

POST OPERATIVE CARE AFTER LIPOSUCTION

Improvement in body contour will begin to be evident at 2-3 weeks after liposuction and continue for 2-3 months. You will see full effect at 3 months.

It is common to drain a watery, blood-tinged fluid after liposuction for up to 24 hours after the procedure. This is due to the saline/lidocaine mixture which is used to numb you and help in removal of the fat. Use older sheets on your bed for the first post-op night.

After the procedure you will feel sore and have a variable amount of bruising and swelling. Pain medication will be ordered for you. Avoid Aspirin, Motrin, Ibuprofen, Advil and Aleve for 2 weeks prior to liposuction and for 48 hours afterwards to help reduce bruising. Tylenol is permitted both before surgery as well as after.

Your skin may tingle, itch, burn in areas and/or feel numb for several weeks after surgery. These are normal sensations which will disappear with time.

Avoid strenuous activity which increases your blood pressure for one week after surgery. After one week you may resume all activities gradually. Listen to your body.

If your doctor wishes you to wear a compression garment, you will be given instructions on its use. The garment is only an adjunct to the surgery.

Signs and symptoms to alert your MD to are: fever of 101 or higher, spreading redness like a sunburn, ever increasing swelling, and pain which does not respond to medication.

FACTS FOR PATIENTS HAVING EYELID SURGERY

Eyelid surgery, or blepharoplasty, is an operation to remove excess skin and fat from the upper and/or lower eyelids. You should discuss candidly your expectations about looking and feeling better after surgery, but keep in mind that the desired result is improvement. Plastic surgery "slows down the clock, but it does not stop it."

Here you will find answers to many of the questions that are asked concerning eyelid surgery.

If you have other questions, please feel free to ask the doctor or nurse at (312) 695-6022.

COMMONLY ASKED QUESTIONS:

1.) Where will my incisions be?

The surgery involves making an incision that begins in the normal skin crease and may continue to the side of each eye. Sometimes the incision is placed inside the eyelid for a lower lid operation. The exact location of the incision will be based on your surgeon's judgment.

2.) Will I have stitches?

Yes. Stitches are used to close the incisions; you will have small tapes at the corners of your eyes to hold the sutures flat against your head. Leave these tapes in place. The tapes and stitches will be removed in 3 to 5 days after surgery. You MAY get your stitches and the tapes wet.

3.) Will I have scars?

All surgical incisions cause scarring, which is actually nature's way of healing. Once healed, the hairline scars will fade and become barely visible within 6-8 weeks. While scars are permanent, they are rarely noticeable, nor do they cause complications.

4.) Will I be swollen or bruised?

Your eyes and the surrounding areas will be swollen and you probably will have some degree of bruising. Uneven swelling (more on one side than the other) is also normal. Your swelling will increase for the first 48 hours—then it will begin to gradually subside. You may notice an increase in swelling in the morning—this will also slowly decrease as the day progresses.

Bruising may appear in a delayed fashion after the first day or two. Any purple bruising will take approximately 3 weeks to disappear. Lighter, yellow bruising is usually gone after 2 weeks. Wait to get an OK from your doctor before using any camouflage make-up on the lids themselves. (The purple color is difficult to cover. Our aesthetician can help you with camouflage make-up, if you wish.)

5.) How long will the surgical results last?

On the average, surgery to improve the eyelids lasts approximately ten years. Some people age more rapidly, for one reason or another, and may desire another operation. There are some who never require another surgery.

6.) Why are photographs taken?

“Before” and “After” photographs are taken routinely. They are useful in assessing what needs to be done and for reference during surgery. You are welcome to view examples of other people’s before and after photos.

10.) What type of anesthesia is used during the operation?

Two types of anesthesia are available—Intravenous (IV) sedation with local anesthesia and general anesthesia.

Which type you have is mutually decided upon by you and your surgeon.

- IV sedation with local anesthesia is chosen by most of our patients. With this option, the nurse places an IV in your hand or arm. Medication is then given thru the vein to sedate you and make the administration of the local anesthesia painless. You will be able to hear and respond to questions and instructions; afterward, however, you will recall little or none of the surgical experience. You can be confident that you will be calm and comfortable during your procedure.
- With general anesthesia, the patient is put into a deep sleep, with a breathing tube in place. There is no awareness of the procedure at all.

