

Face Lift Post Operative Instructions

- Your first postoperative appointment will be made for approximately 3-7 days after surgery. This appointment will have been made for you prior to your procedure and the exact time and date given to you ahead of time. Your second postoperative visit is typically approximately 7 days after surgery and your third visit will be approximately 10 days after surgery.
- You **MUST HAVE AN ADULT DRIVE YOU** home from the facility. You will not be allowed to drive yourself or use public transportation.
- After you return home, you **MUST HAVE A RESPONSIBLE ADULT STAY WITH YOU** a minimum of 24 hours. You **CANNOT** be left alone. The 24 hours begin when you are discharged from the surgery center. Have everything ready at home **PRIOR** to surgery. Make arrangements for someone to stay with you. Let the person or persons know you cannot be left alone. This is important because of the danger of falling and you may lose the concept of time for the day and overmedicate yourself.
- The effects of anesthesia can persist for 72 hours. You must exercise extreme caution before engaging in any activity that could be harmful to yourself or others.
- **DRINK** fluids (water is the best) to help rid the body of the medications used in surgery. Use straws as this will be easier and you will tend to drink more fluids the first few days after surgery.
- Diet may be as tolerated. Eating foods that are bland and soft for the first day or so – foods like after you have had the flu – may be best tolerated. You must eat more than crackers and juice; otherwise you will continue to feel weak and will not heal as well. **REMEMBER** to take the medications with a little something to eat or you will get sick to your stomach. Avoid excessive salt intake, as this can cause fluid retention and increase swelling.
- Upon your return home, light activity is permitted, such as walking, riding in a car, or any activity that is **NOT** strenuous.
- **DO NOT REMAIN IN BED ALL DAY.** Get out of bed for all meals. Although it may be uncomfortable, it is **IMPERATIVE** to take short, light walks around the house at least three times daily starting the day you return home. This will help decrease the formation of blood clots in the legs.
- Do not play sports (i.e. tennis, golf, swimming, running, yoga, dance) or perform heavy house/yard work for 4 – 6 weeks after surgery.

- Do not lift anything over 10 pounds for 4 – 6 weeks after surgery.
- Avoid lifting or carrying small children, groceries, suitcases or anything else over 10 pounds for 4 – 6 weeks.
- Avoid vigorous workouts for 4 – 6 weeks after surgery.
- Light cardio activity (i.e. walking moderate distances outside, light treadmill/stationary bike) may be resumed 3 weeks after surgery.
- Your greatest pain and discomfort will occur during the first 2 -3 days after surgery. Take your narcotic pain medication routinely during this time, then taper off according to your pain level.
- Do not take acetaminophen products at the same time as your prescription pain medication, as your prescription pain medication has acetaminophen included in it. You MAY, however, start to alternate extra strength Tylenol and your prescription pain medication, as you wean off the prescription pain medication.
- DO NOT take ibuprofen products (i.e. Advil, Aleve, Motrin) for one month after surgery.
- No surgical dressings are typically used. You will NOT have a head wrap or neck strap in place after the first day of surgery.
- Significant swelling and bruising of the entire face and neck is expected. Bruising extending down your chest is not uncommon. Dramatically more swelling, bruising and/or pain on one side, as compared to the other, is not typical. If this should occur, contact us immediately.
- Bruising and swelling around the eyes is not uncommon. Ice compresses or a bag of frozen peas or corn may be applied to the eyes to help reduce swelling after your operation. Place a moist cloth or gauze over each eye, then place the cool pack over it. Do not put ice directly on your eyelids. Leave the cool pack on the eyes for 20-30 minutes, and then remove it for 10 minutes. Repeat this for the first 24 hours after surgery as tolerated. Application of compresses after this time does not usually further reduce swelling or discoloration.
- Most of the noticeable swelling and bruising will decrease during the first 3 - 4 weeks after surgery; however, some swelling, bruising and redness of the scars can take several months to completely resolve. Most people look “presentable” to the public at approximately 3 – 4 weeks after surgery, although, you may still have residual bruising requiring cover-up make-up. It may take 2 – 3 months for all signs of surgery to be completely gone.

