

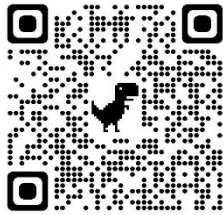


FACELIFT POST OPERATIVE INSTRUCTIONS

PLEASE READ BEFORE AND AFTER SURGERY

ITEMS TO HAVE BEFORE SURGERY:

<https://www.amazon.com/ideas/amzn1.account.AGXSD5X7BTPBJI7UNCKYYP7VNLKQ>



* Stool softener/laxative (Peri-Colace)—Pain medication can constipate you. Peri-Colace helps soften the feces (“the mush”) and also helps stimulate the bowels (“the push”). These should be started the day after surgery if you are taking pain medication.

* Extra-Strength Tylenol (500mg): To be used when pain is mild to moderate in place of the narcotic pain medication.

* Compression stockings

* Oral Thermometer: It is important to monitor your temperature after surgery in the event that you feel “feverish” or hot. You have a fever if you have a temperature above 101.5.

ITEMS TO ARRANGE BEFORE SURGERY

***Travel-** Our practice is located in a rural part of Pennsylvania. Because of this, access to ride sharing such as Uber or Lyft is limited. Please arrange for a rental car if needed.

***Accommodations-** Please visit the website for local hotel recommendations

HAVE SOMEONE WITH YOU

*After surgery, have an adult available to stay with you for the first 72 hours, as you will be weak and drowsy. If you are unable to have an adult stay with you for the first 72 hours, you can arrange for a nurse to care for you at an additional fee

* It is highly recommended that you have a competent adult with you for the duration of your stay if you are an out-of-town patient.

* Avoid straining of any kind for the first 5 days. Avoid turning your head to either side as this will pull on the stitch lines. To turn, move your head and shoulders as a unit.

* Facial movements (smiling, talking, chewing, yawning, etc.) should be kept to a minimum for the first week. Movements can disrupt suture lines or resulting in internal bleeding.

* Apply covered ice bags or Swiss eye masks (keep them cold or in ice) to the exposed areas of your face for the first 48 hours to reduce swelling post-operatively.

* You can expect some swelling of the face and eyes after surgery. If you develop acute onset of swelling on one side of your face or neck, which is definitely more pronounced than on the other side, and if you are having EXCRUCIATING pain go to the emergency room. This is a medical emergency!!

WALKING:

* It is important to get out of bed early and often after your surgery (with assistance) to prevent postoperative problems. Walking encourages blood flow throughout your legs to reduce the chance of blood clot development.

*** IF YOU HAVE SHORTNESS OF BREATH, LEG SWELLING, AND/OR LEG PAIN AT ANY POINT IN YOUR POSTOPERATIVE HEALING, GO TO AN EMERGENCY DEPARTMENT IMMEDIATELY (OR CALL 911) AS THIS COULD SIGNIFY A BLOOD CLOT.**

COMPRESSION STOCKINGS/TRAVELING

* If you are an out-of-town patient and will be traveling back home after your surgery, please wear compression stockings on the plane or in the car and remove them after landing.

* When on the airplane or car, please be sure to get up every hour to walk around and encourage blood flow in your legs. Also, be sure to wiggle your ankles when sitting as if pressing a gas pedal to promote blood flow.

* It is safe to fly 2 weeks after surgery if you have been cleared to do so.

*** IF YOU HAVE SHORTNESS OF BREATH, LEG SWELLING, AND/OR LEG PAIN AT ANY POINT IN YOUR POSTOPERATIVE HEALING, GO TO AN EMERGENCY DEPARTMENT IMMEDIATELY (OR CALL 911) AS THIS COULD SIGNIFY A BLOOD CLOT.**

PAIN AND PAIN MEDICATION:

* Ice operative areas (20 minutes every hour)- not directly on the skin, ice over binder or bra

*Take pain medication with food.

* Percocet (Oxycodon + Acetaminophen) or Vicodin (Hydrocodone + Acetaminophen) should be taken as directed:

1 tablet every 4 – 6 hours as needed

* If your pain is mild, or if you do not like the effects of the narcotics, you can take Tylenol® (Acetaminophen) 1000mg every 8 hours (which would be 2 tablets of the Extra Strength Tylenol®, purchased over the counter). Please do not exceed 3000mg in a 24-hour period. Please do not mix the Tylenol® with the narcotic pain medication since the narcotic pain medication consists of 325mg of Tylenol®

* If you require additional pain medication, please contact our office at 814-849-6591.

* If you are to finish your pain medication during a weekend or after hours, you will need to wait until regular business hours to visit our office to collect your prescription since we are not open on weekends or after hours.

