

## Mark H. Peters, MD, FACS

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### POSTOPERATIVE INSTRUCTIONS FOR RHYTIDECTOMY (FACELIFT)

Our goal is for you to achieve the best possible result from your surgery. This requires participation from both you and our staff during the postoperative period. You should be familiar with these instructions in order to make the postoperative course a smooth one. We are happy to answer any questions or concerns you may have regarding your postoperative care.

- Lots of pillows, including one at the base of the spine and one under the knees. Keeping the head elevated will help with swelling.
- Mouthwash to rinse the mouth. It can be days until a toothbrush can fit into the mouth comfortably from swelling.
- Safe skincare products which to wash your face. Make sure all your skincare products are hypo-allergenic and formulated for sensitive and dry skin. Avoid any make-up until you are directed to do so--this is usually about 10 days after surgery.
- We want you to avoid straining. A stool softener or mild laxative may be needed. (Senecot or Colace)
- You may want to start with soft foods, including protein shakes, applesauce, oatmeal, and yogurt.
- Limit your intake with citrus juices. Juices are highly acidic and may sour your stomach.
- Flexible straws for drinking liquids easily in a reclining position.
- A hand-held shower head in the tub or shower enclosure plus a plastic chair upon which to sit. This is a safe way to shower for the first time.
- Mild hair products to wash your hair such as baby shampoos.
- You may want to use a telephone with a speaker near the bed. Holding a phone to their ears may be tender immediately after a facelift.
- Clean visible suture lines with half strength hydrogen peroxide, i.e. ½ water and ½ peroxide. "Dab" rather than "wipe." Apply triple antibiotic ointment (Neosporin, Bacitracin, etc.) along stitch lines twice a day.
- Lots of patience!!!!!!!!!!!!

### GENERAL INFORMATION

- **ACTIVITY:** Most of the discomfort is during the first 2 weeks following surgery. You will not begin to feel "back to normal" for about 3-4 weeks. You may begin to go on leisurely walks after 2 weeks. DO NOT OVER DO IT. Too much activity will prolong the healing time.
- **SUTURES:** The stitches in your face will be removed about 4-6 days post operation. If you have staples, they will be removed between days 15-21.

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- **WHEN TO CALL THE DOCTOR:** If any signs of infection such as an area of redness, oral temperature over 101F, foul smelling drainage, or pain which is not relieved with medication, then you must call immediately to be evaluated. Dr. Peters' office number is **(985) 223-2602**. After 5 PM, weekends, and holidays, your call will be transferred to our answering service.
- **SMOKING:** We advise that you do not use any tobacco products for at least 14 days following your surgery.
- **ALCOHOL:** Alcohol dilates the blood vessels and may increase the chance of post-operative bleeding. It also contributes to dehydration. Please do not drink until you have stopped taking the prescription pain pills as this combination can be dangerous.
- **DRIVING:** Please do not drive for at least 10 days following the surgery. You should not drive while taking the prescription pain medication.
- **EXPOSURE TO SUNLIGHT:** It is recommended that you protect the incision lines from the sun for at least one year following surgery. Even with a bathing suit, sunlight can still reach the skin so application of sun screen is recommended.
- **ITCHING:** Benadryl (over the counter): 25-50 mg every 6 hours.
- **GAS:** (caused by pain medication): Phazyme gel tabs.
- **CONSTIPATION:** (Caused by pain medication): Fruit juices, eat canned fruit, Colace or Senecot stool softeners.
- **FEVER:** (without chills or body aches and less than 100 degrees): Two Tylenol every four hours. Look carefully at you incisions for any possible signs of infection.
- **POSTOPERATIVE APPOINTMENTS:** It is very important that you follow the scheduled appointments we establish for you after surgery.

You may continue to use your prescribed narcotic medication as directed. Please ask Dr. Peters prior to initiating any other medications such as Ibuprofen or Vitamin E.

I have reviewed the postoperative care instructions with \_\_\_\_\_; I understand these instructions and a copy has been provided to me.

Patient \_\_\_\_\_ Date \_\_\_\_\_