

## AFTER EYELID/FACE/FOREHEAD SURGERY INSTRUCTIONS

PLEASE CAREFULLY READ ALL OF THESE INSTRUCTIONS. These instructions will provide answers to the most commonly asked questions after surgery. Please retain this copy until your final postoperative office visit. Appropriate postoperative wound care by you, the patient, is critical to achieve the best possible surgical result.

**SUPPLIES** YOU MAY NEED to purchase over the counter (OTC) without a prescription (see below for specific instructions on use and discuss with our staff if you have questions regarding what to expect or what supplies may be needed after surgery):

1. Ice compresses: zip-lock bags, crushed ice, frozen peas, frozen corn, or frozen popcorn kernels. Note – commercial ice packs (ex/Swiss Eye Mask) are also available, please discuss with our staff if you prefer this option.
2. Sterile saline: Sterile eye wash solution or irrigating contact lens solutions are available without a prescription at local pharmacies and may diminish the risk of infection if there are any open wounds.
3. Sterile gauze sponges – Sterile gauze is available in different sized squares (2x2, 3x3, 4x4). Larger squares may be easier if surgical wounds involve both the eyelid and forehead or cheek areas. Smaller squares may be adequate if surgery only involved the eyelids.
4. Artificial Tears – Non-preserved (preservative free, PF) artificial tears. (ex/ Refresh Plus, Celluvisc, Bion Tears, etc.) may be recommended.\*\*\*
5. Lubricating eye ointment – Refresh PM, Lacrilube, or some other lubricating ointment will be necessary in all patients with poor eyelid closure (particularly ptosis patients). This ointment is in addition to any prescription antibiotic ointment that may be given at the time of surgery or prescribed after surgery.\*\*\*

1. **Apply ice compresses** to the operated areas using crushed ice (or frozen peas, corn, or unpopped popcorn kernels) in thin, sealed plastic bags. A thin, cool damp gauze moistened with chilled sterile saline water (kept in the refrigerator) can first be applied to your eyes and then the ice packs can be gently placed over them. This helps prevent irritation from the ice directly touching the operated or adjacent skin. Thick cloth or gauze should be avoided as this limits the effectiveness of the cold compress. Use as often as tolerated while awake once you get home from surgery and on the first day after surgery. (Goal = 5-10 minutes on then 30-60 minutes off...) Starting on day #3 apply ice compresses 4-6x times daily for 5-10 minutes. Cool compresses are generally not effective after the fourth or fifth day following surgery.
2. Use the **antibiotic ointment** (i.e., Ciloxan or Erythromycin) given to you at the time of surgery on your stitches four (4) times daily for the first week following surgery. If an antibiotic drop (i.e., Tobradex, Ciloxan) has been prescribed, instill one drop as directed four times daily. Please remind the nursing staff to give you the antibiotic ointment before you leave the facility. Do not use antibiotic ointment for more than 5-7 days unless instructed by Dr. Klapper.
3. **Artificial tear eye drops** should be instilled as often as needed for comfort. If you had ptosis surgery and your eyelids do not shut completely, you will need to instill one drop in each eye every hour (and sometimes more often) until given further instruction at your first postop visit in the office. Lubricating eye ointment is recommended at bedtime for patients with poor eyelid closure or eye irritation (red or uncomfortable eyes) or if irritation, redness, or watery eyes are not

relieved with drops. These drops and ointments may result in blurred vision; however, the lubrication is necessary to help prevent eye infections, scarring, and vision loss.

4. **MEDICATIONS:** You may resume taking your own medications following surgery. Please discuss with us when your blood thinner (Coumadin) or aspirin compound should be restarted. Typically, aspirin and Coumadin may be restarted on the day following surgery if excessive bruising and/or bleeding have not occurred.
5. **SUTURES:** In most cases, absorbable sutures are used to close the skin incision and will not require removal. Non-absorbable sutures typically require removal in 5-7 days. There will generally be very little eyelid scarring, however complete healing to final scar formation takes 12-18 months.

