



INSTRUCTIONS AFTER BROW LIFT

Activity:

- Immediately after surgery you should rest for the first 48 hours.
- Stay in the company of a responsible adult the first night.
- Commence a light diet as tolerated as anesthesia medications can make you feel nauseous. Eat soft foods; chewing of tough or hard foods may cause increased swelling and discomfort.
- You should sleep on your back, elevated with at least one or two pillows in order to minimize swelling.
- Avoid any strenuous activity, heavy lifting, housework or any activity that will increase your blood pressure for 3 to 4 weeks.
- Soreness and headaches are normal for 1 to 2 weeks.
- You may experience numbness which may persist for weeks to months due to stretching of nerves.

Dressing Care:

- You will wake up with a helmet dressing in place. This dressing will be removed in our office on the day following your surgery
- After removing the dressing you may leave the area open to air.
- You may shower after 48 hours. When showering, use a mild shampoo such as baby shampoo; avoid shampoos with medication or perfumes for the first 10 days. When washing your hair tilt your head back.
- After eyelid and facial surgery it is not uncommon for the eyelids to become swollen. Apply ice or gel packs to the eyes and face for 48 hours, in 20 minute intervals while awake. Ice can be heavy on the eyes so it may be more comfortable to apply gauze soaked in ice water or frozen vegetables to the brow area.
- Do not use hair dryers or rollers for three weeks. No hair dyes or chemical until your doctor gives you permission (usually 4 to 6 weeks).
- You may experience temporary hair loss along your suture lines.

Medications:

- Take your antibiotics regularly as prescribed.
- You may take Tylenol for mild/moderate discomfort. (Be aware if the pain medication you are taking contains Tylenol. **DO NOT TAKE** two items containing Tylenol).
- Take pain medication as needed for more severe pain according to the instructions on your prescription.

Please use the medication prescription(s) already given to you:

Antibiotic _____

Pain Medicine _____

Anti-nausea Medicine _____

Follow-up:

Your 1st postop visit is _____

If a follow up appointment has not been made for you please call our office during regular business hours (8:30am to 5:00pm) at your earliest convenience.

If you have any unusual bleeding, severe pain (not responding to pain medication) or any signs of infection, call (617) 786-7600 anytime to reach the doctor.

I acknowledge the above instructions were explained to me and that I understand them.

Signature: _____ Date: _____



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