* If you are under the care of a pain management provider or already take narcotic pain medication or an anti-anxiety medication, our office **WILL NOT** be providing you with an initial RX or refill for the aforementioned. It is your responsibility to obtain the necessary medications/refills from your prescribing provider. Please make sure to bring the necessary medications if you are visiting us from out-of-town as we will not be providing it.

* Our office will not be providing any additional medications that are unrelated to the surgical site (i.e., blood pressure meds, muscle relaxers, sleeping pills, etc.). Should you require these in the postoperative period, you will be responsible for acquiring them from your primary care provider.

* Take a stool softener with pain medication to prevent constipation.

* **DO NOT DRIVE WHILE TAKING PAIN MEDICATION.** These medications can result in drowsiness. If you are pulled-over while driving under the influence of narcotics or scheduled substances, you will get a DUI!

* **DO NOT DRINK ALCOHOL WHILE TAKING PAIN MEDICATION.** This can be a deadly combination.

* Only take the narcotic pain medication if needed. The quicker you can wean off of the pain medication, the better you will feel and heal.

DO NOT SMOKE. This is very important!!!

* Smoking (tobacco, marijuana, or vapes) can result in a lack of blood supply to tissues and fat causing tissue death or delayed wound healing. Even 0% nicotine vapes contain a trace amount of nicotine that the FDA accepts as 0%.

* Do not allow those caring for you to smoke around you as second-hand smoke can be detrimental to your recovery.

* Smoking can resume 4 weeks after surgery as long as no challenges in healing are present.

SUPPLEMENTS:

* Do not take aspirin (or products containing aspirin), anti-inflammatories, or Ibuprofen (Advil®, Motrin®, Midol®) for 3 weeks after surgery. Also do not begin herbal supplements until 3 weeks after surgery.

* Phentermine or appetite suppressants should not be taken until 6 weeks after surgery as these supplements increase heart rate and blood pressure and can interfere with your recovery.

REMEMBER THE FIVE W'S:

* The most common cause of an elevated temperature/fever after surgery is due to collapse of the lungs (atelectasis). This is a normal occurrence as a result of anesthesia and the physical stress your body is undergoing. In order to decrease your body temperature and expand the lungs, it is important to do the following:

* Wind: Take 10 deep breaths per hour for the first 72 hours.

* Water: Dehydration can also cause an increase in body temperature. It is important that you remain hydrated since surgery can deplete your body of water. 64 ounces of water a day is encouraged.

* Walk: Get up and walk once every hour to keep your blood moving. This is key for preventing a blood clot.

* Wonder drugs: Take your pain medication or Tylenol® as needed. An increase in pain can cause an increase in body temperature. 4

* Wound: Observe the wound for redness, heat, discharge (pus), and openings.

BEAUTY AND SUN PROTECTION:

* Hair coloring should be delayed until 5 weeks after surgery when healing is completed and no crust remains.

* Cosmetics can be worn on the face as early as 10 days after surgery.

* DO NOT WEAR PULLOVER CLOTHING OR HAIRPIECES FOR 3 WEEKS AFTER YOUR FACELIFT, AS YOU COULD DISRUPT YOUR EARLOBE OR HAIRLINE INCISIONS.

* The skin of your face is sensitive to sunlight after surgery. Protect your facial skin from excessive exposure to the sun for 8 weeks. Wear a wide brim hat and sunscreen (SPF 30 or greater with UVA and UVB protection) if you are in the sun for prolonged periods, or even on cloudy days for at least 6 months.

SHOWERING and SLEEPING:

* Following surgery, sleep on your back for 2 weeks. Keep head elevated on two pillows while sleeping or sleep on recliner at a 45-degree angle. Sleeping in this position will keep your facial swelling to a minimum.

* You may shower or sponge bathe (with shampoo only, preferably baby shampoo) 3 days after surgery. This is to keep suture lines clean. Lather your hair gently using the palms of your hands and rinse thoroughly until the soap is out. It may take several washings before all the crust and ointment is out of your hair and incision lines. Use your finger tips to gently rub small circles around your incision sites to encourage dry blood to fall off.

* When you shower, remove your chin strap, gauze and yellow sticky gauze.

* After the shower, your hair may be dried with a blow dryer on a cool, not a hot, setting.

* Do not use hairspray, conditioner, gels, etc. while the stitches are in place. You may start washing your face gently and use a moisturizer on your face, being careful to keep it away from the stitch lines.

