AESTHETIC MAXILLOFACIAL, FACIAL PLASTIC AND RECONSTRUCTIVE SURGERY

PATIENT GUIDE TO BLEPHAROPLASTY (EYELID SURGERY) PAGE 1 of 2

PRE-OPERATIVE CHECKLIST:

| ☐ Do not eat or drink anything for 8 (eight) hours prior to your surgery. Sips of water to take regular medications are allowed. |
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| ☐ Do not wear make-up, jewelry, or contact lenses the day of surgery. Leave valuables at home. |
| ☐ A responsible adult must accompany you and be available to drive you home after your surgery. |
| ☐ Wash your face with Hibiclens soap at bedtime and in the morning just before coming to the surgery center. Do not apply lotions |
| or conditioners to the clean skin. |
| ☐ If possible, obtain your suture line care materials, heating pad, prescriptions etc. before the day of surgery. |
| ☐ Take your vitamins (vitamin A, C and bromelain) as directed. |
| ☐ You should not take aspirin , (e.g. anacin, bufferin, excedrin, cold medications), garlic, vitamin E or Ginko biloba FOR AT |
| LEAST TWO WEEKS before your surgery. |
| ☐ Smoking should be stopped at least two weeks before surgery. Smoking impairs circulation; good circulation is needed for good |
| healing. An adequate blood supply results in a good surgical result for you. |

POST-OPERATIVE INSTRUCTIONS

CARE OF YOUR SKIN STITCHES

Supplies needed:

- 1) Bacitracin ointment
- 2) Cotton Tipped Applicators (Q-Tips, etc.)
- 3) 3% Hydrogen Peroxide, fresh bottle
- (A) Mix 2 Tbsp peroxide with 2 Tbsp tap water in a small container. Discard each time, do not save mixture.
- (B) Use Q-tips and peroxide solution to clean all blood and material from the incisions. DO NOT leave any crusts or blood on the stitched areas. Repeat a minimum of 3-4 times per day.
- (C) Cover the incisions with ointment DO NOT allow ANY area to dry out or scab over.
- (D) Do not apply any bandages or other materials to the surgical area unless otherwise instructed.

<u>POSITION</u> - Elevate your head and back using at least two pillows when you sleep or rest. This is important for the first week after surgery to minimize swelling.

<u>ICE</u> - Ice must be used over the surgical area (cheeks and neck) 40 minutes of each hour (20 minutes on, 20 minutes off) as much as possible during the first 48 hours, while you are awake. Protect the skin from excessive cold by placing a damp cloth between the skin and ice pack. A bag of frozen peas often conforms better to the shape of your face and neck.

<u>ACTIVITY</u> - (A) - During your first post-operative day, stay up as much as possible. You should sit, stand, or walk around rather than remain in bed during the day. This will maintain normal circulation and help reduce swelling.

- (B) Avoid bending over or lifting more than 5 pounds during the first week.
- (C) Take extra precaution to protect your face and neck from bumps, hits or injuries for at least 2 weeks after your surgery.

<u>DIET</u> - Adequate fluid intake is important. Fruit juice, water, and soft drinks sipped frequently will help relieve some of the dryness in your mouth caused by breathing through it. Eat soft, easily chewed foods. After one week slowly resume your regular diet.

HAIR CARE - You may wash your hair beginning 3 days after surgery. A mild baby shampoo is recommended. You should wash your hair by bending over a basin or in the bathtub, taking care not to get stitches wet for the first three days. Pat dry.

COSMETICS - You may apply cosmetics one week after surgery. Make-up applied too soon may delay wound healing or become lodged in the wound and produce a tattoo.

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SUN EXPOSURE - Protect the facial skin from excessive sun exposure for one month after surgery. Ordinary exposure is not harmful, but a sun-screen should always be used.

SPORTS - No swimming, gym, or strenuous activities for one week. No surfing or diving for 1 month.

<u>MEDICATIONS</u> - <u>Pain medication</u> (Percocet, Lorcet etc.) take one tablet when you arrive at home. Additional tablets may be taken one to two tablets every 4-6 hours as needed for pain. CAUTION: **Do not drive or operate machinery while taking pain medications containing narcotics**.

<u>Dexamethasone</u> (Decadron) this medicine is used to control swelling and inflammation. Take one tablet three times a day until done.

Aspirin - avoid taking aspirin or aspirin containing compounds (anacin, bufferin, etc.) during the first week after your surgery.

PLEASE REPORT ANY OF THE FOLLOWING TO OUR OFFICE:

- (A) <u>Sudden</u> or excessive bleeding, swelling, or bruising.
- (B) Any itching, rash or reaction to medications.
- (C) Fever, temperature over 100 degrees (taken orally).
- (D) Discharge from the incision(other than blood).
- (E) Any injury to the face.

- If you have any questions or problems, please do not hesitate to contact our office for assistance at 326-2040.
- Dr. Hiranaka can be reached after hours at 322-0202.
- We are available 24 hours a day.

POSTOPERATIVE EXPECTATIONS AFTER EYELID SURGERY

- * Some mild oozing is common during the first 24 hours. Large amounts of bright red blood should be reported to your physician by telephone.
- * Mild to moderate discomfort where the incisions are located is normal. There should not be severe pain or pain behind the eye(s). Call the office immediately if this is occurring.
- * Mild to moderate swelling and bruising is normal and may last 7-10 days. Swelling may be the most severe 2 to 3 days after the procedure. The bruising often descends onto cheeks. These areas can be easily covered with make-up.
- * It is not unusual to experience some physical and emotional fatigue during the initial healing period from the anesthesia during your surgery. You will feel stronger in a day or two.
- * Depression 12 to 36 hours after surgery is not unusual. You may be surprised at the initial appearance of your face and neck. Remember to be patient and realistic. Your face/neck has suffered surgical injury and it will improve with time. Approximately 80% of the swelling will resolve in 2 3 weeks. It may require a six month period for the remainder of swelling to completely resolve.

| I have read and | d understand | the above | instructions, | my questions | have be | een answere | d by t | the nurse a | nd/or d | loctor. l | l agree to | o comply |
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| with these instructions. A copy of these instructions has been pr | rovided to the patient for reference. |
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| Patient Signature | Date |