11.) How long does the operation take?

The actual operation time may vary, depending upon the amount of work to be done. Usually, eyelid surgery takes 1-2 hours.

12.) What do I need to do to prepare for surgery?

- Lab tests are done at least one week in advance, so that we can review the results before surgery. Usually a complete blood count and an EKG are all that is required. If you have had these tests done recently let us know. We may be able to use those results for this surgery.
- Please let us know what medications you are taking. Be certain to AVOID ASPIRIN and ANTI-INFLAMMATORY PRODUCTS (ADVIL, IBUPROFEN, ALEVE, MOTRIN), as well as separate VITAMIN E tablets for 2 weeks before surgery and for 3 days after surgery. Tylenol is permitted. If applicable, please continue to take any medication prescribed by your internist to lower your blood pressure.
- If you smoke, we ask that you abstain, or at least cut down before your surgery.
- Alcohol should be used in moderation.
- You may color your hair anytime before surgery.

THE DAY OF SURGERY

- If your surgery is first thing in the morning, do NOT eat or drink anything after midnight.
- You may take your allowable medication, if you are able to take it with one sip of water.
- If your surgery is later in the day, you may have a light breakfast and take clear liquids (coffee or tea without milk or cream, apple juice, or water up until four hours prior to surgery.
- Do NOT wear any makeup, contact lenses, or hair products.
- Wear something that buttons or zips up the front.
- Arrive at the hospital an hour and a half prior to your scheduled start time.

AFTER YOUR SURGERY

Eyelid surgery is an outpatient procedure. You should plan on being at the hospital approximately 5 hours. Please be sure to HAVE ARRANGEMENTS FOR SOMEONE TO ACCOMPANY YOU HOME. If you are combining this surgery with another surgery, you may be also offered the option of staying overnight in the hospital. Staying overnight at a nearby hotel (there are several which offer discounts for NMH patients) is also an option for you. You must have someone accompany you home or to a hotel.

WHAT TO EXPECT AS YOU RECOVER

- ❖ Your eyelids will feel tight and may feel sore as the anesthesia wears off. You may take the pain medication prescribed for you, or Tylenol alone, if this is all you require. (Everyone's experience of pain and need for pain medication is different. You may need medication for just a day or two, or you may need it for a week or more.) You may experience more pain on one

side than on the other. By itself this does not automatically signal a problem. An itching sensation and/or sharp pains may come and go. This is common and the symptoms will go away with time.

- ❖ Keep your head elevated as much as possible, especially for the first 3-5 days. Sleep propped up on pillows. Try NOT to remain flat for any period of time. Apply gauze that has been soaked in ice water (reapplying as the gauze becomes warm), crushed ice in a zip-lock bag, or frozen peas to your eyes while you are awake during the first 24-48 hours after surgery. This will help reduce the swelling and bruising.
- ❖ Expect to be bruised and swollen. Refer to the earlier section for the timetable on development of bruising and swelling.

- ❖ Your eyes may be sensitive to sunlight, wind, and other irritants for several weeks. Wear sunglasses to protect them.
- ❖ Excessive tearing, blurred, or double vision may occur for a short time during the first 2 -3 weeks after surgery.
- ❖ Reading for extended periods or close work may cause your eyes to feel overtired during the first few days.
- ❖ You will not be able to wear contact lenses until we have determined that you have healed sufficiently—usually this occurs in 7 to 10 days.
- ❖ Your eyes may be more comfortable with the use of artificial tears which you can purchase without a prescription at the pharmacy and/or with bedtime use of an ophthalmic ointment, called Lacrilube , which does not need a prescription.

- ❖ You may wash your face, shower and shampoo your hair –just make sure to leave the tapes which are holding the sutures flat against your head in place. These tapes have been glued down and will not just fall off.
- ❖ Drink plenty of fluids, eat lightly, and rest, especially for the first day or two after surgery.
- ❖ Avoid strenuous activity and rigorous exercise for at least for one week after surgery. After one week you may gradually resume exercise as you feel up to it.
- ❖ Do not bend over, or strain to lift anything for the first week. Bending over may cause dizziness or an uncomfortable fullness. Heavy lifting may raise your heart rate and increase your chance of bleeding.
- ❖ Wait to get your doctor's OK before using make-up or concealer.
- ❖ You may drive 24 hours after surgery, provided you are no longer taking pain medication containing narcotics.

