

INTRODUCTION

The following is a list of general expectations and instructions for your care prior to and following your facelift. Please thoroughly read these instructions, as most of your questions should be answered here. Instructions for your care will also be reviewed with you the morning after surgery. Following these instructions carefully should help you get the best results from your surgery.

PREOPERATIVE

- Please read your entire pre-op packet.
- Plan ahead to ensure a more relaxed recovery; stock the house with comfort foods and arrange a comfortable place to sleep.
- Set up a support system, someone reliable to drive you to postoperative appointments and help with postoperative care.
- NO SMOKING one month before and after your surgery.
- Stop blood thinners (aspirin, Advil, Aleve, Motrin, ibuprofen, Plavix, etc.) one week prior to your surgery, unless otherwise instructed.

POSTOPERATIVE CARE

Help at Home

It is very important to have a strong support system during the post-op period. You must have someone available to drive you home after surgery and stay with you through the night. We will not perform the surgery if these arrangements have not been made. A facelift is a major operation done on an outpatient basis, therefore it is very important that you have another responsible person available to care for and assist you during the first three days. It is normal for a patient to become lightheaded when rising from a sitting or lying position or when removing dressings, this is why it is important to have someone with you to help.

Pain

Most of the time, there is little to no severe pain following a facelift. However, you may experience a deep bruised sensation as a result of the swelling and you face may seem heavy. These symptoms may seem worse at night or when you feel nervous. Under no circumstances should medications like or containing Aspirin, ibuprofen, or salicylates be taken without first consulting our office. If the pain is severe, please call our office immediately.

Medications

- A prescription for post op medication will be given to you the day of your surgery. You will be given a narcotic pain medication. If you have a history of nausea while taking narcotic pain medications, you may also get a prescription for this. Postoperative antibiotics are usually not needed. Please take the medications as directed when needed beginning the day of surgery. If you are unable to take any of these medications, please contact our office so we can arrange for other medications to be prescribed.
- If you are prescribed oxycodone, you can also take two extra strength Tylenol (acetaminophen) every six hours.
- If you are prescribed a version of hydrocodone (Norco, Lortab, Vicodin), this has Tylenol in the pill, and extra Tylenol should not be taken. You may take Tylenol instead of the hydrocodone pill.
- If you experience nausea or vomiting, it is most likely due to the narcotic in the prescription medication. Please try to take the prescription with food; if symptoms persist, please contact our office.



- Prescription pain medications can cause constipation. If you feel you may be getting constipated, take a gentle laxative, such as Milk of Magnesia, or call our office for a stool softener or laxative prescription.
- Unless you have reason not to, start taking ibuprofen (Advil/Motrin) the day after surgery. Take a full dose according to the package for at least three weeks after surgery.

The usually prescribed pain killers often cause sensations of light-headedness, particularly in the immediate postoperative period and, consequently, seem to make recovery tedious. Therefore, it is better to try the application of cold compresses before resorting to drugs. If the cold compresses are not effective, then take the prescribed pain medication.

Diet, Nausea and Vomiting

Diet and meals are not restricted. Please make sure to drink plenty of clear fluids, we recommend eight glasses of water or fruit juice a day. Do not drink any alcohol for 48 hours before and after surgery, and limit alcohol intake for the first week after your surgery. If you experience nausea, vomiting or itching, it is most likely due to the narcotic pain medication. Nausea, vomiting and itching can be side effects of all narcotics, not allergies. Please try to take the prescription medication with food. You may use Benadryl if you experience itching. If the symptoms persist, please contact our office.

Cold Compresses

For the first three days following surgery, cold compresses are used to help reduce swelling, discoloration and discomfort. This can be done using cold wash cloths from a basin of ice water; do not use an ice bag. During the first three days after surgery these cold compresses should be applied across the jaws and neck for twenty minutes at a time several times a day.

Elevation

To minimize swelling, it is very important to keep your head elevated the evening after surgery, as well as for the first two weeks following surgery. This can be done by either sleeping in a recliner that is tilted at a 45 degree angle or sleeping with two pillows underneath your head. For the first two weeks, avoid rolling onto your face by sleeping on your back.

Minimizing Swelling and Discoloration

Here are some helpful tips to minimize swelling and discoloration:

- Stay up, sitting, standing and walking around as much as possible on your first postoperative day.
- Avoid bending over or lifting heavy objects for one week, following this tip helps to reduce the chances of hemorrhaging as well as swelling.
- Avoid hitting or bumping your face, head and neck. Do not pick up small children who may touch your face and sleep alone for one week following surgery.
- Sleep on your back with your head elevated for one to two weeks after your surgery. Try not to roll on your face which may tear the supporting stitches under your skin.
- Support the swollen tissues with a chin sling or jaw bra. If you are given a chin sling or jaw bra you must wear this for 24 hours a day for one week, then it should be worn for 12 hours a day for two weeks.
- Avoid excessive sun exposure for one month; ordinary sun exposure is not harmful

Moving the Face and Neck

Avoid turning your head or bending your neck. When you must turn, move your shoulders and head as one unit, as though you had a "stiff neck".

Daily Care

- Go over the suture lines two to three times daily with a Q-tip soaked in a mixture of equal parts hydrogen peroxide and tap water. After this, using a Q-tip, apply a liberal amount of antibiotic ointment (Bacitracin) to the suture lines around the front and back of the ear. Do not apply the antibiotic ointment on any other sutures, only the hydrogen peroxide mixture.



