

POST-OPERATIVE FACELIFT 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

- You will be sent home with a dressing to be worn overnight. You may or may not have drains that need to be tended to — care for these will be reviewed prior to leaving the hospital/surgery center.
- The night following surgery, it is important for you to have someone with you — this is a must! Plan to remain within thirty miles from the location of your surgery for this 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 helps ensure this.

Daily Care

- Go over suture lines three times daily with hydrogen peroxide on a Q-tip both in front of and behind your ear. After this, apply a liberal amount of Bacitracin (other antibiotic ointments such as Neosporin are acceptable) with a Q-tip.
- You may shower the second day following surgery and should shower every day following this. Use a gentle shampoo such as Johnson's Baby Shampoo for two weeks.
- Report immediately any signs of bleeding that persist after ten minutes of direct pressure, infection, redness, fever, unusual drainage, or pain.
- Stitches and staples will be removed at the one-week visit, except for three stitches which will remain in each ear lobe until day ten to fourteen.

What to Expect

Swelling: Swelling will vary patient-to-patient and 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. To minimize swelling, keep your head elevated as much as possible over the first two to three weeks, avoid bending over or heavy lifting for the first three weeks, and avoid prolonged sun exposure for the first two to three months. PLEASE DO NOT APPLY ICE TO THE SKIN — you risk injuring the skin in areas that are numb.

Discoloration: Bruising will vary 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.

Numbness: Most of your face will be numb following surgery. This is normal and will subside over the coming weeks to months. Unusual sensations, pins and needles, and occasionally mild discomfort may occur as nerves regenerate over time.

Possible Complications

Bleeding, infection, scarring, nerve injury with numbness or weakness, relaxation, asymmetry, possible need for further surgery.

Restrictions

- No strenuous exercise for at least two weeks
- No heavy lifting for three weeks
- No head turning activities or exercises for four weeks
- Hair coloring should be delayed for four weeks after surgery
- No “pull-over” clothing for two weeks
- Avoid hard chewing foods for two weeks
- Avoid yawning or wide mouth opening for two weeks
- No driving for one, preferably two, weeks after surgery
- Ear rings: please do not wear any type for at least 30 days. Dr. Hamilton may let you resume stud earrings 1–3 months post-surgery, depending on how things have healed. No heavy or dangling ear rings for 3 months.
- No swimming for 4 weeks

A Note on Healing

The healing time for facelift 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: _____