

FACELIFT

Post-Operative Instructions

Post-Operative Instructions for Brow Lift

The Trip Home

You must be picked up and driven home or to your hotel by a responsible adult who is well acquainted with you or by a driver known to us. If this person is small, frail or unsteady enlist a second person to help. You cannot drive yourself or use public transportation.

Go directly home or to your hotel after leaving your surgical facility or the hospital. Watch your head as you get in and out of the car and recline your seat if possible. Wear your seat belt and shoulder harness and rest your head against the headrest. Have a small basin or bag handy in case you feel sick. Once home or in your hotel, go directly to bed. Someone should assist you on the trip from the car to your bed.

After Surgery Activity

You should not be left alone the first day after surgery. During this time, you should rest quietly and not bend over, stoop, strain or engage in strenuous activity. Avoid unnecessary talking and facial movements. These activities will increase swelling and may cause bleeding or other problems.

You must be assisted on all trips to the bathroom until your vision is clean and you are steady on your feet. Unescorted trips may result in dizzy spells, fainting and falls.

(See also “Return to Sports and Exercise” and “Return to Work” sections appearing later in these instructions)

It is very important that you maintain proper head position and avoid head turning for 10 days following surgery. Flexing your neck (bending your chin towards your chest) or tipping or turning your head from side to side will pull on stitches behind the ears and can cause bruising and healing problems there. Neck flexing will also result in folding of neck skin, compromising improvement and slowing

healing in this area. For these and other reasons you must keep your chin extended away from your chest and your chin-neck angle open, even when sleeping (see sleeping instructions that follow).

The best position to be in after surgery to optimize healing is flat on your back **without** a pillow. In this chin up – chin away from chest position neck skin will be smoothly re-draped over deeper structures and swelling will drain away from your face, eyes and neck to the back of your head where it is not harmful and less noticeable. Pillows, on the other hand will flex your neck (move your chin towards your chest), especially if more than one is used, and result in folding of neck skin and pulling on suture lines behind ears. “Elevating the head” on pillow, as in traditionally recommended by many plastic surgeons, will also encourage swelling in the face to drain and settle into the neck and should be avoided. This slows resolution of swelling in the neck area.

You may use a small neck roll or a cylindrical cervical pillow if it is soft and you feel it makes you more comfortable, but always be absolutely sure that no part of your face rests upon it. These are usually helpful in maintaining your neck in an extended (chin away from chest) position. “U” – shaped neck pillows, inflatable “travel” pillows and beanbag “horseshoe” pillow are dangerous as they are almost certain to press upon lifted skin and can result in poor healing, skin break down and scarring. They should not be used!

When not flat in bed you should sit in a high back chair with your head tilted back and supported on its headrest. Do not use a pillow as this will result in a flexed position of the neck. Do not sit upright in low back chairs as it is not possible to sit with your head unsupported and keep it in a proper position. Sitting in a low back chair also forces you to tighten your neck muscles to hold your head in an upright position.

Do not wear soft cervical (neck) collars, neck braces and the like after surgery. While these might help you maintain proper head position, they will place too much pressure on lifted skin and can result in skin damage, compromised healing and scarring!

It is not possible to work at a computer and maintain proper head position after surgery. As a practical matter your vision will be fuzzy and you are likely to have trouble concentrating and focusing your thoughts as well. For these reasons it is best to plan on not using your computer for 10 days or so after surgery.

Leaning forward while sitting and placing your elbows on your knees will result in good head position, even if in a low back chair without a headrest. Assume this position when reading, eating and watching TV and place your book, work or good upon a low table (“coffee table”) in front of you. This will force an open neck

and “chin up” position. If you sit back in a chair it must have a high back and headrest to support your head.

Don't think you can remember to keep your chin up or avoid turning your head on your own. You will be forgetful due to the after effects of anesthesia, surgery and medications. Not only will you forget you are not to flex your neck, but you will forget the many times that you inadvertently do it! You must recruit your spouse, significant other or a friend or family member to watch you carefully after surgery and remind you not to flex your neck or turn or tip your head. They're not doing a good job unless you grow tired of hearing them say “chin up!” (and they grow tired of saying it).

While smiling and laughing will relax the pull-on stitches and help swelling drain from the face, yawning and mouth opening will stretch the cheek skin and pull-on stitches in front of the ear. This can lead to bruising and healing problems. (If you have had dermabrasion, a chemical peel or laser resurfacing as part of your procedure you must avoid all unnecessary facial movement. Talking, laughing and moving the mouth will affect healing on treated areas). **Do not wear headphones or press a telephone against your cheek!** This can bruise delicate healing skin in front of the ear! Use a speakerphone instead.

Iced Compresses and Eye Masks

The application of iced compresses to your eyes for the first 3 days after surgery will reduce the amount of swelling and bruising you will experience in the eye area. Have a friend or family member place cracked ice and a small amount of tap water in a clean bowl and keep it near your bedside. Soak gauze pads until saturated and then fold them diagonally in half into triangles. Place these directly over the eyes and re-cool them periodically as necessary. The ice and water need only be clean and not sterile, but hands should be washed before and after each application. Persons helping you apply iced compresses should wear the non-sterile disposable gloves.

Compresses should be applied to the eyes approximately 20 minutes of every hour as tolerated throughout the day. They need not be applied while you sleep. Iced compresses are generally helpful when applied in this way for the first 3 days after surgery. After 3 days warm (not hot) compresses are usually of value in reducing stiffness and bruising but you may continue to use cold compresses if you prefer. Do not apply warm compresses to the eyes or cheeks during the 3 days following surgery. Do not apply hot compress of any kind to your face, eyes or neck.

If you have had a chemical peel or laser resurfacing of your lower eyelids as part of your procedure it is important that treated areas be kept well lubricated with

antibiotic ointment, Vaseline, or other ointment provided. This is most easily accomplished by placing plastic cellophane food wrap (“Saran Wrap”) over the eye area before iced compresses are applied as outlined above. Plastic wrap will prevent ointment from being washed off and can be removed when compresses are not being applied.

Drain Tubes

Most patients are discharged with one or more small, soft drain tubes which often are visible as a ridge beneath the skin of the forehead and neck. Do not be alarmed by these. They are easy to care for and are used to reduce swelling and minimize bruising.

The drain tubes are affixed to help your scalp at their exit sites and are attached to a lemon shaped “bulb” reservoir that should be checked from time to time. If your drain reservoirs have been taped or pinned to your head dressing or robe, unpin or untape them and attach them to your bra or under garment, or the lanyard (string) around your neck. *****Avoid attaching them to your bathrobe or nightclothes. You may forget they are there and inadvertently pull one or all drains out when you disrobe.** Always be careful when removing clothing that you do not accidentally pull your drain tube(s) out!

The drains are working when the reservoir is collapsed (flat in shape). Should the reservoir become fully expanded (lemon shaped) the plug on top of it should be removed, the air squeezed out, and the plug replaced before un-squeezing. If the drain reservoir becomes more than half full of liquid it should be emptied into a disposable container (disposable paper cup, empty jar or like container) by removing the plug, inverting the reservoir and squeezing out the liquid and air. The plug should then be replaced before un-squeezing. The container can then be emptied, when convenient, into the toilet. Remember to wash your hands before and after handling the drain reservoir and/ or the container the drain reservoir is emptied into. If a friend or family member is emptying the drain reservoir for you, they should wear the disposable gloves.

Drain tubes are usually removed 5 to 7 days after surgery depending upon the amount of fluid collected. Often drain output will be minimal the second or third day after surgery while you are relatively still and then increase when you begin to move about. Because of this it is better to leave the drain tubes in place a day or two after drain output slows down before they are removed. (See also section on drain tube removal).

Bandages

Bandages are not required and if applied are applied for your comfort only. Should your bandage fall off you may reapply it or leave it off as you prefer. Do **not wrap your face, eyes or neck with elastic bandages (“Ace Wraps”), tape or constricting materials of any kind** for the first 10 days after surgery. This will cut off circulation and can lead to eye injury, incision separation and skin breakdown.

Expect some blood tinged oozing on your dressing if you were sent home with one, especially around the ears. Oozing is also common from incisions in the eyelid area. Place an old towel and/or impervious covering in your bed to prevent soiling your mattress pad or mattress (remember you are not to use a pillow the first 9 to 10 days after surgery). It is a good idea to use old bed linens for the first few days after surgery and to wear old nightclothes as well.

Vision Checks

It is important to check the status of your vision periodically each day. This can be done simply by covering one eye and then the other several times a day to be sure all is well. **While some “fuzziness” of vision is experienced by most patients and the ointment used to protect your eyes will result in blurriness, a sudden change in your ability to see or loss of vision is a medical emergency that should be reported immediately to a member of our staff.**

Diet

You may take liquids and a light diet if you feel up to it when you arrive home. Avoid alcohol (see below) and heavy, greasy, fatty, salty, spicy, sour, and hard to chew foods. Over the next few days, begin a soft diet that is high in carbohydrates, protein and fiber and low in fat. Fruit juices blended with ice, yogurt and protein powder (“smoothies”) are an excellent choice, especially those containing pineapple and berries. Pineapple and berries have been shown to contain bromelain, an enzyme that appears to help reduce bruising. (Note: although bromelain is available as capsules at health food stores, on the internet, and from other sources, these are not regulated for purity and are sometimes adulterated with aspirin, ibuprofen and other bioactive compounds that can cause bleeding or react with other medicines we give you. Because of this they cannot be recommended and should not be taken.) You may also take liquid food supplements like Ensure if desired.

Avoid all salty foods (prepared soups, bouillon, packaged and processed foods, pickles, olives, soy sauce and the like) as they will increase swelling, promote water retention and prolong healing. Most food stores have a section devoted to

low salt foods. Although they may taste a bit flat at first, they are an excellent choice after surgery. You may also use a salt substitute if you wish.

Choose foods that are easy to chew after surgery, especially if you have had dermabrasion, laser resurfacing, a chemical peel, lip augmentation, fat injections, or cheek or chin implants as part of the procedure. Also avoid citrus, sour foods, meats and other foods that stimulate salivation.

