

PRE-OPERATIVE INSTRUCTIONS FOR FACELIFT

THREE WEEKS BEFORE SURGERY

- Laboratory tests and EKG (if they are required) must be done. If you are having your preoperative testing at a lab other than the one we suggested, please have the written results arrive at our office one week before surgery (our fax number is 833-719-8711).
- Surgery will be rescheduled if any chance of pregnancy.
- If you are planning to have a haircut before surgery, please do so two weeks before surgery.
- All fees are due, including surgical, facility and anesthesia. **Two Weeks Before Surgery**
- Do not take products containing aspirin, ibuprofen (eg. Advil, Motrin), or Vitamin E. Many pain relievers; cold and sinus medications contain aspirin or ibuprofen. See the "Medications to Avoid Prior to Surgery" document.
- Refrain from all nicotine products, including cigarettes, pipe tobacco, chew or "the patch." Nicotine interferes with healthy circulation and may affect the result of your surgery. It also places you at higher risk of complication when receiving anesthesia.
- If your destination after surgery is more than 30 minutes from the office, you must plan to stay in a local hotel on the night of surgery. Your patient coordinator can assist you with this.



ONE WEEK BEFORE SURGERY

- Do not drink alcohol for 1 week before and after surgery.
- If you perm or color your hair; it should be done 1 week before and/or 5 weeks after surgery.

DAY BEFORE SURGERY

- The Surgery Center will call the day before to inform you of your arrival time for surgery.
- DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT (this includes water and gum chewing). SURGERY MAY BE CANCELLED IF THIS IS NOT FOLLOWED. A fasting state is required in order to receive sedation for surgery. You will be instructed if there is any medication you should take on the morning of your procedure, if so take this with only a small sip of water.

DAY OF SURGERY

- Go to designated surgical location.
- You may shower and shampoo the morning of surgery. Do not wear makeup, hair sprays or gels, or nail polish. You may leave acrylic nails on
- Avoid clothing that must be pulled over the head. Please wear loose fitting clothing.
- Do not wear jewelry of any sort or bring valuables to surgery.

POST-OPERATIVE INSTRUCTIONS FACELIFT

These instructions should be carefully read and followed. They are designed to answer the most commonly asked questions regarding post operative care.

ACTIVITY

- Limit your activity sharply over the first week following surgery.
- You are encouraged to walk around the house on the day of surgery and thereafter. This helps to prevent blood clots from develop in the legs. Move/pump your legs frequently while lying down. This also helps in preventing blood clots from developing.
- When you rest or sleep, keep your head elevated 2-3 pillows and avoid turning of your side. If you overexert yourself, bleeding or prolonged swelling may result.
- Keep your emotions under control. It is not unusual to feel a bit depressed for a few days after surgery. This quickly passes as you begin to look and feel better.
- Avoid bending, lifting, pulling, pushing, straining and aerobic activities for 3 weeks.
- You may begin to return to regular exercise 3 weeks after surgery. Ease into this, gradually increasing your exercise level back to normal by 5-6 weeks from surgery.
- Take deep breaths often when you get home for the first 24 hours after surgery. This helps to expand the base of your lungs.

DIET

- Alcohol consumption should also be limited as this may raise the blood pressure and initiate bleeding. Do not drink alcohol during the first week.
- Drink plenty of fluids following surgery, as dehydration can contribute to nausea.
- You may want to avoid foods that require much chewing. Soft foods may be easier to eat.
- Small amounts of food 20 minutes before taking postoperative medications (especially pain medications and/or antibiotics) can prevent nausea.
- If you vomit or feel nauseated, you should delay food and pain medications until the nausea passes.
- Take only 2-3 ounces of clear liquids at hourly intervals until the nausea subsides. If this symptom persists, call for anti-nausea medications, as subsequent vomiting may be harmful and lead to complications.

BATHING

- Following surgery you may bathe, but do not submerge your head in the water.
- You can gently shampoo your hair.

PAIN, SWELLING, BRUISING, INFECTION

• It is unusual to have significant pain after face lift/neck lift procedure. It is more common to have numbness of the cheeks, ears

and under chin area that may last 3 to 6 months. Some people will also experience tingling in the area or odd sensations as the area is healing, this is all normal.

- If you are experiencing unilateral (one sided) pain or significant swelling, then contact our office.
- Some swelling and bruising is to be expected. Bruising is treated with Arnica and/or Bromelian, an herbal supplement. Swelling and bruising is maximal at 48 hours post-surgery and gradually subsides over the following 10-14 days.
- Infection is also unusual. Fever, localized swelling with redness and tenderness may signify a developing infection and should be reported. Appropriate treatment will be initiated.
- Your final results will occur between 6-12 months.