DIET:

- * A light diet is best after surgery. Begin by taking liquids slowly and progress to soups or Jell-O. You may start a regular diet the next day.
- * Though it is impossible to get rid of gas entirely, there are strategies to reduce it. Eat and drink slowly, chew thoroughly and cut down on carbonated drinks. Avoid sugar-free gums and sugar-free candies that contain sorbitol or xylitol – both sweeteners are poorly digested and can result in bloating.
- * Stay on a soft diet, high in protein, for 2 – 3 days and avoid spicy food which can cause nausea and gas. Then you may resume a normal, high protein diet.

SUTURES:

- * We use Monocryl sutures on your incision (dissolvable) and occasionally Prolene sutures which are made of a non-absorbable material. Prolene sutures will be removed depending on your healing progression.
- * If you are an out-of-town patient, please plan to stay until recommended 2-weeks
- * Do not apply anything on your incisions for 3 weeks unless asked to do so. Keep the incisions clean and dry.
- * 3 – 4 weeks after all sutures have been removed (or when all of your scabs have fallen off and there are no breaks in the skin), you can begin scar treatment.
- * Every patient will also have additional layers of dissolvable sutures under their skin. These dissolvable sutures (Monocryl sutures) can take up to 119 days to absorb under the skin. On occasion, you may see or feel what seems to be a fishing line material protruding from the incision. If this should happen to you, please trim the clear stitch at the skin using sterile scissors or plan to visit our office (or your local provider) so that it can be removed.

SCAR THERAPY:

- * You may begin using silicone scar sheets as soon as the skin is fully closed, after all sutures are removed and after all scabs have fallen off. This usually occurs anywhere between 3 – 6 weeks from surgery.
- * All incisions will be extremely sensitive to sunlight during the healing phase. Direct sun contact or tanning booths are to be avoided for 9 months. Use a water-resistant sunscreen with SPF of 50+ with

UVA and UVB protection for at least 9 months. Sun damage to the scars may result in permanent hyperpigmentation or hypopigmentation to your scars.

* Please note that use of medical grade silicone sheeting or silicone cream on surgical scars will temporarily result in red/purple pigment on the scars. This takes place as blood rushes to the surgical incision to create collagen for wound healing and scar maturation. It can take 9 months on average for the discoloration to begin to fade.

COMPRESSION BINDER/GARMENT:

- * Wear the compression garment that we have provided for the first week following surgery.
- * The garment is to be worn 24/7 for the first week following surgery. Week 2 you can continue to wear as much as you can.
- * You can also purchase garments at any medical supply store, Amazon.com, or department store. Please consult with Dr. LaBrasca prior to ordering a 2nd garment.

EXERCISE AND SEXUAL ACTIVITY:

- * No overheating for the first 3 weeks (spas, exercising in the sun, etc).
- * At 4 weeks, you can consider passive or less vigorous sexual activity.
- * Cardio may resume at 4 weeks following surgery.
- * Do not lift anything heavier than 10 lbs. for the first 6 weeks.
- * You may begin swimming 3 weeks post-operatively if healing is complete.
- * All other exercises (including squats or any activity that requires flexion at the hip) may resume 6 weeks after surgery

WHAT TO EXPECT:

- * Abdominal bloating is to be expected in the early postoperative period. Bloating results from sodium present in your medications and in the anesthesia.
- * Most patients report difficulty sleeping and difficulty with pain management the first night after surgery. This is usually secondary to the effects of anesthesia and should subside within 24-28 hours.

* Your face/neck will feel tight but not necessarily look tight (it will look natural) and there will be a feeling of numbness in these areas for several weeks to months after surgery. This is normal and will disappear over time and the feeling will return.

* Expect a bruised and puffy face for 7 – 14 days, although some patients do not bruise at all

* By the third week, you will look and feel much better.

* It is normal for pleats to develop along the cheek and/or temple area; these will improve with time

*Swelling, bruising, asymmetries, and numbness is normal and to be expected. Sensation may take 9 months to return completely.

* It takes 6 MONTHS FOR FINAL RESULTS to appear. In the interim, you may notice: - Incision asymmetry – Facial asymmetry – Muscle Weakness –Earlobe asymmetry or malposition – Earlobe swelling -Pleating along incisions - Swelling that changes from day-to-day - Redness to incisions that may take 9 months to fade. -Please be patient and try not to focus on these issues before the 6-month period.

* A burning sensation (raw, sensitive) or sharp shooting pains along the incision line is normal and indicative of nerve regeneration. These “neuralgias” will burn out by 9 months.

* Numbness is expected to resolve by 9-24 months on average.

COMMON COMPLICATIONS:

* **HEMATOMA:** Hematomas can be dangerous if they are unstable and require prompt surgical evacuation*



Symptoms and signs of a hematoma:

*Sudden increase in size to one side of the neck with fullness

* Significant bruising to neck

* Oozing of dark/thick fluid from incisions that resembles castor oil

* Significant throbbing pain to neck that is severe.

* Increase in heart rate.

Treatment of a hematoma

* If a hematoma is rapidly expanding, the hematoma will be evacuated in the operating room.

This is a medical emergency and needs to be addressed in the ER as soon as it is discovered.

* If a hematoma is stable and not expanding, then it can be treated via needle aspiration in the office. Failure to treat a hematoma can result in compromise of surrounding arteries which can be fatal

* **SPITTING SUTURES:** Spitting sutures are to be expected. Every patient will also have additional layers of dissolvable sutures under their skin. These dissolvable sutures (Monocryl sutures) can take up to 119 days to absorb under the skin. On occasion, you may see or feel what seems to be a fishing line material protruding from the incision. If this should happen to you, please trim the clear stitch at the skin using sterile scissors or plan to visit our office (or your local provider) so that it can be removed.

* **DELAYED WOUND HEALING:**



A Facelift can result in areas of separation at the incision sites or in areas of delayed wound healing well beyond the 2-week visit. Should this happen to you, you will need to visit with your local wound care center for evaluation and treatment. Wound cultures may be necessary to rule out infection. Wound care using daily wound dressings may also be necessary to speed up the healing process. In most instances, the incisions heal very well with no evidence of a complication.

* **KELOIDS:** Keloids are firm, rubbery, lumpy lesions or shiny fibrous nodules on the skin that's usually raised. It often looks like liquid spilled on the skin and then hardened. When skin is injured, fibrous tissue called scar tissue forms over a wound to repair and protect the injury. In some cases, scar tissue grows excessively, forming smooth, hard growths called keloids. An estimated 10 percent of people experience keloid scarring.

* If keloids are detected, your provider can: - Inject corticosteroids to the keloid to reduce inflammation (usually one injection every 6 weeks for up to four sessions) - Continue silicone gel sheeting - Begin laser treatments and micro needling to reduce scar tissue

* **INFECTION:** Infections are most likely to take place between day 10-14 from surgery.

* **Symptoms and signs of infection include:** Redness, warmth, fever, tenderness, pus, malaise

EMOTIONAL EXPECTATIONS FOLLOWING SURGERY:

* It is not unusual for patients to undergo significant emotional "ups and downs" after any type of surgery. Factors such as underlying stress, medications, and/or psychological tendencies can result in

patients experiencing a “postoperative depression” that generally resolves after a few weeks. Having a partner, family member, or friend who is supportive can help with this process. Understanding the stages of emotional “ups and downs” can help patients stay calm and recover from this emotional process faster:

Phase 1: Being Out of It: Swelling and discomfort is most severe over the first few days after surgery. Pain medications also can make you disoriented and emotional.

Phase 2: Mood Swings - Having just had surgery, patients are adjusting to a sudden change in their appearance with much anticipation. The presence of bruising, swelling, and asymmetries will distort a patient’s results thereby concealing the final outcome. Mood swings (especially sadness), worry and depression are common emotions as a result. Patients may even ask, "What have I done?" or think that "I never should have done it."

Phase 3: Being over critical - During the second week, patients will probably be feeling a lot better. The swelling and muscle cramping/spasms will be decreasing and sutures will be out. Because of anticipation, it is natural for patients to look critically at their new body worrying about symmetry, scars, and so on. At this point, it's normal to wonder if they have achieved their goal and what they paid for. This is too soon to tell and most concerns are resolved with time.

Phase 4: Happy at last - Finally, about 3 – 6 months out of surgery, patients will probably start liking how they look and are feeling much better.

FOLLOW UP APPOINTMENTS:

- * It is important to be seen by our office for your post-op appointments
- * The first two appointments are highly recommended. It is strongly advised that you stay locally for the first 2 weeks following surgery if you are an out-of-town patient.
- * It’s important to keep in mind that these appointments are patient-specific and may vary depending on your own individual healing and/or complications.
- Our practice can evaluate you over the phone, via email, or from a distance. If you have a cosmetic or functional complication, please plan to visit our office for a postoperative visit. We can provide referrals and do our best to manage complications from a distance.
- * Call to schedule your appointments at (814) 849-6591 between the hours of 8:00 AM and 4:00 PM, Monday – Friday. The office is closed on Saturday and Sunday.
- * **The office is closed on Saturday and Sunday. Should you experience a complication over the weekend, you will need to be seen by an urgent care and/or Emergency Room.**