

DISCHARGE INSTRUCTIONS FOLLOWING **FACELIFT**

1. Immediate to Long Term Postoperative Recovery (What to expect...)

- ❖ On waking from anesthesia, you will find yourself in the recovery room with dressings, and ice or gel pack in place
- ❖ Your vision may be blurry owing to protective ointment applied to your eyes during surgery
- ❖ You will be able to depart once sufficiently recovered from anesthesia
- ❖ A friend or family member should drive you home and stay with you for the next 2 days to help you with activities of daily living
- ❖ You will feel tired and run down for the first several days after general anesthesia, this will improve substantially over the first week
- ❖ Discharge should be minimal over the next 48 hours; bleeding may occur with excessive activity, some spotting over the dressing is normal
- ❖ Drains if present will likely be discontinued on the day after surgery
- ❖ The dressing present after surgery will be removed, along with a special garment during the first post-operative visit
- ❖ If dilute local solution was used (superwet or tumescent technique) pain and discomfort will be mild initially, it will increase and peak within two days, it will then subside over the course of one to two weeks, please use pain medication as needed to help
- ❖ Nausea and vomiting in the postoperative period is not uncommon and has to do with the type of anesthesia used, and overall patient sensitivity to the various medications, it generally resolves within 1 to two days after surgery, increasing fluid intake (provided you have no history of heart or fluid trouble), especially via one of the “ade” (gatorade, powerade, etc.) solutions available for sports use, combined with anti-emetic medication should minimize this problem
- ❖ Use of opiate pain medication, combined with inactivity, and dehydration may lead to constipation, increasing fluid intake will help this as well, especially in combination with walking, and use of the prescribed stool softener
- ❖ Swelling and bruising peak within three days of surgery and gradually subside over the following week, but may persist for up to four weeks, the two sides rarely bruise to the same degree, and a mild difference in swelling is normal, however, if swelling is notably different, please call immediately

- ❖ Your appearance early on in the course of recovery may be distorted by a significant amount of swelling, giving you a bloated, puffy, pale appearance with blotchy bruising, but do not be disturbed, this will pass, and you will look and feel much better within several weeks
- ❖ Apart from swelling and bruising, most patients will experience tightness, and numbness over the cheek, and possibly the earlobe, most numb places will regain sensation over several months, the earlobe as long as six months
- ❖ Neck tightness may limit the degree to which you can turn your neck, this will gradually improve over the following two months
- ❖ Expect improvement in all of the above symptoms, worsening over the course of recovery is not normal and needs to be addressed, call promptly if this is the case
- ❖ Hair may be lost around the incision 1 month after the surgery, it will usually return within 4 months after the initial loss
- ❖ If the beard-bearing skin of the face and cheek are replaced behind the ear, men may have to shave there, though this is not routine
- ❖ Healing incisions will adopt a pinkish hue which should gradually fade over the next six months to a year
- ❖ Some patients react to absorbable (inside) suture, small pustules or whiteheads along the incision may signal this, the suture may be removed in the office if the problems becomes bothersome
- ❖ Facial camouflage make-up may be applied two weeks after surgery to conceal bruising, and healing incisions
- ❖ Tell-tale signs of surgery will resolve within 1-2 months
- ❖ The final result will be obtained once all of the swelling has resolved, which is typically around six months

2. Medications

- ❖ When prescribed, antibiotics are extremely important to take as directed for proper blood levels and effect
- ❖ Antibiotics may cause gastrointestinal symptoms, loose bowel movements, or yeast infections, please notify us if you believe this is happening
- ❖ Anti-emetic (nausea), analgesic (pain), a sleeping aid, and a stool softener will be prescribed, please take as directed
- ❖ If you are sensitive to narcotic medication, start off slowly, with ½ or ¼ dose and work up (this class of pain medication may not only make you disoriented, lethargic and nauseated, but also constipated, and can cause you to have a difficult time urinating)
- ❖ You may SUBSTITUTE Tylenol for the prescribed medication, but DO NOT COMBINE it with the prescribed MEDICATION, the pain pills are a combination of narcotic and tylenol, excessive Tylenol may be hazardous to your liver

