



VISAGE SURGERY CENTER
Oral & Maxillofacial Surgery
Facial Cosmetic Surgery
FAISAL A. QUERESHY, MD, DDS, FACS, INC.
BOARD CERTIFIED • MEDICAL DIRECTOR

Post-Operative Instructions Blepharoplasty

PLEASE READ YOUR INSTRUCTIONS CAREFULLY AND CALL WITH ANY QUESTIONS.

POSITION WHEN RECLINING, ELEVATE YOUR HEAD AND BACK WITH SEVERAL PILLOWS FOR THE FIRST 1-2 DAYS AFTER SURGERY. LIE ON YOUR BACK, RATHER THAN ON YOUR SIDES OR STOMACH.

BREATHING IT IS EXTREMELY IMPORTANT THAT YOU TAKE DEEP BREATHS AFTER SURGERY TO PREVENT FROM DEVELOPING PNEUMONIA, WHICH IS A COMMON OCCURRENCE AFTER SURGERY IF BREATHING EXERCISES ARE NOT FOLLOWED PROPERLY. A GOOD EXAMPLE IS TO TAKE 10-20 DEEP BREATHS EVERY HOUR, WHILE YOU ARE AWAKE, AS WELL AS ENCOURAGING YOURSELF TO COUGH.

ICE ICE PACKS OR COOL DAMP WASH CLOTS SHOULD BE APPLIED ON OR AROUND THE TREATED AREAS, ESPECIALLY OVER THE EYES AND CHEEKS. THIS WILL LESSEN THE AMOUNT OF SWELLING, BRUISING, AND PAIN. IF NO BANDAGES ARE PRESENT, PLACE A CLOTH BETWEEN THE SKIN AND THE ICE PACK TO PROTECT THE SKIN. USE ICE FOR UP TO 45 MINUTES OUT OF EACH WAKING HOUR FOR THE FIRST 24 HOURS. AN EASY SCHEDULE TO FOLLOW IS 20 MINUTES ON AND 20 MINUTES OFF.

HEAT YOU MAY BEGIN HEAT PACKS 12 HOURS AFTER ICE PACKS ARE STOPPED. IF NO BANDAGE IS PRESENT, A MOIST TOWEL SHOULD BE PLACED BETWEEN THE SKIN AND THE HEAT SOURCE. THE MOIST HEAT WILL INCREASE THE CIRCULATION AND HELP THE BODY RID ITSELF OF SWELLING AND BRUISING. DO NOT HEAT CONTINUOUSLY. USE HEAT A MAXIMUM OF 20 MINUTES PER HOUR. THE TEMPERATURE SHOULD BE CLOSELY MONITORED, **NEVER** SET AN ELECTRIC HEATING PAD ABOVE A MEDIUM SETTING. ANY NUMBNESS IN TREATED AREAS MAKE IT POSSIBLE TO BURN YOUR SKIN WITHOUT KNOWING. TO PREVENT SERIOUS INJURY FROM YOUR ELECTRIC HEATING PAD **BE CERTAIN** IT IS APPROVED FOR USE WITH MOISTURE. HEAT MAY BE USED UNTIL THE SWELLING AND BRUISING HAVE RESOLVED.

DIET *FIRST DAY:* A LIQUID DIET IS RECOMMENDED.

SECOND DAY: IT IS PERMISSIBLE TO BEGIN A SOFT DIET OF EASILY CHEWABLE FOOD, THEN YOU MAY RESUME YOUR REGULAR DIET.

ACTIVITY (I) DURING YOUR FIRST POST-OPERATIVE DAY, STAY UP AS MUCH AS POSSIBLE. YOU SHOULD SIT, STAND, OR WALK AROUND RATHER THAN REMAIN IN BED. HOWEVER, YOU SHOULD REST WHEN TIRED.

(II) Avoid bending over or lifting more than 5 pounds during the first week.

(III) Take extra precaution to protect your head and neck from bumps, hits or injuries.

HAIR CARE YOU MAY WASH YOUR HAIR AFTER SURGERY. A MILD BABY SHAMPOO IS RECOMMENDED.

DRESSINGS ON BOTH SIDES OF THE EYELID, BOTH UPPER AND LOWER, THERE WILL BE A SMALL CLEAR/WHITE TAPE. IT IS VERY IMPORTANT NOT TO REMOVE THIS SMALL TAPE AS IT HOLDS YOUR STITCHES IN THEIR PROPER PLACE. IF AT ANY TIME THIS TAPE FALLS OFF OR IS INADVERTENTLY REMOVED, YOU MUST CONTACT DR. QUERESHY, AS YOUR STITCH MAY LOOSEN CAUSING THE INCISION TO OPEN UP AND CAN AFFECT THE OUTCOME OF YOUR SURGERY.

COSMETICS YOU MAY APPLY COSMETICS TO UNTREATED AREAS FOLLOWING SURGERY. AVOID ANY AREAS WITH SKIN STITCHES, ABRASIONS OR LASER TREATMENT. MAKE-UP MAY BE APPLIED IN THE TREATED AREAS AFTER THE SKIN STITCHES HAVE BEEN REMOVED (USUALLY ON THE 5TH POST-OPERATIVE DAY). MAKE-UP MAY DELAY WOUND HEALING AND POSSIBLY PRODUCE A PERMANENT TATTOO IF IT COMES IN CONTACT WITH TREATED AREAS TOO SOON.