*[In eyebrow or forehead surgery, non-absorbable sutures are typically used and require removal in 7-12 days. Endoscopic forehead elevation involves staples that are removed in the office at around 2 weeks. Please contact Dr. Klapper if you experience severe swelling of the forehead or scalp. (Gentle shampooing of the hair may be performed after surgery. Dawn® Dishwashing Liquid has been recommended by some of our patients as a way to remove heavy debris from the hair. Moderate use is recommended and avoid contact with the eyes.]*

#### Other General **Do's and Don'ts:**

- \***Elevate your head** when resting or sleeping (preferably 2-3 pillows)
- \*If necessary, blow your nose gently for one (1) week after surgery and do not “plug” your nose
- \*Do not "scrunch" your face into the pillow.
- \*Be careful to **avoid rubbing your eyelids** as your eyelid wounds can be easily pulled apart in the first few weeks following surgery. \* If you are unable to avoid eye rubbing while sleeping, metal or plastic protective eye shields are available.
- \***You may** begin **showering** the day after surgery. Avoid direct water spray or submersion of the operated areas. Attempt to rinse your hair so the water flows downward away from the face toward the back of the neck.
- \***You may read or watch TV** but your vision will be blurred and you may need to increase your use of artificial tear eye drops and/or lubricating ointment.
- \*Do not drive for at least 48 hours after surgery.
- \*No vigorous exercise for two (2) weeks. Walking for exercise may be resumed after 2-3 days. Low impact exercise is generally OK after the first postop office visit, typically at 5-10 days.
- \*Swimming should be avoided for 2-3 weeks or until the skin wounds have closed.
- \*No leaning over (bending with your knees is OK), lifting heavy (more than 15-20 lbs.) items, or straining for two (2) weeks
- \*Avoid activities (exercise, yard work) that may increase the strain or pressure to the eyes for two (2) to three (3) weeks.
- \*Avoid sexual intercourse for seven (7) days (yes, bleeding and vision loss have been reported).
- \*Avoid drinking hot coffee or tea for the first one (1) - two (2) days after surgery. (heat and caffeinated products cause blood vessel dilation and may worsen swelling or increase the risk of bleeding)
- \*Do not apply make-up until after your one (1) week postoperative office visit when the stitches will have either been removed or absorbed.
- \*Contact lenses should not be used until after your one (1) week postoperative office visit and may need to be left out for up to 3-4 weeks. Insertion and/or removal of contact lenses may increase the risk of wound disruption.

\*Wear your spectacles further down on your nose until your eyelids are healed (if you had ptosis or blepharoplasty surgery). Wearing your spectacles in the normal position may pull on the eyelids and result in web formation in the inner corner of your eye.

**\*\*WHAT TO EXPECT REGARDING THE HEALING/RECOVERY PROCESS\*\***

*Smoking* is an established risk factor for poor postop healing. Smoking cessation prior to surgery and during recovery will help diminish the risks of infection and other complications. Diabetic patients have similar increased risks associated with surgery.

**BLURRED VISION:** Your vision may be blurry after surgery and it may be a hard to read small print for at least 2-3 weeks after surgery. This is due to the lubricating ointment and drops in your eye(s), as well as secretions from your healing wounds and reduced blinking. Patients undergoing ptosis (droopy eyelid) surgery will experience more pronounced difficulties with blurred vision. You may need to avoid certain activities (work, computer, driving, athletic activities) until your vision improves. Always check your vision with your spectacles (distance or reading) and check each eye separately with the opposite eye completely covered. For severe visual loss (ex/ unable to count fingers) or any vision concerns please contact our office immediately at (317) 818-1000 or (877) 818-8101 [toll-free].

**PAIN:** There may be some minor discomfort following surgery. If a prescription or pain medicine has been given to you, use it as directed. Most patients will only require Tylenol. Plain or Extra Strength Tylenol, one (1) or two (2) tablets every four (4) to six (6) hours is usually adequate to control postoperative pain. Most of the general discomfort due to surgery resolves after 3-4 days. Some areas, particularly the outer corners of the eyes (following lower eyelid surgery) or the scalp (areas of implants in endoscopic forehead surgery) will remain tender for 2-3 months. If you have severe or excruciating pain, notify our office immediately at (317) 818-1000 or (877) 818-8101 [toll-free].

**SWELLING:** Swelling and bruising may occur around the eye and operated area. The swelling should be soft to the touch. If the swelling is tense or firm, please contact Dr. Klapper's office.

*Avoidance:* Elevation of the head of the bed and ice packs should help diminish swelling. Do not sleep on your side or face down until most of the swelling has subsided. Many patients elect to sleep in a recliner for the first few to several days after eyelid surgery.

*Appearance:* Gravity will cause swelling and bruising to occur in the lower eyelids, cheeks, and rarely into the neck and chest even in patients that only had eyelid or forehead procedures. Many patients will experience swelling on the surface of the eyeball that looks like "blisters" or "bubbles". Swelling on the eyes improves with ocular lubrication (artificial tears, lubricating eye ointment)

*Time course:* Swelling typically worsens during the first 48-72 hrs after surgery. It should begin to improve at around 5-7 days following surgery. While much of the swelling disappears during the first month, some swelling and redness can often still be detected for up to 3-4 months or more.

**REDNESS/ITCHING:** Moderate redness and itching in the operated area is common in the first few weeks following surgery. Some patients experience significant itching around the 4<sup>th</sup> or 5<sup>th</sup> postoperative day. If your itching is associated with significant redness and/or worsening of your swelling, you may be experiencing an allergic reaction to your topical antibiotic drop or ointment. If this occurs, discontinue your topical medications and contact our office immediately. A small number of patients experience worsening of their itching and swelling with prolonged use of ice

packs. We may also recommend that you stop your ice packs. Benadryl or other over the counter anti-histamine medications are recommended for itching that is bothersome.

IF YOU DEVELOP A FEVER, SUDDEN INCREASE IN SWELLING, PAIN, EYE PROTRUSION, OR SEVERE VISION LOSS CONTACT OUR OFFICE IMMEDIATELY 317-818-1000.

**“TIGHTNESS”**: Following eyelid reconstruction, cheek reconstruction, or any facial procedure involving significant tissue tightening or mobilization, you may experience a sensation of “tightness”. Eyelid and facial tissues will begin to relax and “settle” starting around 3 weeks after surgery. This relaxation generally continues up to 6-12 months or more.

**SUTURE REACTIONS**: Some patients may react to deep absorbable stitches and form small, red, tender pustules 4-8 weeks after surgery. This is most common in the outer corners of the eyelids following lower eyelid tightening or eyelid reconstruction. These tender bumps may also occur in the stitch line of the upper eyelid or forehead. Hot compresses will usually help this problem that typically resolves over 2 weeks. Occasionally small incisions are made to relieve significant discomfort.

**SCARS**: All surgical incisions cause scars. Every attempt is made in elective surgery to minimize the appearance of scars. Incisions are generally made in the natural folds of the forehead and face whenever possible. Even so, many scars will remain visible. Scars are most prominent following surgery when they appear bright red. This redness will begin to fade around 3-4 months and by 6 months or so most of the redness will be gone. The appearance of the scar will then slowly change and often improves for up to 1-2 years following surgery. If a prominent scar requires revision this is not usually recommended until at least one year after surgery.

**If you experience *vision loss, severe pain or swelling, or you have any problems or questions, please call the office immediately at (317) 818-1000 or (877) 818-8101.*** If you are calling on a weekend or after regular business hours, you will be instructed on how to page the on-call physician. If you are unable to reach Dr. Klapper, the office, or on-call physician proceed to the closest hospital emergency room as soon as possible.

Please call the office (317-818-1000) one day prior to your scheduled follow-up if our office has not reached you to confirm the time of your visit. Most surgeries require atleast one follow-up during the first 7 to 14 days after surgery.

We hope that your surgery is as pleasant an experience as possible and that your recovery is uneventful.

I certify by my signature that I have read, or had read to me, the contents of these postoperative instructions and have been given a copy.

X \_\_\_\_\_

YOUR FOLLOW-UP APPT IS SCHEDULED FOR: Mon Tues Wed TR Fri @ \_\_\_\_:\_\_\_\_ AM/PM  
At: North (Carmel) Office South (St Francis) Office Other:\_\_\_\_\_