- ❖ ANY of the prescribed medications may cause an allergic reaction, notify immediately if you believe this to be the case
- ❖ Do not drink alcohol while using the prescribed medicines for at least two weeks until after surgery
 - i. there are dangerous interactions between alcohol and pain, nausea, and insomnia medication
 - ii. the antibiotic may be rendered useless
 - iii. alcohol also exacerbates fluid retention
 - iv. the fresh incision may be disrupted while impaired

3. **Activity (Rest, Limitations & Exercise)**

- ❖ **DO NOT** drive a car or engage in activities that depend on your coordination for 48 hours after your surgery, or after taking any of the pain, nausea or insomnia medications prescribed
- ❖ Walking and getting about is highly encouraged for multiple reasons, including a decrease in the incidence of clot formation in the veins of your legs, have someone with you for the first 24 hours to monitor and help you get about as necessary
- ❖ Apply refrigerated conforming gel masks over the face for the first 2 days after surgery to reduce swelling and discomfort, do not apply ice directly, change every 15-20 minutes to maintain cold temperature, if the gel pads are no longer available/useable frozen vegetable packs, especially frozen peas, work well, you may substitute with a cold compress (damp from a thoroughly wrung out towel) if you find this more tolerable
- ❖ On the third day after surgery, discontinue gel pad or frozen pack application
- ❖ Limit conversation, laughing, essentially anything involving wide opening of the mouth, take small bites of food, try to eat easily digestible, soft, non-spicy food, and chew gently for the first several days after your facelift
- ❖ Try as much as possible to move your head and shoulders together, rather than just turning your neck, for the first week
- ❖ When resting/sleeping, lie on your back with several pillows under your head and back, or place a pillow or rolled blanket under the head of your mattress, this will decrease swelling
- ❖ You may sleep on your side 2 weeks after surgery, and in any manner 4 weeks after surgery
- ❖ When getting up from bed, help yourself by using one hand to support your head, and using the other to grasp a stationary object or to push off the bed
- ❖ Plan to be away from work for one week, assuming your post-operative course is uncomplicated

- ❖ For the first week, avoid activities that raise your blood pressure such as heavy manual labor, repeated heavy lifting, strenuous exercise, or bending over
- ❖ Refrain from sexual activity for 1 month after your surgery
- ❖ **AFTER** 1 week you may engage in light exercise only, such as walking
- ❖ Social activities may be resumed within 1 week of surgery, but may necessitate camouflage make-up
- ❖ **NO HEAVY** lifting (10 lbs or more) for 2 weeks
- ❖ No smoking, no nicotine substitute (patches, chewing tobacco, etc.) use, no exposure to second hand smoke for at least 6 weeks after surgery, smoking will decrease blood and oxygen flow to healing tissues and can
 - i. cause loss (death) of skin, fat, and muscle in the operated field, especially along the incisions
 - ii. slow down healing to double of normal time
 - iii. worsen scar appearance on the outside
 - iv. lead to a tough, fibrous scar on the inside
 - v. increase the risk of fluid pockets

4. Incision Care

- ❖ Do not manipulate the incisions until the first post-operative appointment (24 hours after surgery)
- ❖ The routine closure will have non-absorbable suture without an external dressing and a coat of antibiotic ointment
- ❖ On occasion incisions will be closed with absorbable suture and covered via steri-strips
- ❖ At the initial visit any post-operative dressing will be removed, please bring a scarf with you for the trip home, as your hair will be disheveled
 - You may shower or wash over the steri-strips or exposed suture material
 - Do not bathe, do not submerge, for at least 3 weeks after surgery
 - Be gentle and pat when applying soap, rinsing, and drying
 - After drying, ster-strip covered incisions do not need any more attention
 - After drying over incisions with exposed suture, apply a thin layer of triple antibiotic ointment
 - If present, when the edges of the ster-strips become frayed trim them
 - With time, as very little is left behind, they may be removed (usually 2-4 weeks)