A little coffee or tea in the morning is OK but if you are having trouble sleeping avoid caffeinated beverages, especially late in the day. Green Tea is a great alternative and is rich in antioxidants. Tea with lemon and a bit of honey is often soothing if your throat is feeling dry. You may also gargle with salty water (1 teaspoon of table salt in a quart of water) intermittently throughout the day if your throat is sore. This will not increase swelling.

It is not uncommon for patients to lose a few pounds after surgery due to poor appetite. This is not harmful and you need not eat if you are not hungry or if food seems unappealing. It is very important, however, that you maintain an adequate intake of fluids and keep yourself well hydrated. **Proper healing cannot take place if you are dehydrated** and your body will have increased difficulty ridding itself of drugs and other wastes. Keeping yourself well hydrated will help you feel better and heal faster. Although you should let thirst be your guide, you should be sure you are drinking at least 3 to 6 tall glasses of water each day. Drinking water does not cause swelling or water retention.

Vitamins

Scientific studies have shown that a healthy person who eats a good diet need not take vitamins or other dietary supplements after surgery, and you need not worry of compromised outcome if you choose not to.

If you wish to take vitamins following your surgery it is recommended that you take a good multiple vitamin with iron and minerals (Theragram M, One-A-Day with minerals, etc.) once a day. If the vitamin you choose contains iron, your bowel movements may turn dark or black.

Do not take a supplemental Vitamin E (other than the small amount that is contained in a multivitamin) for 2 weeks after surgery. Despite what you may have read or heard, it does not help healing or improve scars. It does thin the blood however, and can cause bleeding, accentuate bruising and result in other related problems.

Do not take large amounts of Vitamin C (more than the amount that is contained in a multivitamin) for 6 weeks or so after surgery. "Mega doses" of vitamin C taken after surgery can result in over-active healing and unwanted thickening and reddening of scars.

Homeopathic and Herbal Medications

Most homeopathic and herbal medications are not regulated as to their exact content, purity and effectiveness and for this reason they cannot be recommended unless used under the supervision of a licensed practitioner who is aware that you have undergone surgery. Many herbal medications sold in health food stores, through health magazines and on the internet contain stimulants, alkaloids and other strongly bio-active compounds that can result in bleeding (this is true of ginseng, Ginkgo Biloba, St John's Wort, Chinese black mushrooms, curcumin, woodruff and Tonka bean and any herbal compounds containing them), react negatively with the medicines we have given you, or interfere with healing, even though they are sold and dispensed without a prescription. Our experience has been that they cause much more harm than good when used without supervision.

Arnica is a homeopathic remedy thought by some to reduce bruising and swelling even though its effectiveness has not been proven in scientific tests. We have not seen any clear-cut advantage to the use of this medicament in our patients and therefore do not recommend it as part of our standard plan of care. If you choose to use Arnica, please do so only under the supervision of a licensed homeopathic practitioner even though it is available in various forms without a prescription. **Alternatively, medical grade Arnica ("Vita Medica") is available through our Clinic.**

Smoking

Cigarette smoke is directly toxic to healing tissue and the underlying cause of many serious problems and complications. If you smoke it is strongly recommended that you stop and that you cease all smoking (including cigars, pipes and non-tobacco materials) for 2 weeks after your surgery. **Smoking after surgery compromises skin blood flow and can result in serious problems including, but not limited to, bleeding infection, poor scar formation, delayed healing, skin breakdown, pneumonia, blood clots, strokes and heart attacks. Scientific studies have shown that smoke from even a few cigarettes a day can increase complications as much as 25-fold or more!**



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*****All patients must also avoid second-hand smoke in the 2-week period after surgery. “Second-hand” smoke (smoke from other people’s cigarettes, pipes and cigars), is directly toxic to healing tissues and can compromise healing after virtually any surgical procedure. Be warned that the tar, nicotine, carbon monoxide and other harmful substances you inhale from other people’s cigarette smoke after surgery has been shown to markedly increase your chance of complications and slow healing after surgery.**

If you are unable to refuse to quit smoking after your procedure limit yourself to as few cigarettes a day as possible, resign yourself to the likelihood of a longer recovery period, and prepare yourself for the possibility that a smoking related complication may occur. In all cases, do not smoke in the immediate post-operative (after surgery) period.

Alcoholic Beverages

Do not drink alcoholic beverages, beer and wine included, for two weeks following surgery and until you are no longer taking pain pills (including acetaminophen and Tylenol) or sleeping medication. Alcohol, when taken with these and other medications, can cause serious reactions and result in damage to the liver, brain and other body organ systems! Alcoholic beverages also appreciably increase the likelihood of bruising (this is particularly true of red wine), swelling nausea and vomiting when taken after surgery and interfere with the general healing process.

Medications

Pain Pills

Generally, there is a mild discomfort only following facelift surgery, but it is likely you will need to use some pain medication the first few days after surgery. It is far better to take pain medication early to prevent pain, rather than wait until it is noticed and then chase it. Always try to take pain pills with a small quantity of food and do not take them on an empty stomach! This will lessen the chance that they will cause queasiness or upset your stomach.

It is recommended that you take pain medication every 4 to 6 hours you are awake the first few days after surgery, even if you are feeling well and have only minimal discomfort. Sometimes Extra Strength Tylenol will be adequate in controlling discomfort if taken in this manner. If not, take the “strong” pain pill you have been provided. Remember, however, that Percocet, Vicodin and other pain



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pills contain Tylenol (acetaminophen). Do not take your “strong” pain pill and the “Extra Strength Tylenol” at the same time.

Remember not to take aspirin or ibuprofen, anaprox or ketoprofin (Motrin, Advil, Nuprin, Naprosyn, Aleve etc.) containing products for two weeks after surgery (a more complete list of substances that cause bleeding appears in the Appendix of these Instructions) If you are not experiencing discomfort, you need not take pain medication if you do not want to. Discomfort that fails to respond to the above measures should be reported to a member of our staff.

Pain pills can cause drowsiness and loss of alertness for several days after they are taken! As long as you are taking pain medication, and for several days after you stop, you should not drive a car, operate machinery or kitchen equipment, sign important papers or make any important business decisions.

All pain pills are constipating and can sometimes cause nausea. Drink lots of water, stay active and try to eat low fat high fiber foods. If you become constipated you should take a laxative such as Milk of Magnesia, Ex-Lax or Correctol.

Do not take pain medication with any other pain pills you may have or have access to. **Do not drink any alcoholic beverages while taking pain medication.** Do not take pain pills for any reason other than pain. Do not give any of your pain pills or any of your other medications to friends, family or anyone else. Be sure that all your medications are kept out of the reach of children. Do not put your medication in a location where someone else, especially an elderly family member, might mistake them for your own. Always store pain medication in its original, labeled container.

Warning! Acetaminophen (Tylenol, and other brand name and over the counter drugs) can cause liver and other organ system damage. Do not take more than 8 “extra strength” (500 mg) acetaminophen tablets in any 24-hour period

Vicodin, Vicodin ES and Darvocet N-100 all contain acetaminophen. Do not take more than 8 Vicodin, 8 Darvocet or 5 Vicodin ES pills in any 24-hour period.

If you are using both plain acetaminophen tablets and Vicodin, Vicodin ES or Darvocet N-100 do not take them at the same time and be sure the combined number of tablets taken does not exceed 8 in 24 hours.

Warning! People who drink alcohol are more likely to develop acetaminophen induced liver damage or liver failure, even if they do not drink heavily. If you drink alcohol regularly you should take less than the recommended maximum dose of any acetaminophen containing drug (Tylenol Vicodin, Vicodin ES, Darvocet N-100)!



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Warning! Alcohol, when taken with pain pills and other medications, can cause serious reactions and result in damage to the liver, brain and other body organ systems!

Warning! Some people using pain pills can experience unusual changes in their behavior and thinking. If you or your family members notice any changes in your behavior or if you have any disturbing thoughts, discontinue use of your pain medication and contact Dr. Collins or your usual medical doctor immediately.

Sleeping Pills

Most patients are provided a small quantity of mild sleeping pills to help them rest the first few nights after surgery. Although not everyone will need them, or you may choose not to take them, it is necessary that you keep them until you are sure you are sleeping well.

Do not take sleeping medication for reasons other than difficulty sleeping. Do not drink any alcoholic beverages while taking sleeping medication. Do not take sleeping medication with any other sleeping pills that you may have or have access to. Do not give any of your sleeping pills to friends, family or anyone else.

Sleeping pills can cause daytime drowsiness, forgetfulness, memory problems and a type of memory loss known as “amnesia”. When this occurs, a person may not remember what has happened for a variable period of time after taking the medicine. This may cause you confusion during the recovery period and it may annoy friends and family members who find they must repeat themselves frequently.

Be sure that all your medications are kept out of the reach of children. Do not put your medication in a location where someone else, especially an elderly family member, might mistake them for their own. Always store sleep medication in its original, labeled container.

Warning! Sleeping pills can cause drowsiness and loss of alertness for several days after they are taken! As long as you are taking sleeping medication, and for several days after you stop, you should not drive a car, operate machinery or kitchen equipment, sign important papers or make any important business decisions.

Warning! Alcohol, when taken with sleeping pills and other medications, can cause serious reactions and result in damage to the liver, brain and other body organ systems!

Warning! Some people using sleeping pills can experience unusual changes in their behavior and thinking. If you or your family members notice any changes in your behavior, or if you have any disturbing thoughts, discontinue use of your medication and contact Dr. Collins or your usual medical doctor immediately.

Nausea and Vomiting Medication

Despite our many efforts to prevent it, nausea or vomiting sometimes occurs after surgery. If you become nauseated or vomit, take the suppository supplied as directed. It may be inserted rectally or vaginally, but is **not** to be taken by mouth. Vomiting and retching, if left untreated, can cause bruising, bleeding, swelling and other problems.

If you think your pain pill, antibiotic or other medicine we have prescribed for you might be causing stomach upset, let a member of our staff know. We will provide a more agreeable substitute. Do not discontinue taking your medicine without informing us, however. We need to know if you are having problems so a replacement can be provided.

“Artificial tears” eye drops

Most patients experience some eye irritation and dryness for several weeks or more after surgery due to stiffness in the eyelids, incomplete eyelid closure, and a decrease in the quantity and quality of tear production. Because of this you should use “artificial tears” 4 to 5 times a day while you are awake and as often as otherwise needed during the day. They contain saline solution (mild “salt water”) and will cleanse, soothe and moisten eye tissues. Do not use medicated eye drops (“Visine”, “Murine”, etc.) intended for allergy sufferers. Do not use medicated eye drops prescription eye medication you, a friend, or family member may have at home. Do not use contact wetting solution to moisten your eyes.

Avoid pulling on your eyelids when placing artificial tears into your eyes. This will pull on your stitches and could result in separation of your incision. You should tip your head back instead, look up to roll your eyes “up into your head” and then squeeze several drops of solution onto the surface of the eye, just above the lower eyelid. Be sure you are seated and not standing, as tipping your head back could make you dizzy. It is often easier to have someone administer artificial tears for you while you are in bed or reclining the first few days after surgery.

Artificial tears solution is not a prescription item. You may purchase at any pharmacy. Ask the pharmacist to assist you in finding a “preservative free” equivalent product.

If you experience severe or persistent burning, itching or foreign body sensation in your eyes, please inform a member of our staff.

Eye Ointment

The eye ointment contains no medication but will soothe and moisten eye tissues. It should be used each night at bedtime the first 3 weeks after surgery, even if you are not experiencing eye irritation. This is because your eyelids may not fully close after surgery due to swelling and other factors, and the small glands that produce the natural lubricant for your eyes shut down for several weeks or more after the procedure. This can lead to dryness or even eye injury if ointment is not used. Eye drops are not sufficient protection for night time use. Be sure to use the ointment.

Some patients experience eye irritation and dryness for several months or more. In these instances, ointment should be used until irritation and dryness resolve. In rare cases, patients must use eye ointment on an ongoing basis after surgery.

Eye ointment is a protectant intended to be applied to the surface of the eye itself, not the eyelid incisions. While not harmful to incisions, it is not helpful to apply it to them.

Avoid pulling on your eyelids when placing ointment in your eyes. This will pull on your incisions and could result in separation of wound edges. You should lay flat in bed instead, look up to roll your eyes “up into your head”, and then run a bead of ointment across the surface of the eye, just above the lower eyelid. Be careful not to touch or poke the surface of the eye with the tip of the tube. Do not try to apply eye ointment while standing. It is often easier to have someone apply your eye ointment for you while you are reclining in bed the first few days after surgery.

Eye ointment, when applied in adequate amounts will result in blurred vision. Because some ointment will inevitably still be present in the morning, some blurring of vision is likely to be experienced early in the day. This tends to improve as the day goes on and if eye drops are used. If you experience blurred vision, be careful moving about your home.

If you experience severe or persistent burning, itching or foreign body sensation in your eyes, please inform a member of our staff.

Antibiotics



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Infection is very rare after facelift surgery but if you had fat injection or lip augmentation as part of the procedure you should have a prescription for antibiotics. If you do not, please call us so one can be prescribed. Do not wait until your next visit. Be sure to follow the instructions carefully and finish all medications.

Other Medicines

Be sure to resume taking all your usual medications on your usual schedule as soon as possible after surgery unless you are told otherwise. This is particularly important if you are taking medication for high blood pressure. Many patients find it helpful to place colored tape, colored sticky dots (available at stationary stores) or larger labels on pill containers to make them easier to identify and tell apart.

Do not take any medication, vitamin supplement, herbal medicine or other medicament given to you by well-meaning friends, family members or others unless you are specifically cleared to do so by this office.

Medication Refills

Despite our best efforts to anticipate your needs you may find yourself running short of pain pills or other medication. If this is the case you can feel you will need more, call us and let a member of our staff know. If Dr. Collins is in surgery or otherwise not immediately available, we will have to obtain approval from her for a prescription for the medication. Please be patient in this situation. We will get back to you as soon as possible. On evenings and weekends our answering service will contact Dr. Collins or a member of our staff directly for you.

It is best to call before all your medication has run out. Please have ready the name, telephone number and address of the pharmacy at which you wish to fill the prescription when you call. If you are unsure as to whether the pharmacy will be open, call them first to confirm their hours of business. Frequently the pharmacy will close before the main drugstore does. Checking to be sure the pharmacy is open saves us all needless frustration, phone calls and duplication of effort.

Proper use and Disposal of Medications

Medication provided to you is for your use only. It is illegal and dangerous to give your medicine to any other person, including friends and family, even if they have taken the same or similar medication in the past. Unused medication should be returned to our Clinic or a Fire Station for proper disposal.

Sleeping

Sleep flat on your back after surgery and do not use a standard pillow for at least nine days. We are aware that this is different than the recommendations given by many other plastic surgeons, but pillows will flex your neck (move your chin towards your chest) and result in folding of neck skin and pulling on suture lines behind the ears.

Sleeping flat on your back allows swelling to drain away from your face, eyes and neck to the back of your head where it is not harmful and less noticeable (if you sleep with your “head elevated” swelling drains into the neck where it tends to collect and be more noticeable). You may use a small neck roll or cervical pillow if you feel it makes you more comfortable and no part of your cheek’s rests upon it. These are usually helpful in maintaining your neck in an extended (chin away from chest) position. “U”-shaped neck pillows, inflatable “travel” pillows and beanbag “horseshoe” pillows are dangerous however and should not be used. These can press on healing areas around the ear and can cause wound separation, skin breakdown and compromised healing.

If you have back problems or have trouble sleeping on your back, place pillows beneath your knees to reduce back strain. It is also often helpful to place one or several pillows under each arm. This helps keep you in a supine (on your back) position and prevents you from turning onto your side in your sleep. If you are uncomfortable sleeping on your back, consider taking a pain pill and sleeping pill at bedtime as well. This will reduce back discomfort and helps you get through the night without turning on your side. If you are unable to sleep on your back in bed you may be able to sleep and rest comfortably in a recliner chair.

If you are unable to sleep on your back you may sleep on your side, but do so with great caution as pressure on your cheek can compromise blood flow to cheek skin and result in compromised healing, wound separation, skin breakdown or even scarring. Use an extra soft pillow and position it so that your temple rests upon it – not your cheek. If you sleep on your side expect more swelling on the side of your face nearest the pillow in the morning. If you awake during the night try sleeping on your other side, cautiously, as described above. This limits the amount of pressure on any one side of the face and will help balance things out. Do not sleep on your “stomach” for at least 9 days after surgery. This is too likely to result in injury to cheek skin and dermabraded areas (if any), and will place excessive pull on suture lines.

It is not helpful or productive to “elevate your head” with pillows, even though you may receive recommendations to do so by others. **Pillows, especially if more than one is used, will flex your neck (move chin towards chest) and result in wrinkling and tightness of neck skin that will trap swelling in your face.**

This flexed position of the neck can also compromise blood flow to skin behind the ears and lead to healing problems there. An upright position also encourages swelling to drain forward and collect in the front of your neck, rather than the back of your head as it does when you lay flat where it is less harmful and more likely to go un-noticed (see above).

Place old linens on your bed, and old bath towel beneath your head and wear old night clothes until you are sure you are no longer experiencing drainage or bleeding.

Bathing and Hair Care

You may shower the day after surgery if you are feeling well and are steady on your feet. Be sure the water is not too hot and that it does not strike your face too forcefully. Adjust the showerhead to medium or fine spray and don't turn the water flow up too high. Shower water is not harmful and will not cause infection. If you are concerned that you may be unsteady standing upright you may find it helpful to put a small plastic patio chair or stool in the shower (you may also rent bath chairs from medical supply stores). This allows you to sit while you bathe and wash your hair. If you prefer baths, keep bath water away from your face and incisions. Wash your face in the shower or at the sink instead.

You should begin washing your hair daily no later than three days after surgery. This is most easily done in the shower, or in the tub with a "tub shower attachment" (hose connected to the tub spout). Leave your drain reservoir(s) attached to the lanyard (string) around your neck while you shower. You may use your regular shampoo and conditioner if you wish, but because your eyes may not close fully for a few days after surgery due to swelling "no tears" baby shampoo is recommended. You need not be as thorough when washing your hair as usual. Gently massage shampoo into wet hair using your fingertips and run them lightly over your sutures. Rinse gently as described above using warm water and a fine spray. Then apply your conditioner (if you usually use one) and rinse again. Shower water, shampoo, and conditioners are not harmful and will not cause infection. You need not wash away all dried blood or crusts, just that which comes off easily. You may wash your hair as outlined above more than once each day if you wish.

After washing, gently towel dry your hair and comb it out with your fingers. Brush it only if necessary and do it so gently. Loose hairs will be found in the shower and on your brush. These were trimmed or broken at surgery and are not falling out.

You must not pull on your hair while brushing it. Parts of your scalp may be temporarily numb and it is easy to pull too hard on your incisions. Do not use a comb. It may catch in your sutures or on the wound edge.

You may use a blow dryer, but on low heat only. Do not tint, perm, dye, highlight, color rinse or otherwise chemically treat your hair for 2 weeks. This may result in hair loss or breakage. Apply hair cream, hair gel, hair spray and similar products sparsely until your sutures have been removed. If you use Rogaine (a lotion used to limit hair loss) you may resume doing so three days after surgery.

Skin Care

Wash your face once a day following your surgery. This is most easily done in the shower using your fingertips and a mild facial cleanser (Purpose, Basis, Neutrogena, etc.). Lather the facial cleanser in your hands and gently spread suds over facial skin and behind and around your ears. Do not use deodorant soap, scented soap, or harsh soaps intended for the body. Do not rub or scrub your face. Do not use a washcloth for the first few weeks following your procedure (if you have had dermabrasion around the mouth or elsewhere as part of your procedure please see instructions on care of dermabraded areas elsewhere in these instructions.) Rinse thoroughly by splashing your face with lukewarm, body temperature shower water from the shower stream. Use warm, not hot water (parts of your face and scalp will most likely be numb and you may not be able to tell how hot the water is) and do not let shower water pelt directly onto facial skin. It is not necessary to remove all dried blood and crusts from incision lines. Remember to keep your chin up and away from your chest during the face washing procedure. You may wash your face as outlined above more than once a day if you wish.

You may apply a moisturizer gently if your skin becomes dry. When applying a moisturizer or other skin care product use light fingertip pressure only and stroke skin towards the incisions, not away from them. If you use Retin-A, Renova, glycolic acid ("AHA") or topical vitamin C ("Cellex-C") products, stop for 2 to 3 weeks (or longer if necessary) as these may cause drying and irritation (if you have had dermabrasion as part of your procedure you should wait 2 to 3 months before applying these products to dermabraded areas – see previous section on care of dermabraded areas.) If you normally use several of these products, it is best to restart the AHA product first and add Retin-A, Renova or topical vitamin C one at a time later on.

Do not steam your face, apply masks, herbal packs or undergo other skin treatments for 3 mo. Do not have a facial for 3 months unless it is performed by a skin care specialist approved by my office (please request a referral) or a facialist experience in post-surgical care. Do not consent to any type of deep pore cleansing, skin peel, or micro-dermabrasion for the first 3 months after your surgery without first discussing the type and technique with us.

It is not uncommon for a few blemishes, 'white heads' or an occasional "coldsore" to appear after surgery and during the recovery period but if you experience an excessive outbreak you should arrange to be seen by a member of our staff as soon as possible. Do not wait for your next appointment.

It is not uncommon for patients to experience excessive oiliness or dryness of their skin for a period of time after surgery. This corrects itself in time.

Good skin care after surgery can enhance your result and promotes a health and fit appearance. Unfortunately, many of the best products are available only by prescription, through a physician's office or through better salons. If you have a dermatologist and/or facialist you see regularly consider discussing with them options available to you. If you don't have a dermatologist or facialist and you are interested in optimizing the appearance of your skin, please let us know. We would be happy to recommend someone to you and will do our best to bring you up to date on sunscreens, Renova and Retin-A, alpha-hydroxy acids ("AHA's") and other treatments.

Lip Care

It is not uncommon for lips to become dry after surgery. If they do you may apply lip balm ("Chapstick", "Blistex", etc.) Vaseline or similar products. Lip balms, Vaseline and like products are usually easier to apply if the container they are in is kept in a warm place. Lip balms can be applied as often as you wish and you don't need to wait until your lips feel dry to begin using them.

If you have had **Lip augmentation** using tissue grafts ('Alloderm" or 'dermis-fat graft") lip balm can be used, but it must be applied carefully. If tissue grafts were placed there will usually be small incisions on the inside of the upper and lower lips near the corners of the mouth that have been closed with absorbable sutures. In these situations, lip balm should not be applied directly to the sutures or over the sutures areas and application should be made from the center of the lip outward towards the corners of the mouth. If you have had tissue grafts placed and have sutures on your lips it is better to use lip balm contained in a tube, rather than that that comes as hard sticks. These go on more smoothly and result in less pulling.

If you have had **fat injections** into your lips they will be swollen and dry but no sutures will be present. In this situation lip balm can be applied to all areas.

Incision Care

No specific care of suture lines is required other than the rinsing and cleansing they will receive when you shower and shampoo. If antibiotic ointment has been prescribed, apply it thinly to your incisions as directed. Do **not** apply Vitamin E

oil, rubbing alcohol, Preparation H, herbal remedies, or other creams, lotions and ointments to your incisions, regardless who recommends them to you. Do not clean your incisions with hydrogen peroxide unless you have specifically been directed to do so by a member of our staff.

Visitors

It is up to you to decide when you will have visitors, and if so how often and for how long. Many times, visits from friends and relatives are reassuring and help break up some of the monotony that can occur after surgery. If this is the case for you, take advantage of this “support system”. Most visitors will be interested in your experience and eager to share in your excitement. Including them early on speeds you along the road to recovery.

You may, however, feel more comfortable if you limit visits after surgery. Some of us want nothing more than to be left alone and rest during this time. If this seems to be the case for you, communicate to friends and family that their visits are important and will be welcomed later, but explain that you need your rest. You should also remind them that Dr. Collins has placed limits on your activity, including the amount of talking you do. Let them know all is well, however, so they don't worry. A positive attitude really will help you recover faster, so when they ask how you are doing give them an enthusiastic “Great!”.

After surgery most patients are sensitive about comments on their appearance and appreciative of compliments and encouragement. Unfortunately, some visitors and family members will fail to recognize the complexity of your experience and will have a poor understanding of the post-surgical healing process. This can lead to well-intended but insensitive remarks about how you look, or ill-informed comparisons to someone else who had “such and such” by Dr. “so and so”. You must ignore these naïve comments and irrelevant comparisons made by these self-styled “medical experts”. Everyone heals differently and the techniques Dr. Collins uses to get you the best possible results are often more complicated than those used by other surgeons. Healing sometimes takes longer. Relax and be patient. If you are concerned as to how you are healing, please call and discuss it with Dr. Collins or a member of our staff. Don't listen to those who don't know what they are talking about.

Suture Removal

Suture removal usually begins 5 days after surgery and continues over a period of 7 to 10 days or more. Not all sutures are removed at the same time and removal of all sutures generally requires three office visits. When your sutures are removed will depend upon how you heal and is individualized and specifically fine-tuned to your needs.

Suture removal is generally not painful and usually results in relief of some of the tightness you may feel in your face. Most patients find it a positive experience when time comes and enjoy moving one step closer to being healed.

Occasionally, suture removal may result in mild momentary discomfort. If you experience discomfort during suture removal a topical anesthetic will be used. It is also recommended that you take two Tylenol (acetaminophen) tablets or one of your stronger pain pills when you leave home for our Clinic for your suture removal appointment. Do not take pain medication if you drive yourself to the Clinic, take it after you arrive (note: you should not drive during the first 9 days after surgery and should arrange for someone else to drive you to your suture removal appointments. If you do not have someone who can drive you please contact us so that other arrangements can be made). This will help ensure that you are comfortable during your visit.

Many patients are curious as to why “absorbable” sutures are not used. Although these sutures work well under the skin and are often used in the deeper layers, they must be digested by the body and will cause unwanted inflammation and irritation when used on the skin in most areas. This results in reaction, increased scarring and, in some cases, stitch marks along the incision lines. Many patients are “allergic” to these materials as well. Non-absorbable sutures, while more expensive and require removal, have none of these drawbacks. They are inert, non-reactive and non-allergic.

Not infrequently several sutures, or cut fragments of sutures, will be concealed by swelling or hiding under crusts and scabs along incision lines at your scheduled suture removal visits. It is neither necessary nor desirable to try to remove these at that time. If you find a suture that was not removed as swelling subsides or crusts fall away do not be alarmed. Please call us and we will schedule an appointment to remove it.

Drain Tube Removal

Drain tubes are usually removed 5 to 7 days after surgery. When your drain tubes are removed will depend upon how you are healing and how much fluid has collected in the drain reservoir. Often drain output will be minimal the second or third day after surgery while you are relatively still and then increase when you begin to move about. Because of this it is better to leave the drain tubes in place a day or two after drain output slows down before they are removed.

Drain tube removal is generally not painful and usually results in relief of some of the discomfort you may feel in your neck area. Occasionally, drain removal results in mild, momentary discomfort.

Drain tube removal is usually performed by one of the members of our medical staff. Each staff member performing drain removal has been specially trained by Dr. Collins how to do so and is capable of recognizing any problem you may have. If you stay in the hospital or an aftercare facility, your drain may be removed on Dr. Collins order by your nurse or aftercare specialist before you go home.

Swelling and Discoloration

Swelling and some discoloration are usually unavoidable in facelift surgery and are, in fact, a normal part of the healing process. Nonetheless, measures are taken to reduce it including the use of drains, medication and special operative techniques.

Swelling can also be minimized by proper self-care after surgery. Avoid salty foods, alcohol, strenuous activity, hard to chew foods, and bending over and straining, and keep you head in a proper position (see sections on diet, after surgery activity and exercise).

It is unrealistic to expect your face, forehead and eyes to swell equally and symmetrically after surgery. The degree and location of swelling you experience will depend upon many factors including how you hold your head during the day, your head position while you sleep at night and even which side of face Dr. Collins worked on last at the time of surgery. Do not be concerned by differences in the right and left sides of your face after surgery. These differences are expected, temporary and will pass in time.

A purple ink pen is used to mark each patient's skin during surgery. Unfortunately, it is usually not possible to remove all traces of ink at the end of the procedure. These faint residual ink marks are often mistaken by patients and their families as bruises. Do not be concerned by them. They will vanish in a few days as a result of normal skin cell shedding. Do not scrub upon your face to try to remove ink stains.

Contact Lenses

Contact lenses should not be worn the first 2 weeks after surgery if you have had eyelid surgery as part of your procedure. You must wait until your incisions are healed before manipulating the eyelid to place or remove your lenses. Wearing

your contacts too soon can result in cornea abrasions, injury to your eye, and separation of your surgical incisions.

When placing and removing contact lenses avoid pulling on the lower eyelid, lift the upper lid instead. Also be sure to carry your glasses and a contact case with you the first few days as you may find you are not able to wear your contacts the entire first day.

If you are experiencing eye irritation, eye dryness or other eye problems, you may have to wait longer than two weeks before using your contacts. Use your eyeglasses in the meantime.

Surgery can temporarily change the shape of your cornea (the part of the eye your contact lens is applied to) and your vision may not seem as clear as usual at first. Be patient, this will correct itself over time, and you should not have your contact lens prescription changed.

Eye and Eyelid Exercises

Surgery will result in stiffness and swelling of your eyelids and eye muscles that can interfere with lid function and vision. The following eye exercises will help speed the resolution of these symptoms. Eyelid exercises should be started 7 to 10 days after surgery (unless otherwise instructed) and should be done at least twice a day. You may perform your eyelid exercises more often if you wish. Eyelid exercises are most easily done one eye at a time while sitting in front of a mirror. After some practice, eyelid exercises can often be performed on both eyes at the same time.

