POST-SURGERY INFORMATION: BLEPHAROPLASTY SURGERY

Patient Name ___________________________________ Surgery Date ________________________

Once your surgery is completed, you must follow all the instructions given to you in order to heal properly and have good outcomes.

The following instructions are your obligation. Use this as a checklist of progress as you heal. Included are normal post-surgical experiences and key health considerations that may be a cause of concern.

TYPICAL POST-OPERATIVE SYMPTOMS
Typical symptoms experienced after a blepharoplasty and signs to watch for following eyelid surgery include the following:

1. **Localized discomfort/tightness at, or around, eyelid region and difficulty closing eyes:** These are normal experiences as the skin, muscles, tissue and sensory nerves heal, and it should subside within a couple of days. Pain medication will help you cope with any discomfort. **Consistent sharp pain should be reported to our office immediately.**

2. **Blurry vision, dry or watery eyes; burning, shiny skin, or any itchy feeling:** Swelling can cause the surgical site to appear shiny. As the healing process advances, you may also find a mild to severe itchy feeling of the incision. An antihistamine, such as Benadryl, can help to alleviate severe, constant itchiness. **If the skin becomes red and hot to the touch, contact our office immediately.**

3. **Bruising and swelling** will mostly resolve in 2-4 weeks; however, residual swelling may persist for a longer period of time. You may want to wear sunglasses to conceal the bruising. **During your waking hours, apply the cool compresses to your eyes and forehead area 20-minutes each hour for at least 12-24 hours following surgery to reduce swelling and bruising.**

4. **You may have drainage from your incisions for the first 24-36 hours postoperatively.** Be sure to clean the incisions with a Q-tip and water 2 times daily to remove the dried drainage. **You may shower or bathe the day following your operation.**
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OUR OFFICE SHOULD BE CONTACTED IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- A high fever, (over 101º) severe nausea and vomiting, continued dizziness or incoherent behavior, such as hallucinations.
- Sudden onset of sharp pain
- Consistent sharp pain or any pain that cannot be controlled by your pain medication.
- Bright red skin that is hot to the touch in the surgical region.
- Excessive bleeding or fluid seeping through the incisions.

We encourage you to call us with any questions or concerns you may have. You may call us during office hours at (404) 841-8450. After 5:00 p.m., you may reach a surgeon at (404) 487-2546 for immediate, emergent attention.

CALL 911 FOR ANY OF THE FOLLOWING SYMPTOMS:

- Loss of consciousness.
- Shortness of breath or stops breathing altogether.
- Acute chest pain.
- Profuse, uncontrollable bleeding.

Remain calm. Speak clearly. Tell the emergency operator that you require emergency medical help. Respond directly to the questions the operator asks you. Be prepared to tell the operator and medical responders the last time the patient was given any medication and exactly how much. Be certain to tell the operator that this is a post-surgical patient.
YOUR RELEASE FROM THE HOSPITAL

You will only be released to the care of a responsible adult. All of these instructions must be clear to the adult who will monitor your health and support you, around the clock in your first days home from the hospital.

- **Rest, but not bed rest:** While rest is important in the early stages of healing, equally important is that you are ambulatory: meaning that you are walking under your own strength. Spend 10 minutes every 2 hours engaged in light walking indoors as you recover. Your caregiver should walk behind or beside you in the event you become unstable or lightheaded.

- **Avoid doing anything that requires bending, or leaning, over from the waist** as this will increase pressure and may cause bleeding.

- **Monitor post-surgical symptoms and be alert to possible complications.** These are defined, along with the actions you should take, on pages 1-2 of this document.

- **Sleep with your head elevated on 2-3 pillows for the first few nights to decrease swelling.**

- **Fluids are critical following surgery.** Stick to non-carbonated, non-alcoholic, caffeine-free, and green tea-free beverages including fruit juices and water, milk, and yogurt drinks. You must consume at least 8 ounces of fluid every 2 hours.

- **Good nutrition is important during recovery.** Stick with soft, bland, nutritious diet for the first 24 hours. Constipation and bloating are not uncommon after surgery. This can be improved by increasing fluid intake, reducing salt intake and eating foods such as bananas and bran products. Having a stool softener, such as Miralax, at home may also help alleviate constipation. Taking prescription pain medicine with food, such as a few crackers or applesauce, will help to reduce any nausea you may experience with this medication.

- **Take all medication, exactly as prescribed.** Complete all antibiotics unless told otherwise by Dr. Ma. Use the attached POST-SURGERY MEDICATION LOG on page 6 to record the time each medication is given for each day. This will help you to remember when to take each medication.

- **Keep incisions and dressings clean and dry.** Your incisions will seep fluid and some blood for the first 24-36 hours after surgery. Be sure to clean your incisions with a cotton swab and water twice daily to remove the dried drainage. You may shower or bathe the day following your operation.

- **Do not smoke.** Smoking can greatly impair your safety prior to surgery and your ability to heal following surgery, resulting in more noticeable scars. You must not smoke, and your caregiver must not smoke anywhere near you.

- **You will be given saline eye drops and eye ointment after your surgery.** The saline drops are to be used as often as needed, and the eye ointment is used for the first three post-operative nights. Be sure that you apply the drops and ointment into your eyes. **Please note that the eye ointment will make your vision very blurry!**
POST-SURGERY INSTRUCTIONS: BLEPHAROPLASTY SURGERY

✓ Daily routine activity may be resumed within a few days after surgery. Avoid vigorous exercise or activity, such as running and lifting weights, because this will cause pressure and stress to the incision. Check with Dr. Ma before resuming ANY exercise regimen. Typically, exercise routines may be resumed 3-4 weeks after surgery.

✓ You may apply a cool, not cold, compress to affected sites to alleviate discomfort, swelling or bruising. Wrap crushed ice or ice packs in a towel before applying to skin. DO NOT apply ice or anything frozen directly to the skin. Cool compresses should be applied for no longer than 20-minute intervals. DO NOT apply heat to affected areas as this will only worsen swelling. During your waking hours, apply the cool compresses to your eyes and forehead area 20-minutes each hour for at least 12-24 hours following surgery to reduce swelling and bruising.

✓ Relax. Do not engage in any stressful activities. Take care of no one, and let others tend to you.

✓ DO NOT drive until after your first post-operative office visit, or until you have been off of pain medication for at least 48 hours.

✓ Your first post-operative visit will be approximately 7 days after surgery. At this time, your incisions will be checked and your sutures will be removed.

Have your caregiver accompany you to your first postoperative visit scheduled for: ______________________
POST-SURGERY INSTRUCTIONS: BLEPHAROPLASTY SURGERY

ADDITIONAL INSTRUCTIONS FOLLOWING YOUR FIRST POST-OPERATIVE VISIT

During this time you will progress with each day that passes. Ease into your daily activities. You will receive clearance to begin driving or return to work at your post-operative visit, or within.

- **Continue to cleanse wounds as directed.**
- **Take antibiotic medications and supplements as directed.** Take pain medication only as needed. You may wish to switch from prescriptive pain medication to acetaminophen or ibuprofen.
- **Maintain daily walking.** Walking is essential every day to prevent the formation of blood clots.
- **DO NOT lift, push or pull anything 10-pounds or heavier, or engage in vigorous exercise, for at least 2 weeks.** Avoid doing anything that requires bending, or leaning, over from the waist as this will increase pressure and may cause bleeding.
- **Contact lenses SHOULD NOT be worn for 2 weeks postoperatively.** Eye make-up may be applied once the sutures are out and the incisions are completely healed.
- **Maintain a healthy diet. Do not smoke. Do not consume alcohol.**

TWO to FOUR WEEKS FOLLOWING SURGERY

As you resume your normal daily activities, you must continue proper care and healing.

- **Continue wound care as directed.** Your scars will be firm and pink for at least six weeks; it typically takes approximately six months to a year for the scars to fade and flatten. They never disappear completely. After your surgical tape has been removed in the office, ask about Biocorneum, or other scar creams, that you may then begin to use to help with the healing process.
- **Ease into light weight-bearing exercise.** No aerobic or vigorous exercise or activity for 3-4 weeks following surgery.
- **Do not smoke.** While incisions may have sealed, smoking deprives your body of necessary oxygen that can result in poorly healed, wide, raised scars.
- **Practice good sun protection.** Do not expose your incisions to direct sunlight. If you are outdoors, apply at least an SPF 30 to exposed skin at least 15 minutes prior to sun exposure and reapply every 2 hours. Perform this protective regimen even on cloudy days. If possible, stay out of the sun between the hours of 10am-3pm; this is when the sun’s rays are strongest.

**Your body will change with age.** You may wish to undergo revisional surgery again in the future to help maintain your appearance throughout life. Contact our office with any of your questions or concerns, at any time.
**POST-SURGERY INSTRUCTIONS: BLEPHAROPLASTY SURGERY**

**MEDICATION LOG**

<table>
<thead>
<tr>
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<th>Time/Day</th>
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<tbody>
<tr>
<td>Antibiotic:</td>
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<td>Pain medication:</td>
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<tr>
<td>Muscle relaxant:</td>
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<td>Other:</td>
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<td>Other:</td>
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Administer all medication, **EXACTLY as prescribed**. Use this document to record the time each medication is given each day.

Antibiotic: __________________________ mg _____ x per day

Pain medication: __________________________ mg _____ x per day

Muscle relaxant: __________________________ mg _____ x per day

Other: __________________________ mg _____ x per day

Other: __________________________ mg _____ x per day

Other: __________________________ mg _____ x per day

Other: __________________________ mg _____ x per day

Other: __________________________ mg _____ x per day