

PRE-OPERATIVE INSTRUCTIONS FOR LOWER BLEPHAROPLASTY

3-4 WEEKS BEFORE SURGERY:

- Obtain Medical Evaluation. Make a visit to your primary care doctor to complete
 your medical evaluation and laboratory testing. Your surgeon may request for
 you to also be evaluated by a specialist. Please ensure any preoperative
 requests are completed 2 weeks before surgery.
- Eye Exam. Your surgeon may request for you to be evaluated by an eye specialist (ophthalmologist), if so go in for your evaluation prior to 2 weeks before your surgery.
- Work and Recovery Arrangements. Make any arrangements to be off from work or other strenuous activities while you are recovering from surgery. Have extra help available, particularly if caring for small children.
- Smoking. Tobacco, cigarettes and nicotine consumption will cause poor wound healing, longer healing times, and excessive scarring. We advise discontinuing these products more than 4 weeks prior to surgery.

2 WEEKS BEFORE SURGERY:

- Surgery Preop Appointment. You will come in for your preop appointment where
 you will review the surgery plan with your surgeon and go over logistical surgery
 details with your patient coordinator. Bring your questions as well as any
 individuals that will be part of your support and healing
- DIET/SUPPLEMENT RESTRICTIONS. Avoid foods, drinks and herbal supplements than can increase risk of bleeding and bruising. Avoid aspirin, Ibuprofen, Naproxen, Motrin, blood thinners, vitamin E, omega-3, fish oil, and alcohol. Use Tylenol in place of other over the counter pain medications.
- *Fill Prescriptions*. These may include antibiotics and/or pain medication for after the surgery as well as pre-medication to take prior to your procedure. Make sure you understand how and when to take all medications. We suggest keeping a note pad to keep track of the medications you have taken.

• Watch the PREOP AND POST OP VIDEOS on our website: www.nadericenter.com

1 WEEK BEFORE SURGERY

- Review Instructions with Caregiver. Confirm who will be driving you to and from the surgical center and who will stay with you for at least 24 hours after the surgery.
- *Arnica*. If provided, start your Arnica tablets two days before surgery. One in the AM and one in the PM and continue until the bottle is finished.

NIGHT BEFORE PROCEDURE

- DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT OR SURGERY WILL BE CANCELLED. If prescribed, take medications with a small sip of water.
- Antibiotic. Take your Antibiotic 24 hours prior to procedure. Continue to take your antibiotic until finished.
- Set Up Home Recovery Area. This may include pillows, blankets, books, television, and anything else to assist with a comfortable recovery.
- Bathing. You can shower but do not apply lotion, perfume, hair product, etc.
- Relax. Stay calm and get plenty of rest to avoid unnecessary stress.

DAY OF SURGERY

- *Dress Comfortably.* Do not wear nice clothing. Dress in comfortable and loose-fitting clothes. Shirts that can be buttoned or zipped up are preferred.
- Do <u>NOT</u> wear any makeup, jewelry, cosmetic creams, contacts, hair products, deodorant, sunscreen, and remove all piercings.
- Arrival to Facility. Have someone accompany you to and from the surgical center. Arrive at the pre-designated time and remember to bring a form of identification.

POST-OPERATIVE INSTRUCTIONS FOR LOWER BLEPHAROPLASTY

NIGHT OF SURGERY

- Movement is Important. Make sure to get out of bed and be up and walking around immediately after your surgery. When lying down in bed or on the couch, make sure you are moving your legs and ankles. Take deep breaths frequently to keep your lungs clear.
- Sleep. Sleep on your back with your head elevated about 30-40 degrees (2-3 pillows). Do not sleep on your side. Keeping your body more upright will minimize swelling. Continue this for one to two weeks.

• *Ice Compresses*. Apply ice compresses made of gauze sponges that are dipped into iced water (not an ice bag) to your eyes for 15-20 minutes every hour for the first two days while you are awake.

MEDICATIONS

- Antibiotic. Start your antibiotic tablet 24 hours prior to surgery and take all tablets as prescribed and until finished.
- Pain Medication. You will be prescribed a pain medication for post-operative pain control. If your discomfort after surgery is not strong you are welcomed to take Tylenol in place of the prescribed medication. Do not take the Tylenol with the pain medication, as most often the medication you are prescribed will have Tylenol in it. Do not exceed 4,000 mg of Tylenol in any 24-hour time period. Take medication with food to minimize risk of nausea.
- Constipation. You will experience constipation if taking narcotic pain relievers. Miralax or other over the counter laxatives are recommended. Do not wait to take until you are constipated. Begin treatment with narcotic use.
- Nausea. If you are experiencing nausea, which is common after general
 anesthesia as well as a known side effect of some stronger pain medications, we
 advise that you take your nausea medication. You may have been given a
 Scopolamine patch that is placed behind your ear. This will deliver anti-nausea
 medication for three days after its placement.
- Medications to Avoid. Take only those medications approved or prescribed by your surgeon. Avoid medications containing aspirin or ibuprofen (Advil, Motrin, Ibuprofen, others) for two weeks before and after surgery. These medications may increase bleeding.
- Substances to Avoid. Avoid alcohol, nicotine, and caffeine, for these will dramatically slow the healing process.

NUTRITION

- *Diet.* A light low-fat diet is best after surgery. You may start a regular diet after your surgery as long as you are not feeling nauseated or vomiting.
- *Hydration.* Stay hydrated by drinking 8 -10 glasses of water a day. Avoid alcohol while you are still having to take pain medications.

BATHING

• Showering. You may wash your hair and face the next day after your eyelid surgery. Do not cleanse eye area and avoid submerging your face in water.

• Hot Tubs/Baths/Swimming Pools. No tub baths or Jacuzzi until your incisions have healed, and approved by your surgeon, which is usually around 2 weeks. It is best to wait one month for hot tubs as they tend to have more bacteria than regular chlorinated swimming pools.

HOW TO TAKE CARE OF YOUR INCISIONS

- Cleaning your incisions. Occasionally, crusting will occur around the sutures.
 This is normal and will resolve. Do not try to pull off any crusts. Showering daily will minimize crusting. Apply your bacitracin ointment daily to keep incision sites moist.
- Sutures. At your first post-op office visit Dr. Kulak will remove all necessary sutures. All remaining sutures will be dissolvable. Sutures are usually removed 5-7 days after your procedure.
- Sun Exposure. Avoid and minimize sun exposure. Use an SPF of 30 or greater when outdoors. Even a mild sunburn can worsen swelling, irritate an incision that is healing, and cause permanent scar discoloration.
- Scar gel. Each individual varies with respect to healing, but it takes
 approximately a year for these changes to occur and the scars to look their
 best. After your incisions have completely healed and when your doctor has told
 you it is safe, you can begin to use silicone-based gel on your scars to improve
 healing.

WHAT TO EXCEPT?

- Swelling and Discoloration. It is completely normal for your eyes to appear swollen as well as have purple-bluish bruising around the eye and eyelid. The bruising will be greater on the second and third day after your surgery. This is temporary and over the course of the next six weeks this will improve. Cool compresses will minimize swelling and bruising.
- Mild Bleeding. Some mild bleeding is not unusual at the incision sites the first few days after surgery. If you try to do strenuous activity, increase your blood pressure by straining on the toilet, sneezing, heavy lifting or bending forward you will aggravate the bleeding and swelling.
- Numbness around the eyes. Parts of the eyelids may feel "numb" or lumpy after the eyelid operation. This is temporary and to be expected and may take months to feel normal again.
- Pain and Itching. It is normal to experience tightness, pressure, pain, itchiness, and soreness for several days to weeks following surgery as you recover. You may use artificial tears or preservative free lubricating eye drops to help with discomfort.

- Blurry Vision. Patients often experience some blurring of vision for 2-3 days after surgery. This is generally due to swelling and/or ointments that have been used during surgery.
- Weak or Dizzy. You may experience some weakness or dizziness. This may be
 more evident if you try to stand up too quickly. Take a minute to go from lying
 down to standing. The sensation of feeling lightheaded will get better in a few
 days as well as by staying well hydrated.

ACTIVITY

- Physical Activity. Normal daily activity may be resumed a few days after surgery. No bending over, straining, or lifting more than 5lbs for the first week after surgery. Be extremely careful if wearing any "pull-over the head" clothing.
- Glasses. You may wear sunglasses and eyeglasses the day after surgery.
- Limit Strain on the Eyes. The less TV, computers, phones and other screen devices the less strain on your eyes and better your healing and recovery.
- *Driving.* Do NOT operate a vehicle or make important decisions until you have been off pain medications for 24 hours. Use good judgment.
- Return to work. Most patients require approximately 5-7days off work depending on their job responsibilities and the amount of physical contact your job involves.
- Exercise. You can resume an exercise regimen in approximately 3 week after surgery, though start easy and build back up to your previous exercise levels. Just know that swelling may transiently be worse with exercise.
- Travel. Automobile travel can resume immediately though frequent breaks are needed, approximately every 2 hours to prevent blood pooling and clots. Airline travel is restricted until 1 week postop. You will notice increased swelling with airline travel and this can happen even 6-8 weeks postop related to the pressure changes that occur.

DO NOT'S

- **DO NOT** place anything frozen **directly** on the skin, make sure ice is wrapped in gauze pads, a towel, etc.
- **DO NOT** soak in baths, Jacuzzis, or hot tubs, or submerge your face in water until all incisions have fully healed.
- **DO NOT** take Aspirin, Ibuprofen, Naproxen or other blood thinners until your surgeon advises you it is safe.
- **DO NOT** apply make-up to the incision lines or the eyelids for at least 10 days.

• **DO NOT** wear fake eyelashes or contact lenses for two weeks.

EMERGENCY SITUATIONS – WHEN TO CALL THE OFFICE (703)-481-0002 OR GO TO THE HOSPITAL

- Signs of Infection. Spreading redness, worsening swelling, increased drainage or drainage of pus, worsening pain and warmth at incision site. Temperature over 101 degrees Fahrenheit.
- Excessive Bleeding. If the dressings are saturated with bright red blood and you are having to make very frequent dressing changes.
- Other Emergency Situations. Shortness of breath or difficulty breathing, chest pain, lightheadedness that does not quickly resolve, severe vomiting, pain or asymmetric swelling in your legs.

SHOPPING LIST

- 1. Prescriptions. Fill prescriptions prior to your surgery date
- 2. Tylenol (Acetaminophen). Alternative to narcotic pain medication if pain is not severe. Do NOT take NSAIDS.
- 3. Arnica. An herbal supplement that can reduce swelling and bruising. Provided to you by The Naderi Center
- 4. Laxative. Reduces constipation that may be caused by anesthesia or narcotic pain medications.
- 5. Crushed ice/frozen peas wrapped in a towel. Apply to the eye area for 20 minutes every hour for the first 2 days following surgery.
- 6. Artificial tears or preservative free lubricating eye drops (such as Systane).
- 7. **Q-Tips and Hydrogen Peroxide**. If crusting forms along the incision line, dip q-tip in hydrogen peroxide and gently roll the q-tip over the incision line to clean the area and soften any crusting. Do not rub or pull crusting. Keep incisions covered with prescription ointment at all times until sutures are removed.