Here is the eyelid exercise sequence:

- Place the tip of your index finger just below the lashes of your lower eyelid and gently lift the lid until its margin covers the pupil (if possible). Hold for a 3 count (“one thousand one”, “one thousand two”, and so on) and then release. Be sure you are lifting the eyelid and not pushing up the entire cheek. Also be careful not to touch the surface of the eye itself or scratch your eye with your fingernail. Do the same for the opposite lower eyelid. (With practice it is possible to do both lids at the same time).
- Roll eyes up and to the right, up and to the left, down and to the right and down and to the left. Relax and blink a few times.
- Open eyelids widely and close them tightly for a three count. If you are unable to fully close eyelids, gently hold the upper eyelids closed with finger tips for a 3 count.

- Hold your thumb (or other object) half an arm's length from your face and bring it into the best focus you are able. Then focus on a distant object beyond it. Repeat 10 times.
- Repeat the above steps 10 times.

The above exercises are often best performed after the application of warm (not hot) compresses. Cold compresses tend to be stiffed tissues and make the exercise more difficult. In the unlikely event that eyelid exercises provoke swelling, cold compresses may be applied after they are completed.

Eyelid exercises should be continued for at least 3 weeks or until all eye stiffness and irritation is gone. Some patients will need to perform eyelid exercises for a longer period of time.

Eyelid exercises will be more difficult to perform after eye drops and ointment have been applied as eyelid skin will be more slippery. If possible, perform eyelid exercises before using eye drops or ointment.

If you have had a chemical peel on your lower eyelid skin you should wait 10-14 days before performing eyelid exercises on the lower eyelids. This is necessary to avoid trauma to healing skin. Peeled skin will also be coated with antibiotic ointment and slippery and exercise will be difficult to perform. You may begin exercises on the upper eyelids 5 to 7 days after surgery if your lower eyelids have been peeled.

Camouflage Makeup

Do not use make-up for the first 7 days after surgery or on any area where sutures are still present or healing is incomplete. A hat, scarf and sunglasses are the best camouflage during this time.

Camouflaging discoloration and redness after surgery is more difficult than it seems and most men and women lack adequate experience with make-up to effectively conceal these problems.

If you wear eyeglasses, consider wearing them the first few weeks after surgery even if you don't need to. They eyeglass frames and the reflection on the glass lenses help hide swelling and bruising in the eyelid area, and eyeglasses can be worn when wearing sunglasses is not appropriate.

Eye Make-up and Mascara

Do not use eye make-up for the first 7 days after surgery. If you have had a chemical peel of your eyelids as part of your procedure you must wait 9 to 10

days until your eyelid skin is done peeling and new skin has formed. Glasses or sunglasses are the best kind of camouflage during this time.

Do not apply mascara during the first 2 weeks after surgery. If you are experiencing eye irritation or eye dryness you must wait longer until these problems resolve. It is recommended that you purchase a new tube of mascara for use after surgery. The tubes you have been using may be old and/or contaminated and are more likely to result in eye irritation.

Do not curl or tint your eyelashes during the first 6 weeks following surgery. Tinting and curling can cause lashes to fall out. Do not undergo eye line tattooing or apply false eyelashes until at least 3 months after your surgery.

Earrings

Do not wear earrings for the first 3 weeks following your surgery. If your ears are not pierced you should wait at least a week longer. This is because your earlobes have been sutured back into your cheek and are often numb. The weight of an earring or the act of putting it on or taking it off can accidentally dislodge them and open up the suture line. Even small pierced earrings are a common source of problems.

Do not wear large, dangling earrings for several months, even if they are light in weight. They are prone to catch on clothing or other jewelry and, because your earlobes are numb, can lead to accidental tearing or suture line disruption.

Although it is recommended that you not wear earrings for the first 3 weeks following your surgery, once a small earring is safely in place, it is usually best to leave it there until healing is complete rather than trying to remove it.

Pulling Clothing on and off your Head

Be extremely careful when putting on and taking off pull-over clothing the first 3 weeks following your surgery. Your earlobes have been sutured back into your cheek and are often numb and the act of putting on, or especially taking off, pullover sweatshirts, blouses and sweaters can dislodge them and open up the suture line. It is highly recommended that you wear button-up rather than pull-over clothing the first few weeks after surgery.

Pets



PLASTIC & RECONSTRUCTIVE SURGERY & MED SPA

Pets, no matter how clean or well cared for, pose a risk for infection and you should avoid touching your face after having contact with them until you wash your hands the first week or so after surgery. Do not allow pets to lick your face during this time.

Do not bend over a stoop to greet, feed or pick up a pet during the first two weeks after surgery. This causes blood pressure to surge in your face and can lead to bruising the internal bleeding. Do not try to lift or hold a large pet during this time for the same reasons. If possible, have someone else feed, walk and otherwise care for your pet for you during this time as well.

Do not sleep with your pet near your face or allow your pet to come into contact with your pillowcases and bed linen for the first 3 days after your surgery. Your pet may sleep in the room with you or on the foot of the bed. If you have had laser resurfacing or a chemical peel as part of your procedure do not sleep with your pet for 10 days.

It is not uncommon for pets to be a bit hesitant and moody when they first see you after surgery as they can often sense that something is different about you. This will pass once you talk to them and reassure them everything is OK.

What to Tell Others About your Surgery

Many patients wonder what they should tell others should they notice or comment upon your changes appearance or bruising and swelling that may be present after surgery. If you feel comfortable telling the truth is usually the easiest course of action. Generally, people are justifiably concerned about you and will be relieved that you have not been injured or are not ill. Usually, they will ask a few questions (did it hurt? etc.) and that will be then end of it.

If you prefer not to reveal the real reason for and bruising or swelling you may have, or why you may have a change in appearance, it is usually better to provide a plausible explanation to those asking that would satisfy their curiosity and alleviate any concerns they may have. Convenient excuses include extensive dental work, dental implant surgery, sinus surgery, oral surgery and even a severe shellfish allergy or allergy to a medication.

Return to work or social activities

The timing of when you return to work and your social life will depend upon your tolerance of surgery and anesthesia, your capacity for healing and the type of work you do and activity that you enjoy.

For the first 9-10 days after surgery you must not stoop, bend, strain or lift anything heavier than a gallon of milk. Lifting and straining can cause blood pressure to surge in your face and can lead to bruising and bleeding under the skin of the face.

If you are not having problems, you may return to the office and limited social activities when you feel up to it, even though some bruising and swelling are likely to be present. It is often wise to begin with limited workday at first, and to adjust your schedule as needed thereafter. Do not drive for the first nine days after your surgery and until your vision is clear and you are off pain medications.

If your job entails more strenuous activity or physical labor you should check with Dr. Collins before returning to it. In such cases, longer periods of convalescence are required.

When you return to your social activities will depend upon how you are healing and how you feel about your appearance. In general, don't plan on being presentable (returning to work, going out to dinner etc.) for at least two to three weeks and don't schedule and important outing (performance, business presentation, public speaking engagement, etc.) or plan to attend a special event (wedding, class reunion, etc.) for two to three months.

By three weeks, the majority of the bruising and much of the swelling has usually resolved and most patients are not overly self-conscious about the way they look at that time. Some swelling will inevitably be present for several months thereafter, however even though is not immediately obvious to others. You may want to wear makeup until the bruising has resolved (see section on make-up).

Return to exercise and sports

As much as you may like sports and exercise, you must reduce your activity after surgery to allow proper healing to take place. This is especially true during the first two postoperative weeks when strenuous activity will aggravate swelling and bruising and can result in bleeding, fluid collections and other problems.

For the first 2 weeks you should avoid all strenuous activity and sport is, but you may climb stairs in your house and walk on flat ground as soon as you feel up to it. Don't overdo it, however, as any activity that makes you perspire will prolong swelling. Keep your head up and avoid bending or stooping. Do not drive for the first nine days after your surgery and until your vision is cleared and you are off pain medication.

Two to four weeks after surgery, you may do light housework, begin light house work as tolerated including stretching, fast walking, dancing, stationary bicycling, light treadmill and similar activities. Begin slowly and gradually work up to your pre-surgical level of activity.

Four to six weeks after surgery, you may begin more vigorous forms of exercise including stair master, nautilus and aerobics but you must wait a full six weeks or more in some cases before you consider jogging, tennis, racquetball, skiing, water sports, weight training or any activity that could result in a blow to the face.

Intimacy and sex

Many patients will find great comfort in closeness and intimacy with the one they love after surgery, and as soon as you feel up to it you are encouraged to hug, kiss and hold one another.

Non-sexual touching and massage are usually relaxing, reassuring and beneficial to both the body and mind, but sex (including masturbation) should not be resumed until two weeks after facelift surgery. This is because sexual arousal raises blood pressure and has been reported to result in life-threatening bleeding as long as 2 weeks after surgery.

Resume sexual activity slowly and ask your partner to be gentle until any soreness resolves and you feel that your recovery is complete. Sex should be tender and you should participate passively the next 2-4 weeks. Six weeks after your surgery you may resume your usual sexual activity.

The healing process

While in most cases an improved appearance will be noted immediately after surgery, healing takes time and you must be patient. The majority of healing takes place over the first three weeks to three months, but complete healing takes 9-12 months, sometimes more. Return of sensation of the skin in some areas of the face, neck and scalp may take up to two years or even more.

During the first few weeks your eyes most likely will appear “pulled”, “too narrow”, “too tight”, “beady” or “different” and your eyebrows may seem “too high” or “at

different heights". Often, the whites of the eye will be temporarily stained a red or yellow color and appear swollen, puffy or "bubbled". Lower eyelids usually appear "puffy" and wrinkled and swelling can sometimes cause them to be "pulled down" or "turned out". Bruising is generally present over the lower as the skin is very thin there. These situations will correct themselves in time and are best treated by protecting by protecting your eyes with eye ointment and performing your eye exercises (see section on eye exercises).