- Drains are placed under the skin to evacuate excess fluid and are connected to a plastic bulb which generates suction. You will be sent home with these drains and instructed on how to empty them and monitor the output. Secure your drains to the gauze "necklace" provided to you at the surgery recovery center. Drains are usually removed 1-3 days after surgery. Some bloody drainage into the bulb reservoir of the drain is normal. Excessive drainage, such as more than 50 cc per 8-hour period is abnormal and should be reported.
- You may shower and wash your hair the day after surgery, even with the drains in place. Gently wash all incisions with your shampoo. Replace the gauze necklace supporting your drains after showering, as it will be wet and uncomfortable.
- After shampooing, a hair dryer set on "cool" may be used to gently dry the hair. The scalp may be numb in certain areas and, in this unprotected state, could be inadvertently burned.
- Do not soak your face in a bathtub for 4 weeks after surgery.
- On the day after surgery, your face and the incisions may be gently washed with soap and water. Scabs should be gently removed with a hydrogen peroxide soaked Q-tip since their continued presence may prohibit the formation of fine line scars. Do not routinely clean incisions with hydrogen peroxide, as this will cause irritation. Only use hydrogen peroxide to remove scabs. A very thin layer of Bacitracin antibiotic ointment should be applied to all incisions on a daily basis. If irritation or a rash develops, discontinue the ointment and contact our office. Do not use NEOSPORIN as it can mimic an infection in many patients wounds.
- Do not apply hot or warm compresses to any of the surgical areas because it will increase swelling and possibly bleeding.
- Some itching of the healing wounds is expected, but avoid scratching the incisions.
- Some of the sutures are removed on the sixth or seventh day after surgery and in most instances, the remaining sutures are removed by the tenth day. Removing sutures is quick and uncomplicated. You must remain in the Phoenix/Scottsdale area until all sutures have been removed.
- Hypoallergenic make-up may be applied to your face after all of the sutures have been removed. Mineral based make-up is less irritating and is preferred. Some type of cover-up cream will help if bruises are still present. You must thoroughly remove all make-up at the end of the day. Using a Clarisonic device is THE BEST way to do this.

- A feeling of numbness and tightness in the scalp, neck, cheeks and ears is common. This usually subsides within the first four to six weeks post-operatively, but can last up to 6 months or a year.
- REMEMBER, your neck may feel VERY tight for up to 6 months or longer.
- Discomfort, pain, and numbness in your ears can also occur and may persist for up to 6 months or longer.
- Hair color and permanents may be applied approximately six weeks after surgery.
- Glasses or sunglasses may be worn provided the earpiece does not cause excessive pressure on any of the incisions. Contact may be worn one week after surgery.
- You should sleep on your back for at least two weeks after surgery. Propping your head up with two pillows at night will help to decrease swelling. Avoid sleeping on your side or your face.
- After the initial post-operative period, you will see improvements with each passing day. A slight psychological "blue" period frequently occurs. Should this little emotional dip affect you, keep in mind that the phenomenon is not unique to you. As with all patients, you have carefully planned and thought of your operation for a long time. You remember the nervousness that you experienced when you first came for a consultation and the excitement that you noted as you prepared for surgery. After the major steps are behind you, things tend to become anti-climactic, and a little psychological "let down" is normal.
- Driving is permitted 1 - 2 weeks after surgery if you feel well and are not taking prescription pain medication or sedatives.
- Expect to take at least 3 - 4 weeks off from work if you are employed.
- It may take up to 6 - 8 weeks for your normal energy level to return.
- DO NOT travel out of town after surgery unless discussed with the office ahead of time.
- Avoid intercourse for two weeks, and then continue to be careful for the next two weeks.
- NO SMOKING for 6 weeks after surgery. Drinking alcoholic beverages may be resumed only after you are off all prescription pain medication.

- After surgery, it is important to have a bowel movement within a day or two. If you do not, you may take over-the-counter laxatives to encourage your bowels to move.
- Do not use a hot tub or sauna for 4 weeks.
- You may use a swimming pool after 3 weeks, but no swimming for exercise for 4 – 6 weeks.
- Do not sit in the sun for 4 weeks. After that, it is extremely important to place sunscreen, minimum of SPF 30, to all scars when outside for a minimum of one year after surgery. Sun exposure can cause permanent discoloration of the scars. Sunlight can even reach scars through hats and clothing, so take adequate precautions.
- If you experience any generalized itching, rash, wheezing or tightness in the throat, stop taking all medication and call the office immediately, as this may be a sign of a drug allergy.
- Contact the office if you have severe pain not responding to medication, the incisions are showing signs of infection such as redness that spreads away from the incision to the adjacent breast skin and is exquisitely tender or if you develop fever and chills. Fevers that are clinically significant are 101.5 or greater.

Patient Signature: _____ Date: _____

Staff Signature: _____ Date: _____