

BROW LIFT POST OP INSTRUCTIONS

ACTIVITIES

- No strenuous activity. No heavy bending, lifting, twisting, pushing, or pulling >5-10 lbs. for 6 weeks.
- Sleep with your head elevated 45 degrees for several days to minimize swelling. Sleeping on your back the first two weeks after surgery promote minimal swelling.
- Driving may be resumed when you are no longer taking pain medications and can drive easily and rapidly, moving your foot from the gas to the brake. For the majority of patients, this window is usually one week.
- Do not smoke or be around a smoker. This can be the most significant cause of serious healing issues.
- Start walking as soon as possible. This helps to reduce swelling and lowers the chance of blood clots.
- Overactivity can cause bleeding, so be very careful and **LISTEN TO YOUR BODY! If it hurts, don't do it!**

DIET

- Fluid intake is encouraged. It is important to make sure you are well hydrated, drink at least eight 8oz. glasses of water daily after surgery.
- Follow a balanced diet. Avoid heavy, greasy, or spicy food.
- No alcoholic beverages while taking pain medication. Even after pain medications are done it is encouraged to avoid drinking alcohol for 3 weeks as it causes fluid retention.
- Constipation after surgery is common from general anesthesia as well as narcotic pain medicine. An over-the-counter stool softener is recommended. Milk of Magnesia, Mag Citrate, or enemas can be used to help or even adding raw fruit to your diet can aid in constipation relief. Remember to increase your fluids as well.

WOUND CARE

- You will have a large gauze bandage wrapped around your head when you come out of surgery. It should be snug. You may adjust the bandage if necessary.
- You may use ice packs wrapped in a towel (20 minutes on and 20 minutes off). Frozen peas make excellent ice packs.
- You may shower the second day following surgery and should shower every day following this. Be sure to use a gentle shampoo such as Johnson's Baby Shampoo. You may wash your face with a washcloth.
- You can keep the suture line clean by using a Q-tip soaked in hydrogen peroxide. Then apply a generous amount of Aquaphor or Bacitracin ointment.
- If drains were placed they should be emptied 3-4 times a day.
- Swelling can vary from patient to patient as well as side to side. Swelling may actually increase the first three to four days before resolving. Most swelling should diminish over the first two to three weeks.
- Most of your forehead will be numb following surgery. Unusual sensations, pins and needles, and occasionally mild discomfort may occur as these nerves regenerate.

MEDICATIONS

- Resume all home medications as directed by your primary care provider, and follow up with them if you have any questions about resuming the medication.
- The medications you will be prescribed after surgery are part of our Enhanced Recovery After Surgery (ERAS) program. This program is designed to make your recovery faster and easier on you and your body and to lower the chances of a problem after surgery.
- You have been prescribed several medications after surgery. Each medication should be taken as directed.
- Acetaminophen (Tylenol) 1000 mg by mouth three times daily (OVER-THE-COUNTER).
You should take your Tylenol on a regular basis for the first two weeks after surgery. Tylenol is an excellent pain reliever that is non-addictive and has few side effects.
- Naproxen (Aleve) **OR** Ibuprofen (Advil) 800mg tablet by mouth twice daily (OVER-THE-COUNTER)
You should take it on a regular basis for the first two weeks after surgery. Aleve/Advil is a pain reliever **AND** anti-inflammatory. This medication works differently than Tylenol. Do not take this medication if you have had gastric bypass surgery, have a history of kidney problems, or have been told not to take this medication by another doctor.

MEDICATIONS, cont'd

- Polyethylene Glycol (Miralax) one capful (17 grams) by mouth twice daily (OVER-THE-COUNTER)
Miralax is a stool softener agent. You should take this medication twice daily after surgery to help with constipation. Constipation after surgery is from the general anesthesia as well as the narcotic pain medication you get during and after surgery. It is important to make sure you are well hydrated while taking this medication, so drink at least eight 8 oz. glasses of water daily after surgery.
- Oxycodone (Roxicodone) one to two tablet(s) by mouth every 6 hours as needed after surgery (Prescription)
Oxycodone is a narcotic pain medication. Most patients will feel nauseated and may vomit if this medication is taken on an empty stomach. This medication also causes constipation that worsens over time. Taking the prescribed stool softener and increasing your water and fiber intake is important to help with constipation. This medication can be addictive for some patients, and it is important to taper off this medication quickly after surgery. Narcotic pain medications should be used for short periods of time only and can be helpful for breakthrough pain after surgery. Once you have stopped taking this medication, turn the rest into your pharmacy so that it can be disposed of correctly. Every prescription of this medication is closely tracked and monitored by the Federal Drug Enforcement Agency (DEA).

CALL THE SURGEON:

- Continuous bleeding that does not stop with pressure
- Fever more than 101.5 degrees
- Unable to empty bladder
- Difficulty breathing
- Nausea or vomiting not controlled with the anti-nausea medication
- Pain controlled with medications
- Lidocaine Toxicity

Signs & Symptoms of Lidocaine Toxicity

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| o Slurred or difficult speech | o Dysrhythmias (irregular heartbeat) |
| o Paresthesia- "pins and needles" feeling of skin | o Restlessness, Agitation, Nervousness |
| o Numbness of lips/mouth | o Hypotension (low blood pressure) |
| o Metallic taste in mouth | o Bradycardia (low heart rate) |
| o "Ringing" in Ears | o Loss of Consciousness |
| o Double Vision | o Muscle Twitching |
| o Feeling hot or cold | o Tremors or Shaking |
| o Altered Cardiovascular System | o Seizures |
| o Drowsiness | o Respiratory Depression |
| o Dizziness | o Respiratory and Cardiac Arrest |

RISKS

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I (we) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death. I (we) also realize that the following risks and hazards may occur in connection with this particular procedure:

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| 1. Worsening or unsatisfactory appearance | 3. Recurrence of the original condition |
| 2. Creation of several additional problems | 4. Temporary/Permanent hair loss |
| a. Poor healing or skin loss | 5. Impairment of eyelid function |
| b. Nerve damage with loss of function or numbness | 6. Increased/decreased tearing |
| c. Painful or unattractive scarring | 7. Asymmetry |
| d. Impairment of regional organs, such as eye function | 8. Lidocaine Toxicity |