- ❖❖ Avoid smoking for at least 2 days after surgery.
- ❖ ** You may experience a brief feeling of “being blue” which is normal. Your appearance and spirits will improve and by 2-3 weeks afterwards, you will be well on your way to realizing wonderful benefits from the surgery.
- ❖ When to return to work is dependent on the amount of bruising and swelling you have and the clarity of your vision. Most people feel able to return to work 1 week after surgery.

- ❖ Make an appointment to come in to see the doctor four to five days after your surgery. The stitches will be removed then.

DURING YOUR RECOVERY, CALL YOUR DOCTOR RIGHT AWAY IF YOU HAVE:

- A fever of 101 degrees or higher
- Spreading redness of the skin moving well away from your incisions
- Excessive swelling or drainage
- A scratching, burning sensation, or a sense of a foreign body in your eyes
- Increasing pain, unrelieved by the medication prescribed for you.
- Persistent vomiting
- An opening in the incision after stitches are removed.
- A sense that something just feels wrong or unusual. Don't be afraid to call.

POST OPERATIVE INSTRUCTIONS NASAL SURGERY

1. DO NOT remove your splint or allow it to get wet. Steam from a shower will increase the likelihood that the splint will lift off prematurely. Take tub baths until the splint is removed. It is OK to wash your face with a cloth, avoiding the splint. You will have your splint removed one week after surgery, during your first post-operative appointment.
2. The gauze taped below your nostrils right after surgery is meant to absorb the normal drainage which occurs. The drainage will gradually taper off over a few days. You may blow your nose gently 24 hours after surgery.
3. You can expect to have swelling and bruising around your eyes and nose. The amount of swelling, etc. depends upon how involved your procedure was. The majority of the swelling will slowly resolve over the course of the next 6 weeks. However, there will be subtle swelling for months after surgery.

An ice pack gently placed across the eyes 15 minutes on and 5 minutes off for 8-10 hours on the day of surgery will be helpful in limiting swelling.

If you would benefit from taping the nose while sleeping after the splint is removed, you will be given the tape and instructed on how to apply it. The majority of patients benefit from a steroid injection to help speed the resolution of the swelling. This would be administered by your doctor during a post-operative visit.

4. Sleep with your head elevated on 2-3 pillows for 3 days. This will help keep swelling and discomfort to a minimum.
5. Stitches, which will be removed in the office one week after surgery, are visible as tiny black threads along the incision between your nostrils. Vitamin A&D ointment or an antibiotic ointment applied to this area will help soften the normal crusting which collects here and will make the area easier to clean.
6. DO NOT insert a Q-tip or other device up high into the nose. A Q-tip may be gently used just at the outer edge of the nostrils, and on the area just inside the nostrils for cleaning of any softened crusting.

7 It is normal to have some drainage (phlegm) at the back of your throat during the first few days after surgery. This may be brown in color as it has old blood in it.

8. Pain medication has been prescribed for you and should be taken as directed on the bottle. If your pain is minimal, you may wish to take Tylenol instead of the stronger prescription medicine. After 48 hours you may take Ibuprofen (motrin/advil) for pain as another option.

If you do take the prescription drug, be aware that such medications may contribute to constipation. You may take an over-the-counter stool softener—such as Metamucil to help avoid constipation.

9. If you were told that you have packing inside your nose, wait until the 3rd day after surgery to begin the process of gradually removing this. The packing is designed to dissolve when it gets wet. The use of a baby ear syringe filled with warm water and gently inserted a short distance into the nostrils will wet the packing. With gentle blowing after installation of the water, the disintegrating packing will gradually come out. You will need to instill water gently 3- 4 times a day. This can be a messy job, so doing it over the sink is a good idea. The packing will not come out all at once. Even after it is out completely, many people still feel congested as the nasal passages are swollen for a time. The congestion will gradually go away.

10. If you have to sneeze, do so with your mouth open.

11. Avoid heavy lifting and strenuous activity while the splint is on. Your doctor will clear you of restrictions after one week (with the exception of basketball or volleyball or an activity where there is a high likelihood of a blow to the nose).