- On the second day following surgery, you may allow warm water to run through your hair while showering. Do not use shampoo to wash your hair until days two to four following surgery, during this time only use Johnson's Baby Shampoo.
- If you had eyelid surgery as well, do not be afraid to let the sutures around your eyes get wet when showering.
- Report any excessive bleeding that persists after pressure has been applied for twenty minutes.
- Report any signs of infection, such as excessive swelling and redness or drainage.
- Avoid taking medications on an empty stomach
- Never wash your hair the day of suture removal, wash it the following day using Johnson's Baby Shampoo only.

Activities

- Glasses may be worn as soon as the bandages are removed and contact lenses may be inserted the day after your surgery.
- You may wash your hair with lukewarm water in a shower and comb it out with a large toothed comb on the second day after surgery.
- You may have your hair washed at the salon one week after surgery, but only a hand blow dryer on low and cool settings are to be used to dry the hair. Be careful not to rest your neck on the rim of the wash bowl in the area of the incisions. Hair coloring should also be delayed until six weeks after your surgery.
- Use cotton balls to gently wash the face with a mild soap twice a day.
- You may shower by the second postoperative day, but you should not shower for twelve hours after the sutures are removed.
- Do not tweeze the eyebrows for one week after surgery.
- You may wear a wig regularly after surgery as long as it doesn't fit directly over the stitches or clips.
- Two weeks after surgery, you may resume normal household activities.
- For the first week after surgery, you should only wear clothing that fastens in the front or back rather than the type that must be pulled over the head.
- No swimming, strenuous athletic activity or exercises that involve turning the head for four weeks following surgery.
- Do not drive for one week following surgery; driving may result in sudden and vigorous turning of the head and neck. You must also be off of narcotic pain medication in order to drive.
- Depending on the amount of physical activity and public contact your job involves and also the amount of swelling and discoloration you develop, you may return to work and social activities in two to three weeks after surgery.

Injury to the Face

Many individuals sustain accidental hits on the face during the early postoperative period. Unless the blow is hard or if considerable bleeding or swelling occurs, you should not be too concerned. Please feel free to call our office if you are sufficiently concerned.

POSTOPERATIVE EXPECTATIONS

Swelling

After every surgery, swelling of the surrounding tissues is expected and may vary. Swelling in the face tends to look worse than it is because even the smallest amount makes the features appear distorted. Swelling may become greater the second day following surgery, it may become more pronounced along the jaw line and is generally worse first thing in the morning. Staying up and moving around as much as possible during the day will help with the swelling. Swelling is not serious and is not an indication that something is wrong.

Discoloration

Like swelling, bruising and discoloration also vary. Bruising and discoloration may become more pronounced during the first few days following surgery. You may notice that discoloration is at its worst around the neck. Please remember bruising and discoloration are temporary and should decrease in intensity over time. There is no medication that will cause discoloration to disappear rapidly, only time. You can camouflage the discoloration to some extent by using a thick makeup.

Bleeding

If bleeding occurs, go to bed, elevate head, and apply cold compresses over the face and neck. Make sure to report any bleeding to our office. If bleeding does not subside after twenty minutes of holding pressure, report it to our office immediately by phone.

Temperature

Slight temperature elevation during the first 48 hours after surgery is a natural consequence of the body's reaction to surgical trauma. If you are prescribed oxycodone, you will want to take Tylenol to control mild fevers. If you are prescribed hydrocodone, there is Tylenol in your pain medication that should control mild fevers. If your temperature goes higher than 101.5 degrees, please call our office. After the first 48 hours, call our office for any fever.

Weakness

It is not unusual after a person has an anesthetic or any type of operation for them to feel weak, have palpitations, break out in "cold sweats", or get dizzy. These symptoms generally clear up in a few days without medication.

Depression

It is not unusual for an individual to experience a period of mild depression following cosmetic surgery. This depression often comes from the shock of seeing your body swollen, and perhaps, discolored. Your mood will improve after you see the swelling and bruising fade, until then it may help to divert your attention to other thoughts and activities.

Numbness

Parts of the face, neck and ears may sometimes feel weak or numb after a facelift operation, this is usually temporary.

Tightness of the Face

The skin of the face may feel tight for a while and you may feel that it interferes with your smile; this will disappear within a few weeks.

Thinning of the Hair

There may be transient thinning of the hair in areas adjacent to the suture lines in the temple and behind the ear.

Your Scars

After all sutures have been removed, the scars will appear a deep pink color. There will be varying amounts of swelling in and around the scars themselves. With the passage of time the scars will become less noticeable, the pink will fade to white and the hardness of the scar will soften. Each individual varies with respect to healing, but it takes approximately one year for these changes to occur in most scars.

POSTOPERATIVE APPOINTMENTS

You should call our office the day of or the day after your surgery is performed to schedule your postoperative appointment. During your first postoperative visit to our office a few of the skin sutures may be removed and the progress of your healing will be checked. Removing the sutures is quick and unaccompanied by pain; it is done with small delicate instruments to minimize discomfort. You will probably feel much better after the first office visit. Similar treatment will be given during the subsequent office visits. Ordinarily, all sutures are removed with two weeks from the day of your surgery.

During the time that the sutures are in place do not disturb them. Occasionally crusting will occur around the sutures; we will soften and remove some of this during each office visit.

FINALLY

- When the bandages are first removed, the face will appear swollen and there will be varying amounts of discoloration. This swelling will subside within the two weeks following surgery, but it will take six to eight weeks for the swelling to disappear totally.
- The discoloration will gradually disappear over a period of 10-14 days.

CALL DR. LEWIS IF:

- Temperature is greater than 101.5
- Redness around incision
- Increasing pain that is intolerable
- Pus coming from incision
- Severe or sudden swelling
- Swelling in one or both legs
- Shortness of breath
- Heavy bleeding

Please do not hesitate to ever contact our office

804-267-6009