SPORTS NO SWIMMING, GYM, OR STRENUOUS ACTIVITIES FOR TWO WEEKS. NO DIVING, BIKING OR SKIING FOR TWO MONTHS. PASSIVE EXERCISE IS PERMITTED, LIKE WALKING. ANY OTHER QUESTIONS SHOULD BE DIRECTED TO YOUR SURGEON.

SUN EXPOSURE PROTECT YOUR FACIAL SKIN FROM EXCESSIVE SUN EXPOSURE AS LONG AS THE TREATED AREA(S) ARE STILL PINK. WHEN THE TREATED AREA(S) ARE NO LONGER PINK, ORDINARY EXPOSURE IS NOT HARMFUL, BUT A SUNSCREEN SHOULD ALWAYS BE USED.

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*Fellow American College of Surgeons • Diplomate American Board of Oral and Maxillofacial Surgery
Board Certified American Board of Cosmetic Surgery • Fellow American Academy of Cosmetic Surgery*

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MEDICATIONS PAIN RELIEVER: TAKE ONE TABLET WHEN YOU ARRIVE AT HOME. ADDITIONAL TABLETS MAY BE TAKEN EVERY 4-6 HOURS AS NEEDED FOR PAIN RELIEF. **CAUTION:** DO NOT DRIVE OR OPERATE MACHINERY WHILE TAKING PAIN RELIEVERS. TAKE WITH FOOD or liquid to avoid nausea.

SLEEP MEDICATIONS: IF PRESCRIBED, TAKE ONE TABLET 30-45 MINUTES PRIOR TO BEDTIME.

ANTIBIOTICS: IF PRESCRIBED, TAKE THEM AS INDICATED ON THE BOTTLE AND COMPLETE THE FULL COURSE OF PILLS UNTIL FINISHED.

ASPIRIN: AVOID TAKING ASPIRING OR ASPIRING CONTAINING COMPOUNDS DURING YOUR FIRST WEEK AFTER SURGERY.

ANTI-SWELLING: (DEXAMETHASONE) IF PRESCRIBED, TAKE ONE TABLET WHEN YOU ARRIVE HOME, AND THEN AGAIN THE FIRST EVENING. THE REMAINING TABLETS SHOULD BE TAKEN OVER THE NEXT TWO DAYS. THESE WILL HELP TO REDUCE THE AMOUNT OF LOCAL swelling.

CARE OF EYELID SKIN STITCHES

SUPPLIES NEEDED: BACITRACIN OINTMENT
COTTON TIP APPLICATORS (Q-TIPS, ETC.)
3% Hydrogen Peroxide (one fresh bottle)
Normal Saline (one bottle)

A. Mix 2 TBSP. PEROXIDE WITH 2 TBSP. NORMA SALINE IN A SMALL CONTAINER. DISCARD EACH TIME, AND DO NOT SAVE MIXTURE.

B. USE Q-TIPS AND PEROXIDE SOLUTION TO CLEAN ALL DRY BLOOD AND MATERIAL FORM THE INCISIONS. **DO NOT** LEAVE ANY CRUSTS OR BLOOD ON THE STITCHED AREAS. REPEAT UNTIL SUTURES ARE COMPLETELY DEBRIS FREE AND VISIBLE. REPEAT A MINIMUM OF 4-5 TIMES PER DAY, UNTIL SUTURES ARE REMOVED.

C. COVER ALL INCISIONS AND ABRASIONS WITH THIN LAYER OF BACITRACIN OINTMENT – **DO NOT ALLOW ANY AREA** TO DRY OUT OR SCAB OVER. THIS RESULTS IN INCREASED SCARRING.

D. DO NOT APPLY ANY BANDAGES OR OTHER MATERIALS TO THE SURGICAL AREA UNLESS OTHERWISE INSTRUCTED.

PLEASE REPORT ANY OF THE FOLLOWING TO OUR OFFICE:

A. SUDDEN OR EXCESSIVE BLEEDING, SWELLING, OR BRUISING.

B. VISUAL CHANGES, DOUBLE OR BLURRED VISION.

C. PAIN IN AND BEHIND THE EYE ITSELF.

D. ANY ITCHING, RASH OR REACTION TO MEDICATIONS.

E. FEVER, TEMPERATURE OVER 100 DEGREES (TAKEN ORALLY).

F. DISCHARGE FROM THE INCISION (OTHER THAN BLOOD).

G. ANY INJURY TO THE FACE.

FAITHFUL ADHERENCE TO PRE-OPERATIVE AND POST-OPERATIVE INSTRUCTIONS WILL HELP TO MINIMIZE SWELLING, PAIN AND DISCOMFORT. IF YOU DO HAVE ANY PROBLEMS, PLEASE DO NOT HESITATE TO CONTACT ME FOR ASSISTANCE. (330.721.2323).

I have received/read and understand the importance of following the above instructions.

SIGNED: _____ **DATE:** _____

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