12. Make-up may be worn over the bruising if desired, as long as it does not interfere with the splint.

13. The use of nasal decongestant medications after surgery is not routine. Do so only with your physician's instructions.

ABDOMINOPLASTY AFTER SURGERY CARE INSTRUCTIONS

- Your greatest discomfort will be in the first 24-48 hours after surgery. Take your pain medication as prescribed with crackers, toast, soup or liquids to avoid nausea that can occur on an empty stomach.
- You may take Tylenol instead of the stronger medication.
- Avoid aspirin, Ibuprofen, Advil, Aleve, etc...for two days after surgery. These products have a tendency to increase drainage and bruising.
- Drains should be kept pressed in the center, emptied and measured daily. You will receive instructions on this.
- Your dressings consist of steri-strips (small tapes over the incision and stitches) or clear plastic tapes. A white gauze dressing is on top secured with tape.

ACTIVITY

- You may shower the day after surgery with assistance. Remove the gauze dressings. **DO NOT REMOVE STERI-STRIPS!** The steri-strips are fairly water resistant. Blot them dry after showering with a clean cloth. If the strips fall off on their own, protect the area with gauze.
- Drink plenty of fluids, eat lightly and rest especially for the first 2-3 days after surgery.
- Walk for exercise. We have found that patients do better if they get up and move around after surgery.
- Avoid strenuous activity and rigorous exercise, heavy lifting, and straining until released by your doctor. No abdominal exercises for 10 weeks.
- Avoid sleeping on your stomach until all soreness has subsided. You may find sleeping with 2 or 3 pillows under your knees comforting because bringing yourself up from a lying position to sitting causes a great deal of stress to the abdomen.
- Call your doctor if you are experiencing any of the following: fever of 101 or higher, severe pain not responding to pain meds, ever increasing swelling, spreading redness, or puss from the incision.
- Pain meds may cause constipation. Increase your fluid intake; consider taking Metamucil and walk more as you feel up to it.

HOME CARE INSTRUCTIONS FOLLOWING BREAST AUGMENTATION

I. CARE OF THE BREASTS

- A. Swelling and mild bruising of the breasts are normal after surgery and will gradually subside over the next several weeks.
- B. 24-hours after surgery, you may remove dressings (except for the skin tapes which are directly over your incisions) and shower. The tapes have been applied with a skin adhesive, so you may wash over them without removing them. Usually it is not necessary to cover the incisions with gauze after 24 hours. If you have been extensively taped under the breasts with a wide white tape, leave this taping in place until instructed to remove it. The small skin tapes directly over the incisions may be removed in the shower 10 days after surgery.
- C. If you were sent home with an elastic ace wrap around your breasts, you may remove it for showering/bathing, but reapply it snugly afterwards. No bra is necessary for several days. After that, please wear a soft bra/sports bra; do not wear an underwire bra until your doctor informs you that is OK to do so.
- D. If you are sent home with drains in place, empty the bulbs and record the amount of drainage 2-3 times per day. Keep the bulbs pressed in the middle as this applies suction
- E. A swishing sound is normal and will go away within 2 weeks after surgery.

II. PAIN MANAGEMENT

You're likely to feel tired and sore for a few days following your surgery. You may also experience a burning sensation in your nipples for about two weeks, but this will subside as bruising fades. Sharp, shooting pains are also a common occurrence following surgery. Most of your discomfort will be controlled by the medication prescribed for you. Take the medication as directed with crackers, toast or other food. Tylenol may be taken instead, if the prescription medication feels too strong. You may take advil, motrin, ibuprofen, or aleve 48 hrs. after surgery.

