

BLEPHAROPLASTY: POST-OPERATIVE INSTRUCTIONS

The following is a list of general instructions for your care following your surgery. Please read them carefully several times as most of your questions should be answered here. Instructions for your care will also be reviewed the morning after surgery. Carefully following these instructions should help you get the best results from your surgery.

After Surgery

- Keep cold compresses on the eyes for the first 48 hours. Use washcloths from a basin of ice water — do not use an ice bag. Change cloths every 20 to 30 minutes through the first night.
- Plan to remain within thirty miles from the location of your surgery for the first night.
- Keep your head elevated the evening after surgery and for the first two weeks. Sleep in a recliner tilted at 45 degrees or with two pillows underneath your head.
- Avoid rolling onto your face. Sleeping on your back for the first two weeks helps ensure this.

Daily Care

- Apply two to three drops of Systane eye drops in each eye at least three times a day. Do this prior to cleaning the suture line.
- Go over suture lines three times daily with hydrogen peroxide on a Q-tip. After this, apply a liberal amount of antibiotic ointment (Bacitracin or Erythromycin eye ointment) with a Q-tip.
- At night, some patients will need to put a small amount of antibiotic ointment in the eye- You will be instructed the morning after if this is required for your procedure.
- You may shower the second day following surgery. Use a shampoo that will not be irritating to the incisions or if it gets in your eyes such as Johnson's Baby Shampoo
- Report immediately any signs of bleeding that persist after ten minutes of direct pressure, infection, redness, fever, unusual drainage, or pain.
- Stitches will be removed at the one-week point.

What to Expect

Swelling: Swelling will vary patient-to-patient as well as side-to-side. Swelling may actually increase the first three to four days before subsiding. Most swelling should resolve over the first two to three weeks; expect minor fluctuations over the next two to three months. Minimize swelling by keeping your head elevated as much as possible over the first two to three weeks, avoiding bending over or heavy lifting for the first three weeks, and avoiding prolonged sun exposure for the first two to three months.

Discoloration: Bruising will vary like swelling from patient-to-patient and side-to-side. Most bruising and discoloration should resolve over the first two weeks. Makeup may be applied ten days to two weeks after surgery with Dr. Hamilton's permission.

Dry Eyes: This can occasionally occur, especially for patients with low baseline tear production. Your eyes may feel as if they have sand in them, look bloodshot, or develop a yellowish swelling or film. This is a temporary condition. Dr. Hamilton will work with you to expedite resolution and improve comfort.

Blurry Vision: It is common to have some vision distortion for several days to weeks after surgery. We do not recommend adjusting glasses or contact prescriptions until at least 3 months after surgery.

Possible Complications

Bleeding, infection, scarring, chemosis (eye swelling), dry eyes, change in eyelid shape, loss of vision, and possible need for revision surgery.

Restrictions

- No strenuous exercise for at least two weeks
- No heavy lifting for three weeks
- Wait ten days to two weeks before putting contacts in. You may begin wearing glasses the day following surgery.
- No tweezing of the eyebrow for two weeks
- No driving for one, preferably two, weeks after surgery
- Eye shadow and false eyelashes should not be applied for two weeks after surgery
- Makeup should not be applied to incisions for two weeks after surgery

A Note on Healing

The healing time for blepharoplasty surgery is often less than expected and the results are worth the wait. While swelling should be completely gone after four to six weeks, your healing will continue for the entire first year. Dr. Hamilton will follow you through this entire process. Please do not hesitate to contact our office at any time.

By signing below, I acknowledge that I have received and reviewed these post-operative instructions, that my questions have been answered to my satisfaction, and that I understand my post-operative care responsibilities.

Printed Name: _____

Patient Signature: _____ Date: _____