OTHER COMMON INSTRUCTIONS AFTER SURGERY

- A responsible adult must provide transportation for you after surgery (public transportation is not permissible) and remain with you until the morning following the procedure. If you are having several procedures, you may need assistance for 1-2 days following your procedure.
- You will need to arrange transportation for your appointment at our office on the day following surgery. Do not drive for 24 hours after surgery or anytime that you are taking pain medications.
- Avoid making major decisions or participating in activities requiring judgment for 24 hours after surgery.

- Smoking should be strictly avoided as it interferes with the blood supply to the healing tissues and slows subsequent healing.
- Take all medications as instructed postoperatively.
- Avoid excess sunlight to the incisions for at least a year. Even mild sunburn may cause prolonged swelling or irritation of the healing incisions. Use sunscreen with zinc oxide and SPF 30 or greater to help decrease the visibility of the scar.
- Silicone gel can be applied to incision lines once sutures are removed to assist in reduction of redness and swelling.
- Do not compare your progress with that of other patients. Remember that everyone's healing process is unique. Also, if you have any questions or concerns, call on us. Your family and friends may mean well, but you can receive wrong information.

INCISIONAL CARE

- Keep your initial dressings dry. We will remove your dressing on the first day after surgery.
- You will be instructed about caring for your drain at your preoperative visit. Please empty this if needed, and record the amount.
- Clean incisions around your ears and under your chin with hydrogen peroxide on a q-tip, then apply double antibiotic ointment twice a day.

CALL THE OFFICE IF YOU DEVELOP ANY OF THE FOLLOWING:

- Fever of 101 degrees F or greater.
- Pain not relieved with pain medication.
- Swelling, redness, bleeding, and/or foul drainage from incision area.
- Persistent nausea and/or vomiting.
- Any other concerns.

Office Telephone: 949-273-3112

I have reviewed and understand the instructions provided for my procedure.

Patient Name (print):	Date:
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Patient Signature: _____

Witness Signature: Date:



Your surgery will be performed safely and with care in order to obtain the best possible results.

You have the right to be informed that the surgery may involve risks of unsuccessful results, complications, or injury from both known and unforeseen causes. Because individuals vary in skin textures, tissue, circulation, and the healing process, as well as anesthetic reactions, there can be no guarantee made as to the results or potential complications.

The following complications have been reported in medical literature. They are listed here for your information not to frighten you, but to make you aware and more knowledgeable concerning this surgical procedure. They will be discussed again at your preoperative appointment.

RHYTIDECTOMY

(Facelift / endoscopic forehead lift / mid-face lift procedures)

The overall complication rate for rhytidectomy is 12%

Hematoma: A swelling or mass of blood (usually clotted) caused by a break in a blood vessel. Females 0.7%. Males 7%. This form of hematoma requires treatment and drainage.

Infection: Less than 1%. This is extremely rare despite the proximity of hair around the wound

Hair Loss: Loss of hair in the temple area/behind the ear is 2.3%. This is usually temporary with normal regrowth in several months. Male patients should be aware that the hairless area in front of the ear will be narrowed and the beard pattern may possibly necessitate shaving behind the ear.

Pigmentation: (discoloration & bruising). Either normal or pathological coloring of the skin or tissue by a deposit of pigmentation that can cause color changes. Normal bruising resolves in 2-3 weeks. Occasionally extensive bruising can require many weeks or months to resolve. These problems can be most common in patients with thin, hypo-pigmented, transparent skin. Patients with darker complexions should be aware of the possibility of residual brown pigmentation.

Edema: (swelling). This is normal following facelift surgery and usually lasts 2-3 weeks. Prolonged edema is unusual and may require endocrine, allergy or other medical evaluation to determine the cause.

Nerve Injury: Injury to the nerve(s) causing a weakness of the mouth is about 1%. This may present as an asymmetrical smile due to temporary swelling or bruising on the muscle which can then affect the underlying motor function of the nerve(s). They often return to normal in a matter of weeks to months, but can persist. It is normal to have numbness of the cheeks, ears and or neck (sensory nerves) which will resolve over a period of several weeks to several months.

Pain/Numbness: Usually around the earlobes or ears is about 2.5%. Significant pain Post-operatively is unusual. If it exists and especially if it is unilateral, it should be investigated.

Keloid Scarring: Poor healing with visible and sensitive scarring along incision lines.

Wound Separation: Occurs along the suture line after the sutures have been removed.

Submental Depression: Removal of fat in the area under the chin may result in some irregular areas of depression.

"Dog Ear": Most all areas of excess tissue along scars resolve with time. If they do not resolve with healing, they may be excised at a later procedure.

Skin Slough: Poor healing causing scar tissue formation often associated with hematoma or infection.

Any touch-up surgery that may be necessary is not done for at least 6 months. This is usually a small office procedure and no physician's fee is charged. There is however, a nominal charge for the facility, supplies, and anesthesia if sedation is required.

I have read the complication list and am aware that any of the above may occur.

Patient Name (print):	Date:
Patient Signature:	
Witness Signature:	Date: