

## A BETTER YOU COSMETIC SURGERY CENTER

## POSTOPERATIVE INSTRUCTIONS

**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), swelling, bruising and possible discoloration. Keeping your head elevated will help decrease swelling if the procedure involved the head or neck. Maximum swelling will occur at the 2nd 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. The contour may be irregular, but generally it settles with the help of time and gravity.

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 such as gym is allowed for 6 weeks. Take it easy and pamper yourself. Try to avoid straining. When lying down be certain not to lie flat, but to elevate your head on two or more pillows. It is very important to elevate the operated area at all times since it decreases swelling. It is better to use a reclining chair if necessary. 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 4th day after surgery 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 3rd week after your surgery. You may take long walks and you may begin performing some light housework, cleaning one room of the house but not the whole house. You will be seen at 1-2 weeks and at 6 weeks after your surgery. At that time, we will probably release you to all activities including any athletic hobbies, such as running, weight lifting aerobics, racquet sports etc.

**DRAINAGE:** It is normal to expect drainage (usually bloody) from the wound for the next 2-3 days.

**SHOWERING:** You may begin showering one day after your surgery, provided the dressing or garment (if used) does not get wet, but no bathing in tub is allowed for 6 weeks. Use lukewarm water. You may remove the gauze pads if they are present. However, the tape strips (steri-strips) **MUST BE LEFT IN PLACE! DO NOT** let the water hit directly on the wound and simply pat the tape strips dry with a soft towel if they get wet.

**DRESSINGS:** If you were instructed to wear a garment or binder, which was put on at the time of surgery wear it day and night for the first 6 weeks. After 4-5 days, you may remove the garment or binder for showering; otherwise, it should be worn at all times. **DO NOT REMOVE THE TAPE STRIPS** (steri-strips) or any other tape present on the operated area. **DO NOT USE HEATING PADS OR COLD COMPRESSES/PACKS.**

**SUNSHINE/**

**TANNING:** You **should not tan** the operated area for 12 weeks after surgery. This includes tanning beds (never recommended). After 12 weeks, you may begin tanning slowly. Continued tanning may cause 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 as this blocks 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:** Wear loose jogging clothing on the day of surgery. For ease in changing without discomfort, wear clothing that does not require going over your head and that fastens in the front.

**SENSITIVITY:** Nerves in the area are frequently irritable after the surgery. This may show up by decreased sensation (numbness) or 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 around the clock after 2 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 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.

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**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 shortly. 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 the operated side associated with increase pain and redness. 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. **Any of these symptoms, which may be indicative of Pulmonary Embolism: (Call Dr. Gentile and proceed to the nearest Hospital Emergency room)**  
(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. Any other symptoms, which you feel are abnormal.

**I HAVE READ, UNDERSTOOD AND AGREE TO FOLLOW THE 3 PAGE POSTOPERATIVE INSTRUCTIONS SHEETS, WHICH I HAVE RECEIVED.**

<b>PATIENT SIGNATURE</b>	<b>DATE</b>	<b>Witness</b>	<b>Date</b>

**COMPLICATIONS CONSENT**

**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:**

	<b>Patient Initials</b>	<b>Date</b>
A. Infection or postoperative bleeding or hematoma, requiring additional surgery or incisions. Blood loss can be so extensive at 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. Asymmetry, Deformity, and recurrence of the problem. There is no guarantee that the area operated will be symmetrical.	_____	_____
E. Discoloration, widening, thickening or hypertrophic scarring.	_____	_____
F. Wound dehiscence and seroma formation is not uncommon and complete healing may take months.	_____	_____
G. Postoperative pain and discomfort usually controlled by analgesics, but may be prolonged, extensive and chronic.	_____	_____
H. Nerve damage resulting in temporary or permanent loss of motor function(muscle) and sensation.	_____	_____
I. Permanent loss of skin or other tissues.	_____	_____
J. Need of additional surgery.	_____	_____
K. I have stopped smoking completely for 6 weeks prior to surgery and agree to continue stop smoking for the next 6 weeks (including avoiding 2 <sup>nd</sup> hand smoke).	_____	_____
L. I agree to keep Dr. Gentile informed to any change of address so that he can notify me of any late findings and I agree to cooperate with Dr. Gentile in my care after surgery until completely discharged.	_____	_____

M. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_. \_\_\_\_\_

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 these and fully understand them. Furthermore, I state that I have complied with the written preoperative instructions.

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_