

# **DISCHARGE INSTRUCTIONS FOLLOWING A BLEPHAROPLASTY**

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

- ❖ On waking from anesthesia, you will find yourself in the recovery room with dressings in place
- ❖ You will be able to depart once sufficiently recovered from anesthesia
- ❖ Some reconstructive procedure requiring overnight bandaging (splinting), or the presence of a temporary stitch to be removed the day after surgery
- ❖ 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
- ❖ 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
- ❖ Your appearance early on in the course of recovery may be unappealing, but do not be disturbed, this will pass
- ❖ Swelling and bruising peak within three days of surgery and gradually subside over the following week, but may persist for up to four weeks
- ❖ Swelling of the margin of the eyelid in particular may persist for longer than one month

- ❖ Apart from swelling and bruising, most patients will experience lid tightness, dryness, burning, and/or itching, this is normal and may be helped with instillation of artificial tears
- ❖ It is not uncommon to experience light sensitivity, blurred or double vision (most likely secondary to lid swelling), excessive tearing, and difficulty completely closing your eyes
- ❖ 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
- ❖ In cases of forehead or brow lifting, numbness, especially behind the hairline, will recover within six to twelve months, and will be preceded by itching of the scalp, the numbness may also involve the central forehead, and is usually a lot less common, and less severe with the endoscopic as opposed to the open lift
- ❖ Hair may be lost around the incision 1 month after the surgery, it will usually return within 4 months after the initial loss
- ❖ 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
- ❖ Anti-emetic (nausea), analgesic (pain), a sleeping aid, and a stool softener will be prescribed, please take as directed
- ❖ You may SUBSTITUTE Tylenol for the prescribed medication, but DO NOT COMBINE it, the pain pills are a combination of narcotic and tylenol, excessive Tylenol may be hazardous to your liver
- ❖ 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 shields over the eyes 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
- ❖ On the third day after surgery, discontinue gel pad application
- ❖ You may want to refrain from reading, watching TV or straining your eyes for the next several days
- ❖ If you wear contacts, do not apply them for 3 weeks after surgery, wear glasses in the interim
- ❖ 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
- ❖ 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
- ❖ **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)
- ❖ There may be a single type of an incision present or there may be any combination of upper & lower lid incisions, temple incision, “open” or endoscopic forehead lift incision, and/or hairline incision
- ❖ 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
  - 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

- ❖ Apply refrigerated conforming gel shields over the eyes for the first 2 days after surgery to reduce swelling and discomfort, do not apply ice directly, and change every 15-20 minutes to maintain cool temperature
- ❖ On the third day after surgery, discontinue gel pad application

5. **Washing & Cleansing**

- ❖ If your eyes become matted gently cleanse with a warm washcloth
- ❖ You may shower 24 hours after surgery, remove dressing if present, leaving steri-strips in place
- ❖ It is best to use a mild, unscented soap
- ❖ When washing, and when drying, pat over the incision, 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 bathe or submerge in a pool or whirlpool, for at least 3 weeks after surgery

6. **Call Your Doctor 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, 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

7. **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