III. ACTIVITIES

- A. Drink plenty of fluids, eat lightly and rest. Motion will be painful at first. Avoid any strenuous lifting until you received the go-ahead from the doctor, but over the head range of motion and stretching is encourage immediately.**
- B. You may resume driving when you no longer taking prescription pain medication and you are able to sit comfortable behind the wheel and perform all motions necessary for safe driving.**
- C. You will be able to return to work within a few days as you become comfortable, depending on the level of activity required for your job.**
- D. Your scars will be firm and pink for at least six weeks; it takes six months to a year for the scars to fade and flatten. They will never disappear completely. You will receive instructions on scar care during an early post-surgery office visit.**
- E. Continue breast self-exam monthly; routine mammogram should be continued for women in the appropriate age group. Inform the mammogram technician that you have implants so that a special technique is used to assure that you get a reliable reading.**

BREAST REDUCTION AFTER SURGERY CARE

- 24-hours after surgery you may remove the gauze dressings from the breasts. Do not remove the steri-strip tapes, which are directly over the incisions. The strips should be left alone at first. They can get wet. You may remove the tapes in the shower 10 days after surgery.
- It is OK to shower the day after surgery with assistance. Allow soap and water to gently run over the areas without scrubbing.
- Wear the bra given to you in surgery. You may switch to a sports bra that is snug but not too tight. Avoid an under wire as this can irritate the new incisions. Patients are typically asked to avoid an under wire for the first 4-6 weeks after surgery.
- Swelling is normal after surgery but will gradually subside over 2-3 months. Bruising is normal too and will fade within 3 weeks. The Breasts tend to be high at the top, hard and squared off at the bottom. Over 2-3 months they will come down at the top, soften and round out at the bottom.
- If you have a drainage tube in place, keep the bulbs pressed in the middle. Empty and record the drainage twice a day.
- Monitor the breasts for spreading redness, increasing swelling, excessive drainage or puss, foul odor, increasing pain, or fever over 101 degrees. Call the office to report any of these symptoms.
- You will be given a prescription for pain medications, take as directed. You may take Tylenol instead of the stronger prescription medication. Advil, Motrin, Aleve, and Aspirin should not be taken for the first 48 hours after surgery as they may increase your bruising.
- Notify your doctor if pain medications are not adequately controlling your discomfort.

Activities

- Motion will be painful at first. Refrain from heavy lifting for the first 1-2 weeks after surgery.
- Drink plenty of fluids and eat lightly.
- Feeling tired with less stamina for your usual routine is normal for several weeks after surgery.
- Limit your exercise to stretching, bending and walking.
- You may resume driving when you are no longer taking narcotic pain meds.
- Most patients return to work 2 weeks after surgery.
- Follow up with your primary care physician regarding routine breast examinations. Wait 5-6 months or longer before scheduling your first mammogram.

CARE INSTRUCTIONS
FOLLOWING DERMABRASION OR LASER SURGERY

- Many people will experience a stinging sensation at the completion of the procedure. This will be of short duration—lasting a few hours to as long as 24 hours. You may find the discomfort is eased by applying an ice pack wrapped in a soft cloth for intervals of no more than 15 minutes, or you may wish to keep a cold washcloth across the area. You may use Tylenol or Motrin to ease the stinging as well.
- It is of critical importance that you keep the treated areas clean and moist. You will be sent home with ointment covering the area and will need to reapply the ointment every few hours while you are awake. A&D ointment is preferred.

Beginning the morning following the procedure begin washing the treated skin to remove the yellow crust which forms as the skin weeps. Stand in the shower and let the water run over the treated area for 20 minutes. Once out of the shower, use a gentle soap and water on your finger tip, Q-tip or wet kleenex. Rub away the yellow crust so that you only see pink skin, but do not scrub so hard that the skin bleeds. Repeat the washing procedure 3 to 5 times per day during the first 3 days. (The shower need only be repeated once daily). As the skin begins to weep less, you may cut down on the number of times you wash.

It is important to be gentle, but to thoroughly remove the yellow protein material that comes out.

To keep your newly treated skin moist we would like you to always maintain a thin layer of A&D ointment covering it. In addition to applying the ointment after each washing, apply it periodically during the day as well.

The goal is to have your skin clean, moist and pink!

- Infection is unlikely to occur, but please notify us if you experience any sudden increase in pain, fever or the development of small pustules. If you feel you are developing a cold sore, contact Dr. Mustoe immediately. The office number, as you know, is (312)-695-6022. If the office is closed, he can be reached by calling the answering service (312-695-6022) or at home (847-570-0467).
- We will ask you to return to the office for a follow-up visit in the first few days after the procedure, but please feel free to call if you have questions or concerns about how you are healing.
- The newly treated skin needs to be protected from the sun. Avoid sun exposure as much as possible for at least two months. Use a protective sun screen preparation.