Numbness is typically present over the cheeks, neck, forehead and scalp, and for some patients, the lips and earlobes as well. This is because thousands of nerve fibers too small to see are necessarily divided during the procedure and need to re-grow. Feeling generally returns first over the cheeks and neck. Numbness is typically present for six to nine months or more over parts of the forehead, neck and scalp. As nerves begin to regrow most patients experience a "tingling", 'pins and needles' or "itchy-crawly+ sensation that can be quite annoying. This passes with time. As you are aware, some areas of scalp, forehead or face may remain permanently numb.

Most faces appear "pulled", "cheeky", "too tight" and "top heavy" for a variable period of time after surgery. Typically, the upper face and forehead appear large in comparison to the lower face and the jowl and jaw area appear "pulled" tight and too small. This appearance will gradually subside as tissues relax and swelling drains from the upper face and temple region. During this time, however, you may feel you look "too young", 'unnatural" and "not like yourself".

Most patients have dimpling or irregular contour over the mid cheek on each side of their face for several weeks or more after the surgery. These are due to the type of procedure used and are an expected and normal part of the healing process. They will gradually disappear as swelling subsides and tissues relax. Dimples are usually present within the hairline where forehead lift sutures were placed. These areas usually smooth out over a period of 3-6 weeks. Occasionally a little more time is needed.

Most patients experience a "tight feeling" across their necks and sometimes even a "choking" sensation. Lifting your chin from your chest will lessen these feelings as will the passage of time. Most patients' necks are "firm" or "woody" feeling to the touch and sometimes feel as if "gravel" or "jelly beans" are present under the skin for several months. Often a "ridge" or "necklace" of swelling is present horizontally across the lower neck where the drain tube was located. These are normal findings that will clear in time.

Most patients feel tightness in their jaw and pressure in their "TMJ" (jaw joint in front of the ear). This may result in difficulty in mouth opening and chewing and you may find that your teeth don't fit together correctly the first few weeks after their surgery. This generally subsides as tissues relax.

All incisions leave scars and all scars go through a “repair” phase of healing in which they are red to purple in color or raised or both. This is normal part of the healing process and generally lasts 3-6 months and is the body’s natural response to surgery. During this time, you may have to restyle your hair or wear make-up on these areas. After 3-6 months healing incisions enter the “remodeling” phase. During this phase the body senses that wound repair is completed that the time has come to shut down. A new set of body processes take over and scars begin to fade in color and shrink in size. Improvement in scar appearance generally continues for a year and a half or more.

Incisions in hair bearing scalp often result in temporary shock to adjacent hair follicles and loss of variable amounts of hair near the healing scar. Frequently this is mistaken as a “wide scar”. Hair follicle shock generally lasts 4 months and during this time the missing hairs will not regrow. Sometime thereafter, however, follicles reawaken and new hairs appear. Areas of hair loss from hair follicle shock can also happen at areas of suture placement due to pressure on tissue at these locations. Hair will regrow at most of these sites in time as well.

If you had lip augmentations part of your procedure, your lips will swell significantly and it is likely you will have trouble talking, drinking and eating the first few days. Swelling in the lips, like the rest of the face generally peaks at about 5 days and then gradually resolves over a period of three months or so. The degree of lip swelling varies from patient to patient, but most look a bit “ridiculous” for the first few weeks and are understandably concerned about their lips being too big. Keep in mind that the swelling of this sort is expected and will pass and that the outcome of the procedures used is a restoration of some of the volume lost with age, and not an unnaturally large or “stung by a bee” appearance. Most patients start to feel comfortable about the appearance of their lips around three weeks after surgery. Many even like their appearance at that time to the swelling that is present. This is not the final result however and your lips will shrink further in size as swelling subsides. Complete healing and resolution of swelling takes three months or more.

If you have fat injections as part of your procedure you must expect additional facial swelling and longer period of recovery above and beyond that if fat injections had not been performed. Swelling will generally be most noticeable around the mouth and in the chin and cheek areas and will be seen to have more swelling than usual as well.

One third or more facelift patients experience some asymmetrical facial movement after surgery, especially during forced expression. This is due to unavoidable stretching and bruising of muscles or nerves during the surgery and is most often noticed as a “crooked smile”, “crooked lip”, weakness in blinking

and asymmetric elevation of the eyebrows. This generally passes over a period of several weeks but sometimes persists for 3-6 months or more.

Swelling in the upper cheek, just beneath the lower eyelids is often the last to leave the face. Resolution of swelling in this area can sometimes take several years and often kicks up with exercise, exertion, eye irritation, allergies and the ingestion of salty foods or alcohol.

A special note to family, spouses and loved ones

While it is possible you may have certain concerns, reservations or even objections to your family member, spouse or loved one undergoing cosmetic surgery, it is in his/her best interest if you set aside any negative feelings you may have and offer you reassurance, encouragement and unconditional support. This is especially true if he/she is concerned about their appearance, is having post-operative problem or is generally overwhelmed with the recovery process.

It is all too easy for those not in favor of surgery to minimize what the patient has been thoroughly being indifferent or inattentive or to seed self-doubt and feed their anxiety with insensitive remarks (I told you so, you look awful, you should have never done this etc.) This is counterproductive, hurtful and interferes significantly with the physical and emotional recovery process.

Although your family member, spouse or loved one's appearance may concern you, keep in mind that it is almost always the case that they long for your closeness, company and reassurance. Don't let the fact that they have had surgery result in the avoidance of conversation, eye contact or expressions of appreciation, love and affection.

People rarely tire of the company of a loved one after they have had surgery. Most have little to do and are unable to amuse or entertain themselves. Help fill the void by spending time with them, reading the paper to them, listening to music with them watching a humorous video with them or any of the many things you might otherwise do together. This is also an excellent time for inexpensive surprise gifts, flowers and other small favors.

People need compliments and constant reassurance from those around them after they have had surgery- even the most confident and self-assured. Be positive and offer encouragement frequently. Bear in mind that it's almost impossible to overdo it. Smile warmly when you make eye contact-it's a non-

verbal sign of approval and that all is well. If the patient is a spouse or significant other, don't forget to say "I love you". Say it often- surgery, anesthesia and medications make them forgetful!

Sun Protection

For three months after your surgery you face must be totally protected from sunlight and for 6 months from prolonged sun exposure by using high quality, PABA free sunscreen that blocks both UVA and UVB rays.

Sunscreen (SPF 15 or better) should be applied every morning without fail, even on cloudy days, days you wear a hat or days you plan on staying indoors. This is because, unlike visible light, a significant portion of UV light (the light rays that cause aging and cancer) pass unimpeded through clouds, haze, smog, fog and even window glass. Hats, though recommended, do not fully protect you from damaging ultra-violet light reflected off the street, sidewalk or other surfaces. Even short trips to the and from your car or running errands add up to significant exposure over time and those who work near windows are exposed to aging rays that can pass through window glass.

We are each born with a certain amount of elastic tissue in our skin and, for the most part, we are unable to replace it. Elastic tissue is what makes our skin soft and supple, resilient and smooth and young looking. Each time sunlight strikes our face, strands of elastic tissue are irreversibly destroyed and replaced by the body with microscopic strands of scar tissue. Over time this continual loss of elastic tissue and replacement with scar tissue results in skin that is wrinkled, leathery and saggy. If you have had a facelift, chances are you have already had more than a lifetime quota of sunlight! Protect yourself from further damage by wearing your sunscreen daily. Keep an extra bottle in your briefcase, car, boat and with your bicycle, tennis racquet and golf clubs. If you will be in the sun more than a few hours, consider using a higher-grade sunscreen (SPF 25-45). If you swim or perspire, reapply frequently, even if you are using a "water resistant" brand. Don't forget the back of your neck, upper chest (décolletage), backs of hands and arms. Too often these areas become objectionably leathery on many people without their realizing it.

Although it is increasingly acceptable to be "fashionably untanned", limiting your exposure to ultra-violet light does not mean that you will have to go without a tanned look, if you prefer it. Unlike products of the past, today's self-tanning creams and lotions produce wonderfully natural deep streak free, naturally fading skin color that is virtually indistinguishable from a "real" tan. They can be used on all areas of the body, including (and most importantly) the face. Professional



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models combine self-tanning products with moisturizers and apply the mixture daily to obtain and maintain healthy skin color. It's their "trade secret" to gorgeous tan and beautiful skin.

Sunscreens alone are not adequate protection from the sun. You should avoid strong mid-day sunlight whenever possible, plan vacations in non-tropical areas when you can and make a habit of wearing a wide brimmed hat, scarves (when practical) and sunglasses. You should also know that clothing itself provides partial protection only (a T-shirt may only provide protection the equivalent of SPF 6 or so.)

Improving your health and enhancing your image

Many patients find surgery to be a turning point in promoting personal health and fitness and now may be a good time for you to make lifestyle changes that will improve and extend your life.

If you smoke, quit. It is the leading cause of strokes, heart attacks, blood vessel disease and cancer. It also prematurely ages the skin. Find a friend to quit with you or join a "stop smoking: support group. Nicotine gum and skin patches are now available "over the counter" at most pharmacies and reports have shown them to be successful in helping many people quit. Additional advice can also be obtained from you family doctor or personal physician.

Eat right. It's impossible to look or feel good eating the rich, high fat, sugary foods many of us do. Maybe it is time to reduce your intake of meats, sweets, packaged and processed foods and eat more grilled poultry and fish, vegetables, grains and fiber. Seek out friends who want to do the same and look for restaurants that offer healthy dishes. Throw out packaged, unhealthy foods around your home and make a commitment to reduce your intake of them.

Reduce your intake of alcohol. While small amounts are not harmful and may even promote good health, larger amounts and frequent use are toxic to vital organs, including skin.

Get yourself a regular program of exercise. It is now a well-documented scientific fact that regular exercise improves and extends life. Exercise can also be a wonderful way to relax, reduce stress, meet new people and make new friends. Exercise need not be vigorous to be beneficial and a simple routine of walking each day can make big difference in how you feel. You might also consider joining a health club, enrolling in a yoga class, weight training or even getting a personal trainer. (If you are over fifty years old or do not exercise on a regular basis, we suggest you be exam and cleared by a physician before undertaking any program of exercise.

