

HAND & PLASTIC SURGERY CENTRE, P.L.C.

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Surgery of the Hand & Upper Extremity
Microvascular Surgery
Plastic & Reconstructive Surgery

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FACELIFT POST-OP INSTRUCTIONS

AT HOME AFTER FACELIFT SURGERY:

- It is normal to experience swelling, bruising, discomfort, numbness, tightness and difficulty chewing and smiling following your facelift operation. These will lessen each day as your healing progresses.
- You may use cold compresses to relieve swelling and discomfort.
- For the first 72 hours, sleep with your head in an elevated position either in a recliner with your head elevated or sleeping on 2-3 pillows. No lifting or bending over.
- ***Keep your chin at a 90 degree angle for the first 10-14 days to avoid bunching of the neck.***
- Your dressings may consist of a compression bandage that is loosely applied to the head and face to reduce swelling and bruising. You may also have drainage tubes that are inserted behind each ear to prevent blood and fluid collecting under the skin.
- You will need to keep your dressings and incisions clean and dry until you are seen by your physician the next day following surgery. At this time your dressings and drainage tubes will be removed and then replaced with a facial compression garment to help reduce swelling, improve blood circulation, and accelerate healing process. ***Chin strap is to be worn 7-10 days all the time, especially at night. Garment may be removed for showering and cleaning.***
- Please ask your physician before you begin taking aspirin or other anti-inflammatory medications, as these can create greater risk for bleeding.

OTHER POST-OPERATIVE INSTRUCTIONS:

- You may shower as soon as you are comfortable after your first post-op visit. The area of sutures must be washed gently but thoroughly each time.
- Your sutures will be removed approximately 5-7 days following surgery.
- You may be instructed to apply antibiotic ointment to incisions and drain exit sites until they are healed.
- Normal activities can be gradually resumed after 2 weeks. You may resume exercise after 4 weeks.
- Avoid sun exposure to new incision areas. These areas are very sensitive to sunlight and can be easily burned for up to a year following surgery. We recommend sunscreen to all healed incisions.
- Returning to work will vary depending on the job type. Generally you will be able to return to work approximately 10-14 days following your surgery. You may discuss this issue with your physician at the time of your post-op visit.

GENERAL INFORMATION:

- Swelling and bruising will almost always be more than you expected. Bruising generally subsides in 7 days. Swelling may be localized, this is to be expected. Most of the swelling subsides in 2 weeks. It will continue to improve for 2-3 months.
- Avoid hair coloring, permanents for 4 weeks after surgery.
- The scars have a tendency to redden and become more noticeable a few weeks after the surgery. However, the redness will fade with time.
- Numbness is common after face lift surgery. Often this begins to return in 6 weeks but may take 6 to 9 months to improve.

WHEN TO CALL (616) 459-4131:

- Fever of 100.5 or greater
- Unusual swelling, redness, bleeding or increase pain
- Persistent vomiting
- Develop hives, diarrhea, or other reactions to medicine
- Any other questions or concerns

Please remember that for the vast majority of patients the goal is significant improvement, not perfection. Please contact the office at (616) 459-4131 should you have any questions or concerns.

POST-OP APPOINTMENT: _____

PRESCRIBED MEDICATION(S): _____

Please take Narcotic/OTC medication as directed and as needed. DO NOT drive or operate machinery if you are taking a narcotic. If you are prescribed antibiotics, take as directed until gone. Taking an incomplete course can lead to recurrence of infection. Please take antibiotics with food as this may cause upset stomach. Please ask physician before you begin taking aspirin, motrin/ibuprofen or other anti-inflammatory medications, as these can increase risk of bleeding. ****IF NAUSEATED, TRY NON-ACIDIC LIQUIDS, DRY TOAST OR OTHER BLAND FOODS****

Patient Signature: _____ **Date:** _____

Hospital Staff Signature: _____ **Date:** _____

Physician Signature: _____ **Date:** _____