



## ***INSTRUCTIONS AFTER EYELID SURGERY***

### **Activity:**

- Immediately after surgery you should rest for the first 48 hours.
- Apply cooling/ice or gel packs for the first few days while awake.
- Stay in the company of a responsible adult for the first night.
- Commence on a light or liquid diet as tolerated as anesthesia medications can make you feel nauseous.
- To minimize swelling you should keep your head elevated at all times for the first week. Sleep with at least two pillows or in a recliner.
- You may experience some temporary blurring of your vision from ointment in your eyes, swelling and bruising.
- For the first two weeks avoid any strenuous activity, heavy lifting or bending over (bend from the knees).
- During the first 14 days after surgery no housework or physical labor.
- Do not wear contact lenses for 2 weeks after surgery.
- Avoid direct sun exposure. Wear a high grade sun block, sunglasses, hat or visor to keep the surgical area protected from the sun.
- The eyes may tend to water especially in cold air or windy weather.

### **Dressing Care:**

- You can use ice compresses (gauze pads dipped in ice water and wrung out) on eyelids for comfort during the first 48 hours and intermittently for one week.
- During the first 48 hours you may gently cleanse your eyes with water or saline and pat dry with gauze pads.
- After the first 48 hours you may allow the surgical site to get wet briefly while showering then pat gently dry. Do not use a perfumed or medicated shampoo or facial cleanser.
- Your outside sutures will be removed in 5 to 7 days after surgery.
- After 48 hours you may apply moisturizer to your face but away from your suture line.
- Do not wear any makeup on your eyes for 10 days.

### **Medication:**

- 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 prescription pain medicine as needed for more severe pain according to the instructions on your prescription.

**Please use the medication prescriptions already given to you:**

**Pain Medicine** \_\_\_\_\_

**Anti-Nausea Medicine** \_\_\_\_\_

**Follow-up:**

**Your 1<sup>st</sup> 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 you 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 \_\_\_\_\_