Take better care of your teeth and gums. Most people in the facelift age group are at risk for tooth loss due to diet changes, deteriorating existing dental work and gum disease. Perhaps you have old bridges, crowns or caps that no longer match or need replacement. Even if your teeth are healthy, a closer look may show they have dulled with age or are stained. If you don't have a dentist who regularly cares for you, or if you think you might be interested in consulting with a dental specialist about improving the appearance of your smile, we would be happy to provide a referral. If you are not already going for regular checks and cleanings, you should do so as soon as you are able.

Make an appointment for a checkup with your personal physician and appropriate specialists. Although you were examined by me pre-operatively, if you are overdue for your regular checkup and check of your cholesterol, you should make sure you get in to take care of this as soon as you can.

Problems That Occur After Surgery

Nausea

Despite our many efforts to prevent it nausea and vomiting can sometimes occur after surgery. If you become nauseated or vomit, take the ZOFRAN prescribed as directed. It should be put under your tongue. Vomiting and retching, if left untreated, can cause bleeding, bruising, swelling and compromised healing.

If you think your pain pill, antibiotic or other medicine we have prescribed for you might be causing stomach upset, please contact us and let a member of our staff know. We will provide more agreeable substitute. Do not discontinue taking your medicine without informing us, however. We need to know if you are having problems so a replacement can be provided.

Nausea or vomiting that does not respond to the above measures should be reported to me or a member of my staff.

Constipation

All pain pills are constipating to a degree and surgery and anesthesia can sometimes lead to irregular bowel movements. If you become constipated you should take a laxative such as Milk of Magnesia, Ex-Lax or Correctol. Don't forget to drink plenty of liquids, stay active and eat high fiber foods and bran containing cereals.

If you are prone to constipation, it may be a good idea to take Metamucil (psyllium mucilloid) or the equivalent as directed each day as a preventative measure. It comes as a powder that can be added to juice, as chewable tablets and as an easily digestible cracker.

Eye Irritation and Dryness

Most patients experience some eye irritation after surgery. This is because their eyelids usually do not fully close after surgery due to swelling and other factors, and the glands that normally produce lubricant to protect the eye function poorly for a while after surgery. This can lead to irritation and dryness, or even eye injury, if protective ointment is not used.

Eye **ointment** should be used without fail each night at bedtime before the first 3 weeks following surgery and several times a day if you are experiencing significant eye irritation or dryness after your surgery. Eye drops are not sufficient protection for nighttime use or if you are experiencing irritation and/or dryness. Keep in mind that day use of eye ointment will produce some visual blurriness. This is expected and should not cause concern.

Do not use medication eye drops (“Visine,” “Murine,” etc.) if you are experiencing eye irritation or dryness after surgery. These are intended for allergy sufferers and will result in temporary relief only. Because they do not treat the actual cause of the problem, they will quickly make matters worse.

Do not put contact lens wetting solutions directly into your eyes. Do not use any prescription eye medication you or any other family member may have at home.

Eye ointment is a protectant intended to be applied to the surface of the eye itself, not the eyelid incisions.

While not harmful to incisions, it is not necessary or indicated to apply it to them.

Proper application of eye ointment is important if a beneficial effect is to be expected. Avoid pulling on your eyelids when placing ointment in your eyes. This will pull on your incisions and could result in separation of wound edges. Tilt your head back, look up and roll your eyes “up into your head” and then run a bead of ointment across the white of your eye, just above the lower eyelid. Be careful not to touch or poke the surface of the eye with the tip of the tube. Then blink repeatedly to spread the ointment over the remainder of the surface of the eye. It is often easier to have someone help you administer your eye ointment the first few days after surgery. If you have problems placing eye ointment across the surface of your eye and no one to assist you, you may try placing ointment in the outer corner of your eye and allowing it to spread across the remaining surface.

Some patients experience eye irritation and dryness for several months or more. In these instances, ointment should be used until irritation and dryness resolve. In rare cases, patients must use ointment on an ongoing basis after surgery.

If you experience severe or persistent burning, itching, or foreign body sensation, please inform a member of our staff. Do not wait until your next scheduled appointment.

Ear Problems

Sometimes patients have trouble hearing after surgery or notice pressure in one or both of their ears due to excess wax production, wax impaction or dried blood in the ear canal. Please notify a member of our staff if you experience any of these problems. Do not try to clean your ear canals with “Q-tips” or put any other object in your ear canal.

If you feel you have wax impacted in your ear and wish to treat it at home you may do so using over the counter earwax removal kit sold at most pharmacies. These kits contain ear drops to soften the wax and a small irrigation bulb to flush softened wax. Follow the instructions on the package and be sure to use skin temperature (not cold or hot) water. Cold and hot water irrigations can result in dizziness. Complete wax removal may take several treatments.

Back and Neck Problems

Some patients may develop a sore back or neck following surgery, especially if they have pre-existing back or neck problems. If this is the case, you may use a heating pad or liniment (“Ben-gay”) but you should not take “back medicine,” muscle relaxers, non-steroidal anti-Inflammatories (NSAID’s), aspirin containing products or ibuprofen (Motrin, Advil, Nuprin, Aleve, etc.). These may lead to bleeding and will accentuate bruising.

Back massage and/or chiropractic treatments to the back are permitted if needed, but you should not lay face down on a massage table with your face in a “donut cushion” during the first 6 weeks following your surgery. Have the therapist position you on your side during these treatments. In addition, do not allow massage on the face, forehead, neck, temples or scalp (exception – lymphatic massage provided by an experienced therapist approved by our office). Improper massage performed too soon after surgery may damage the skin or disrupt suturing underneath.

Sore Throat

It is not uncommon for patients to experience minor throat irritation following surgery. This is usually due to oxygen (and sometimes anesthetic gases) that is administered during your procedure. Tea with lemon and a bit of honey is often soothing if your throat is feeling dry. If you are drinking tea late in the day be sure it is decaffeinated so that you will not have trouble sleeping that night. You may also gargle with salty water (1 teaspoon of table salt in a quart of water) or suck on hard candy or medicated lozenges intermittently throughout the day if your throat is sore (gargling with salty water will not increase swelling).

Insomnia and Restlessness

Some patients may experience restlessness and insomnia after surgery, especially if taking medication to reduce swelling (Medrol, prednisone, hydrocortisone, etc.). This will pass when medication is finished but can sometimes result in considerable frustration or fatigue.

If you find you have trouble sleeping or are “jitter” during the day you may try taking Benadryl (diphenhydramine) 25mg by mouth every 4 to 6 hours as needed and 50 to 75 mg by mouth at bedtime. This medication is available “over-the-counter” at drugstores. Avoid caffeinated beverages (coffee, tea, cola) as well and try to nap less during the day. Avoiding caffeine and long daytime naps help reset your biological clock and get you back into your normal sleeping patterns.

If you have been prescribed a sleeping pill you may take it as directed (see also warning and precautions in medication section)

Alternative healers and aroma therapists believe the scent of lavender to be useful in the treatment of restlessness and insomnia. If you find floral scents relaxing, send a friend or family member to pick up dried lavender (available at aromatherapy shops), essence of lavender or floral potpourri, and enjoy.

If restlessness or insomnia becomes severe and refractory to the above, notify a member of our staff.

Low Spirits

Many patients experience low spirits, anxiety and mild depression after surgery and it is entirely human to have second thoughts and self-doubts during the



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recovery periods. This is normal and not unlike the depression one may feel after graduation, leaving the military or retiring.

Symptoms of mild depression commonly follow periods of transition in our lives, even when positive or when we better or improve ourselves. A feeling of letdown is also natural when a goal is reached or an even passed and it is time to move on. You will be able to cope with this brief period of emotional turmoil as long as you understand why it happens and what kind of activities help to alleviate it.

Mild depression occurs 3 to 5 days after surgery. You may find yourself short-tempered and impatient, searching to find fault in those around you. At other times you may feel overwhelmed and exhausted or inexplicably angry at friends or loved ones, some patients may feel isolated and misunderstood and be prone to crying for no apparent reason. You are not alone in these feelings. They have been experienced by others. They are normal and will pass.

There are many contributing factors to your emotional state after surgery. Apart from the physiologic change you have undergone and the varied influences of your medications, you may be understandably anxious about your appearance, worried what your friends and co-worker may be thinking or concerned about time away from your work. Most likely surgery has also kept you a bit cooped-up and away from the people and the things you enjoy.

It is important you remind yourself that what you are going through is perfectly normal and will pass. You must avoid becoming unnecessarily pre-occupied with swelling and bruising or your changed appearance, and it is recommended you re-read, or have read to you, this section of this booklet a few days after your procedure if you are feeling blue.

Do not take tranquilizers, “nerve pills”, drugs or alcohol thinking they will help lift your spirits. They will compound the problem and slow its resolution.

Do find distractions to keep you yourself busy and your mind clear of counterproductive thoughts. Hugs and kisses are highly recommended but be creative. Rent several of your favorite “feel good” movies or comedy specials. Telephone a few trusted friends or family members and see what’s new (be careful not to press the telephone handset against your cheek - this can bruise the cheek skin). If your eyes tire easily or your vision is fuzzy listen to some great music or get a hold of a few “books on tape”. Books on tape are a marvelous way to pass the time and are highly recommended.

Alternative healers believe certain scents, fresh air and natural light can lift spirits and prevent depression. Send a friend or family member to pick up herbal potpourri (dried peppermint or essence of peppermint oil is said to be helpful – it is available at aromatherapy shops) or go outside in the morning or evenings when the air is cool and the sun is low in the sky. The fresh air, natural light and change in surroundings will make you feel better and walking will help you alleviate low spirits as well as speed up the healing process. Enjoy yourself, but don't overdo it. Before you know it your mental, physical and emotional "music strings" will be back "in tune" and you will look and feel great.

Itching

After surgery you may experience itching, tingling and crawling sensations. Although sometimes annoying, these are good signs and indicate that you are healing. Itching, tingling and crawling sensations are generally most often experienced 3 to 4 months after surgery. These sensations are the result of the new growth of small nerves that were necessarily cut at the time of surgery.