- ❖ In some cases additional tape will be used for removing tension from the suture line, or placing tissue in the desired position of healing, if such tape is present, it will be re-applied at the first office visit, and you will be shown how to do this on your own
- ❖ As a general rule, keeping the incisions clean and dry will result in the most aesthetically pleasing healed incision with minimal scarring
- ❖ Do not allow scabs to accumulate, if present you may gently tease it off with a peroxide soaked q-tip
- ❖ While tending to the incision, watch for signs of problems as outlined below
- ❖ It is not routine to have drains placed at the time of surgery, however, at times, if bleeding is diffuse, and cannot be addressed via surgical maneuvers (clipping, suturing, tying) it may be safer to leave behind a drain in attempting to prevent a hematoma (blood collection), if present, the drains will be removed within one to three days
- ❖ If non-absorbable sutures were used, they will be removed 7 days after surgery
- ❖ All incisions behind the hairline/scalp will have clips or suture removed 10-14 days from surgery
- ❖ Do not expose incisions to the sun and/or tanning UV light for at least 1 year, however, you may begin tanning 4 weeks after surgery while keeping incisions covered
- ❖ If sun exposure is unavoidable, use a product with SPF of at least 30
- ❖ On the third day after surgery, discontinue gel pad application

5. Drain Care

- ❖ Generally, any drains present after the procedure are discontinued the day after surgery, if drainage is excessive, the drains stay in until drainage is deemed minimal
- ❖ Should the tube opening start draining, dry it, then place 4X4 gauze around the skin where the drain comes out, tape the dressing
- ❖ Please strip the tube every time you empty the drain, in the following manner
 - Wash your hands meticulously
 - Locate a point on the drainage tube 1-2 inches from the spot at which it exists the skin, and pinch the tube with your right index and thumb at that location
 - Pinch the place immediately below with the opposite (left) thumb and index fingers over a small alcohol pad
 - Holding the right-handed pinch, slide the left pinch (with the alcohol pad between the thumb and index fingers for lubrication and cleaning) toward the bulb, pinch hard enough to occlude the tube but not so hard that you cannot slide the index and thumb down the tube

- The fluid in the drain will drain into the bulb
- Leave the left-sided pinch just above the bulb, and release the right index and thumb, this will fill the tube with more fluid from inside your body
- Pinch just below the exit point again with right-index and thumb
- Return the left-handed pinch to just below the right, and repeat until no more drainage is noted in the tube
- Hold the bulb with one hand and remove its cap with the other
- Turn the bulb over to empty its contents into a measuring cup
- Turn the bulb upright again and squeeze it to get out as much air as possible
- While holding the bulb squeezed, replace the cap
- Reattach the drain via safety pin to dressing or clothes
- **RECORD the DRAINAGE**

6. Washing & Cleansing

- ❖ If your eyes become matted gently cleanse with a warm washcloth
- ❖ You may shower
 - i. 24 hours after surgery only if you have a handheld shower and you can direct it away from your face, keeping your head dry
 - ii. 48 hours after surgery, remove dressing if present, leaving steri-strips in place, you now may wash your face and hair
- ❖ When shampooing and washing your hair, do it with your head and hair flung back, in a salon style fashion, and be gentle around the incisions, but wash the area thoroughly
- ❖ It is best to use a mild, unscented soap for washing your face
- ❖ When washing, and when drying, pat over the incisions, don't wipe
- ❖ Do not use the "hot" setting when blow-drying your hair, some skin areas may have lost sensation temporarily and you will not be able to feel yourself getting burned, when too close or using the hair dryer to long in one area
- ❖ If you dye or bleach your hair, you may resume 1 month after surgery
- ❖ Do not make use of a steam room, sauna, bathe or submerge in a pool or whirlpool, for at least 3 weeks after surgery

7. Call Your Doctor

- ❖ On the night you return home after surgery and on the first day after surgery to check in and let us know how you are doing
- ❖ Thereafter, call if you have
 - Pus-like (greenish or yellowish) or foul smelling drainage
 - Temperature greater than 100 degrees

- Redness that is spreading or greater on one side
- Excessive swelling or bleeding, uncontrolled by light pressure, especially if you notice a difference between two sides
- Increased pain that is intolerable, and not relieved by medication
- If you believe you are experiencing side effects from any of the prescribed medications like
 - rash
 - swelling away from the operative site
 - difficulty breathing
 - nausea/vomiting
 - headache
- Difficulty breathing, chest pain, loss of sensation, strength, or motion
- Absolutely anything you would consider unexpected or unusual

8. Phone Numbers

If you have questions about your surgery not covered here, please do not hesitate to call

- ❖ Mercy Regional Plastic Surgery Center: (608) 756-6300 or 1-800-236-6868
- ❖ Nurse Health Line: (608) 756-6100 or 1-888-39MERCY
- ❖ Mercy Hospital Emergency Department: (608) 756-6611