SURGERY: We advise our patients who are menstruating around the time of their surgery to use sanitary napkins rather than tampons, to avoid Toxic Shock Syndrome. We do **NOT** want you to wear a tampon to surgery, as it may be left in place for an extended period of time. Remember that if you are taking medication you may forget to change your tampons in a timely manner. Therefore, we ask that if you are menstruating, that you use a sanitary napkin.

WOUNDS: Use only a Q-tip and normal saline to clean wounds (definitely do not use hydrogen peroxide, alcohol, Mederma or other products, etc) and apply Aloe Vera 3-4 times a day.

PROBLEMS: If you have any problems or questions following surgery, please call our office at (361) 881-9999. We will be glad to answer any questions over the phone during the daytime from 9:00-5:00, or if the need arises to see you at anytime. When the office is closed, a voice mail system will relay your message and your call will be returned within minutes. Please be sure to leave your name and a telephone number where you can be reached (make sure you speak with a loud and clear voice and that you keep your telephone line free).

WATCH CLOSELY FOR POTENTIAL PROBLEMS AND CALL THE OFFICE IMMEDIATELY AT (361) 881-9999 IF ANY OF THE FOLLOWING OCCUR:

1. Marked swelling on one side or the other. This is something that would be VERY NOTICEABLE. This could be a sign of bleeding in the area of your surgery.
2. Signs of infection. This usually takes 3 to 5 days and shows up by becoming more painful instead of less painful: red; swollen; purulent drainage from the wound; red streaks; fever of 101 degrees or more.
3. **Proceed to the nearest Hospital Emergency room and call Dr. Gentile if any of these symptoms occur, which may be indicative of Pulmonary Embolism:**

(1) difficulty breathing, shortness of breath and/or fast breathing, (2) light-headedness, fainting, (3) fast pulse rate, (4) redness and/or swelling of your lower legs and/or ankles, (5) pain in the calf area of one or both of your lower legs not caused by trauma.

4. Bleeding, increased pressure, pain, or altered vision from one eye (you notice a difference from the other eye)
5. Any other symptoms which you feel are abnormal.

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MAKEUP TIPS FOR A NATURAL APPEARANCE

- **Always select a foundation that is one shade lighter than your natural skin tone.**
- **Use a translucent powder after foundation for complete coverage with a soft, natural look.**
- **A concealer (stick or cream) may be applied under the eyes to mask bruises or dark circles. Apply it under your foundation, and use a shade slightly lighter than your base color.**
- **Use a green skin toner to balance excessive redness, pink to counteract a shallow complexion, and purple to mask yellow discoloration.**
- **Avoid brown or black eyeliner after eyelid surgery, as these colors tend to emphasize redness. Blue eyeliner, smudged along the lash line on both the upper and lower lids, helps to minimize redness and dark circles.**
- **Scars in the eyebrow area may leave brow hairs missing. Use a small, angled brush to shade the missing area, using a flat shadow color close to your hair color. This looks more natural than shading with eyebrow pencil.**
- **A soft eyeshadow pencil in slate or taupe can be smudged toward the outer corner of the eye to correct any visible scars in this area.**
- **Avoid using metallic or iridescent eyeshadow or face makeup, as these colors emphasize open pores, scars, and other skin flaws.**
- **After a facelift, choose a soft, face-framing hairdo. Hair that is too short around the face and hair that is swept up off the forehead may reveal scars. Medium-length bangs, perhaps gently curled, can help to camouflage scars in the forehead area.**

- If hairline and forehead scars area not a problem, a soft, full backswept hairstyle can promote a youthful appearance. Avoid severely pulled-back hairstyles.
- If you have a reddened complexion or redness around the eyes, never wear fuchsia, rose, red, or hot pink. Instead, choose soft shades of blue and green for the wardrobe and makeup.

I HAVE READ, UNDERSTOOD AND AGREE TO FOLLOW THE 4 PAGE POSTOPERATIVE INSTRUCTIONS SHEETS, WHICH I HAVE RECEIVED.

PATIENT SIGNATURE	DATE	Witness	Date

CONSENT FOR FACIAL PLASTIC SURGERY COMPLICATIONS

I certify that I have read and understand the foregoing consent and the additional and distinct Agreement and Consent forms (signed by me separately). They have been explained to me. I fully understand the proceedings and consent for this procedure. The possible complications and unfavorable results have been made clear to me, including, but not limited to the following:

- | | Patient Initials | Date |
|---|------------------|-------|
| A. Infection or postoperative bleeding or hematoma, requiring additional surgery or incisions. Blood loss can be so extensive as to require replacements with blood or blood substitutes and may necessitate hospitalization. | _____ | _____ |
| B. I am aware that the practice of medicine is not an exact science and I acknowledge that no guarantees have been made to me as to the result of the operation or procedures. | _____ | _____ |
| C. Bruising and discoloration that will last for several weeks. | _____ | _____ |
| D. Blepharoplasty only: Contracture of the skin, resulting in ectropion or entropion, or eye malposition. This is temporary but may be permanent. | _____ | _____ |
| E. Dryness of the eyes, temporary or permanent. | _____ | _____ |
| F. Widening, thickening or hypertrophic scarring. | _____ | _____ |
| G. Postoperative pain and discomfort usually controlled by analgesics, but may be prolonged and extensive and chronic. | _____ | _____ |
| H. There is not guarantee that the face or the eyelids will be perfectly symmetrical postoperatively (as they are not before). | _____ | _____ |
| I. It has been reported in the literature that there have been cases of unilateral blindness following blepharoplasty and rarely, pulmonary emboli and even death. | _____ | _____ |
| J. Need of additional surgery. | _____ | _____ |
| K. Temporary or permanent weakness of the face or muscle paralysis. | _____ | _____ |
| L. Necrosis of the skin. I understand that even smoking one cigarette in the period before or after surgery can | _____ | _____ |

increase the risk.

M. Temporary or permanent changes in sensation in the skin of the face and head.

N. I have stopped smoking completely for 6 weeks prior to surgery and agree to continue stop smoking for the next 6 weeks (including avoiding 2nd hand smoke).

O. I agree to keep Dr. Gentile informed to any change of address so the he can notify me of any late findings and I agree to cooperate with Dr. Gentile in my care after surgery until completely discharged.

_____	_____
_____	_____
_____	_____
_____	_____

I am not allergic to anything except: _____

I have initialed the complications sheet and signed the Patient agreement and Operative Informed Consent forms. I have read them and fully understand them. Furthermore I state that I have complied with the written preoperative instructions.

PATIENT SIGNATURE _____ DATE _____ TIME _____

WITNESS SIGNATURE _____ DATE _____ TIME _____