If you experience itching and other odd sensations, do not scratch, especially at and along your suture lines, scratching will not bring relief and it is far better to tap, pat or press upon itching areas or to apply cold compresses as needed, you may also find that taking Tylenol (acetaminophen) every 4 to 6 hours may provide relief.

For more bothersome itching, especially at bedtime, you may try Benadryl (available over the counter in pharmacies) 24 to 50 mg every 6 hours as needed. (Warning- this may cause drowsiness during the day).

If itching is intense and unresponsive to above measures, please notify a member of our staff. Sometimes prescription medicine can help.

Cold Sores

"Cold sores" are caused by a virus that lives in the nerves of almost all adults. Surgery and anesthesia can trigger a cold outbreak, even if you are not prone to them, or not had a cold sore in the past. Cold sores typically occur on the lip and mouth area but occasionally can break out elsewhere on the face. Cold sores initially usually appear as one or several small bumps or blisters and are often accompanied by a tingling or stinging feeling. Occasionally a larger number will appear. Once present, cold sores will rupture to leave a small, raw sore that can become red, inflamed and painful.

Cold sores are usually uncomfortable and can lead to skin discoloration and scarring. If you have a cold sore outbreak, or notice small bumps and blisters on the lip or mouth area, please contact a member of our staff so that medication can be prescribed. Over-the-counter cold sore medications are usually not strong enough to arrest the problem in its early stages.

If you had had peri-oral (“around the mouth”) dermabrasion (“skin sanding”) or laser resurfacing as part of your procedure it is particularly important that cold sores be caught quickly and in an early stage. If ignored, cold sores can interfere with healing of treated areas and cause skin discoloration and scarring.

Diarrhea

Diarrhea may occur after surgery, most often due to antibiotics that are given during or after the procedure. If you develop diarrhea after surgery and are taking antibiotics you should notify a member of our staff. Do not stop taking your antibiotics without telling us, however, as a replacement may need to be provided.

Fluid Collections In The Neck

Occasionally fluid will collect beneath the skin of the neck and result in “squishy” fullness that moves from side to side. This is usually the result of too much flexing of the neck towards the chest and/or head turning from side to side but sometimes occurs even if you’ve “done everything right”

Fluid, if it collects, should be brought to our attention, and should not be ignored. It is easily removed in a brief, simple, usually painless procedure in the office. Sometimes fluid will reaccumulate after it is removed and the procedure need be repeated. If you notice fluid collecting beneath the skin of the neck, or think it might be, please notify a member of our staff. Do not wait until your next scheduled appointment.

IV Site Problems

Most patients will have some bruising and experience mild tenderness at the site of their IV. Although tenderness generally resolves in a few days, bruising may sometimes last several weeks, sometimes longer.

If you notice a tender lump or firm swollen vein you should elevate the affected area above the level of your heart as much as possible and place a warm moist compress on it for 15 to 20 minutes four times a day. Lumps or swelling at the IV



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site that persist despite these measures should be pointed out to meet a follow-up visit.

If you develop drainage from your IV site or notice red streaks up your arm you should begin warm compresses as described above and notify me or a member of my staff as soon as possible. Do not wait until your next schedule appointment. These are possible signs of serious infection and additional treatment may be needed.

Vaginal Irritation and Yeast Infection

If you notice vaginal irritation, itching, a whitish discharge or strong vaginal odor you may have developed a yeast infection. Yeast infections sometimes occur after surgery, most often due to antibiotics that are given during or after the procedure. If you are taking antibiotics you should not stop taking them but should call my office or your gynecologist to obtain recommendations for treatment. If you are prone to yeast infections you may wish to eat yogurt, drink acidophilus containing dairy products or take lactobacillus capsules. You should not douche, unless instructed to do so.

Missed Menstrual Period

Some woman may experience irregular menstrual periods or even miss a period after surgery. Although this is not abnormal and your body will eventually adjust and return to its normal cycle, you should have a pregnancy test or discuss the matter with your gynecologist if there is a possibility you might be pregnant. You should continue your usual birth control program after surgery, even if your periods are irregular, unless instructed otherwise.

Urgent Problems and Emergencies

Infection

Although exceedingly rare, infection can occur after facelift surgery, signs of infection include, fever, chills, rigors (shaking), malaise (ill feeling), redness, tenderness, swelling, cloudy drainage from incision or red streak on the cheeks, face, forehead, eyelids or neck.

Infections when they occur, can start as early as a few hours after surgery, but more typically are seen 3 to 5 days later.



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Infection should be regarded as an urgent problem requiring urgent care. If you notice any of these symptoms or feel you might have an infection please notify Dr. Collins or a member of our staff immediately. Do not wait until your next scheduled appointment.

Bladder Problems

Often a small, soft rubber tube is placed in the bladder during surgery to drain urine during the procedure and some patients may experience minor irritation upon urination for a few days thereafter. This is self-limiting and will resolve spontaneously.

On rare occasions some patients may have difficulty emptying their bladder after surgery. If you notice lower abdominal swelling or tenderness and feel you may not be properly emptying your bladder you should notify Dr. Collins or a member of our staff.

Hematoma

Hematoma (“heem-a-toe-ma”) is the medical term for bleeding that results in the collection of blood underneath the skin or around the eyes. While very rare, **this condition should be considered a medical emergency requiring immediate care.** Failure to obtain immediate attention can result in damage to facial skin, skin scarring and even blindness.

Please call us immediately, regardless of time of day, should you notice the sudden onset of pain and swelling on one side of your face or neck or around your eyes. Do not wait until your next office visit!

Drug reactions

Most drug reactions are not serious and pass when the offending drug is no longer taken. While every effort has been made to avoid it, stomach upset, nausea and vomiting sometimes occur, usually as a side effect of a pain medication or an antibiotic. If these pills seem to cause stomach upset, try taking them with a bit of bland food in your stomach. Other common mild drug reactions are skin rash and itching. If these are tolerable and you are otherwise doing well, you need not stop taking your medication.



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If you think your pain pill, antibiotic or other medicine I have prescribed for you might be causing stomach upset, let me or a member of my staff know. We will try to provide a more agreeable substitute. Do not discontinue taking your medicine without informing us, however. We need to know if you are having problems so a replacement can be provided.

Alcohol, when taken with pain pills and other medications, can cause serious reactions, and result in damage to the liver, brain and other body organ system. Do not drink while taking pain pills, sleeping pills or other medications!

Some people using pain pills or sleeping pills can experience unusual changes in their behavior and thinking. If you or your family member notice any changes in your behavior, or if you have any disturbing thoughts, discontinue use of these medications and contact us or your usual medical doctor immediately.

Serious drug reactions are rare, but can occur and are sometimes life threatening. Symptoms of a serious drug reaction include wheezing, difficulty breathing, severe weakness, seizure, total body rash or widespread blistering of the skin, severe neck muscle spasms or involuntary movement of the lips, eyes, mouth or tongue. **These problems are medical emergencies requiring immediate care. Please call us immediately, regardless of time of day, if you feel you might be having a serious drug reaction.**

Confusion, Unusual Behavior, Disturbing Thoughts and Hallucinations

While most patients experience some mood swings, irritability and forgetfulness after surgery, confusion, unusual behavior, disturbing thoughts and hallucinations are uncommon and generally the result of using too much medication and/or a medication reaction.

If you or your family notice any confusion or unusual behavior, or if are troubled by disturbing thoughts, bad dreams or hallucinations, discontinue use of all sedatives, pain pills and sleeping pills and contact us immediately. Do not wait until your next appointment.

Visions Problems or Loss of Vision

Almost all patients experience some “fuzziness” of vision for 2 to 3 weeks after surgery, and the ointment used to protect your eyes will result in some blurriness. This is expected and will clear in time, but can be frustrating as it will often make it difficult for you to read, watch television and the like.



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While very, very rare, loss of vision after surgery can result from bleeding and pressure of the optic nerve (nerve to the eye) or a blood clot in the blood vessel supplying the retina (light sensing lining of the eye). **A sudden change in your ability to see after surgery is a medical emergency requiring immediate care. Failure to obtain immediate attention can result in permanent damage to your eye and even blindness.**

Please call us immediately, regardless of time of day, should you notice the sudden onset of a change in your ability to see or the loss of vision in one or both eyes. Do not wait until your next office visit!

Appointments

Please call us between 9 am and 5 pm 1 to 2 days after surgery to schedule your follow-up appointments if you do not already have them. You must have someone drive you to your first two follow-up visits. You may not drive yourself. You may not take a cab or public transportation.

What To Watch for the Night of Surgery

All patients must be watched carefully by a responsible adult the first 24 hours after surgery, please call us immediately should any of the following occur: sudden onset of pain or swelling in or around the eyes, sudden onset of pain and swelling in one side of the face, forehead or neck, sudden loss of, or change in vision, fever of 101 degrees or more, redness, tenderness or red streaks on the cheeks or face, severe weakness, involuntary movements of the lips, eyes, mouth or tongue, or nausea or vomiting unrelieved by medication (see also "Urgent and Emergency Problems" in Problem section of this booklet).

In Case of a Medical Emergency

Emergencies are rare in plastic surgery, but it is important to be prepared and to know what to do should such a situation arise.

In the event of a life-threatening emergency call 911 immediately and do not hang up. Stay calm, listen carefully and do exactly as instructed. Let the emergency operator end the conversation.

Beth Collins, M.D.

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Should you accidentally ingest a poisonous substance or take a drug overdose call the **Poison Control Center at 1-800-523-2222**

If you need urgent medical care go to your local emergency room. The address and phone number should be written down by your phone and the general location of the hospital should be known by the person caring for you.

How to Reach Us for Questions or Problems

We are here for you, should you need us. Please don't hesitate to call if you have questions or problems. **We can be reached 24 hours a day at (203) 689-5295**

We Want to Hear From You

All too frequently patients remain quiet regarding their needs, recommendations and concerns. We encourage your comments and are always open to ideas and suggestions as to how we might better serve you.

We value your feedback and would appreciate it if you let us know if you had a good experience. We also want to know if your experience was less than you expected.

Thank you kindly,

Beth Collins M.D. & Staff