



## ***INSTRUCTIONS AFTER FACIAL SURGERY***

### **Activity:**

- Immediately after surgery you should rest for the first 48 hours.
- Apply cooling/ice packs for the first 24-48 hours, ten minutes on and ten minutes off, your sensation may be altered be careful to protect your skin.
- 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. You may want to begin with soft foods, chewing may increase your discomfort.
- To minimize swelling you should keep your head elevated at all times. Sleep with at least two pillows or in a recliner.
- In some cases there is temporary numbness for weeks to months after surgery due to stretching of the nerve supply. Be careful not to use a hot hair dryer during this time.
- Avoid any strenuous activity, heavy lifting or bending over (bend from the knees). During the first 5 days after surgery no housework or physical labor
- The face and neck may feel “tight “or “rigid” during the first weeks, especially in the cheek and neck areas. This will ease over time. This is usually not obvious to others.
- Avoid direct sun exposure. Wear a high grade sun block and a hat or visor to keep the incisions protected from the sun.

### **Dressing Care:**

- Leave the dressing in place for 24 hours.
- After the dressing is removed you may allow the surgical site to get wet briefly while showering then pat gently dry. Do not use a perfumed or medicated shampoo. Wash your face with a mild cleanser.
- Your outside stitches will be removed in 5-7 days. You may apply moisturizer to your face but away from your suture line.

### **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 you prescription.
- Continue to take the supplemental vitamins and arnica that was given to you preoperatively.

**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 \_\_\_\_\_