

PRE AND POST-OPERATIVE BROW LIFT INSTRUCTIONS

PRE-OPERATIVE INSTRUCTIONS FOR ENDOSCOPIC FOREHEAD LIFT/MIDFACE

A successful surgery requires a partnership between you and Dr. Arvin Taneja.

The following instructions are essential to a safe experience and good outcome. Use this as a checklist as you approach your surgery date. If you are unable to comply with these instructions, you must notify our office as soon as possible. As a result, your surgery may have to be postponed or delayed, at the judgment of Dr. Taneja.

This is essential to your health and safety.

THREE WEEKS BEFORE SURGERY:

- Laboratory tests, Medical clearance, EKG and eye examinations must be done and the written results of this testing must arrive at our office ten days before surgery (our fax number is 626-844-0018).
- **SURGERY WILL NEED TO BE RESCHEDULED IF THERE IS ANY CHANCE YOU ARE PREGNANT.**
- If you are planning to have a haircut before surgery, please do so three weeks before surgery.
- Good nutrition. Eat well during the weeks prior to surgery. Crash dieting, over-eating or high alcohol intake can greatly affect your overall health and well-being. A healthy, balanced diet is essential.

TWO WEEKS BEFORE SURGERY:

- Do not take products containing aspirin, ibuprofen (eg. Advil, Motrin), or Vitamin E. Check with your pharmacist when taking any over-the-counter medications. Many pain relievers; cold and sinus medications contain aspirin or ibuprofen. Tylenol is OK.
- Refrain from all nicotine products, including cigarettes, pipe tobacco, chew or “the patch.” Nicotine interferes with healthy circulation and may affect the result of your surgery. It also places you at higher risk of complication when receiving anesthesia.
- Start taking 1000 mg of Vitamin C three times per day. Vitamin C helps with healing.
- If your destination after surgery is more than 30 minutes from the office, you must make arrangements to stay in a hotel on the night following surgery.

ONE WEEK BEFORE SURGERY:

- Do not drink alcohol for 1 week before and after surgery.
- If you perm or color your hair; it should be done 1 week before and/or 5 weeks after surgery.
- Please ensure that all laboratory test and/or blood work has been completed by this time as ordered by the physician/nurse practitioner. Our fax number is 626-844-0018.

DAY BEFORE SURGERY:

- Our office will call you after NOON to inform you of your arrival time for surgery.

- Pack your bag for the day of surgery. This should include: Your photo identification, all prescription medications, reading glasses, warm socks, saltines or other crackers in case of nausea during your ride home.
- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT (including water and gum chewing). SURGERY MAY BE CANCELLED IF THIS IS NOT FOLLOWED.** A fasting state is required in order to receive sedation for surgery. The only exception is medication, which we will instruct you to take the day of surgery with a sip of water.

DAY OF SURGERY:

- Go to 10760 Warner Avenue, Ste 102, Fountain Valley, CA 92708
- You may shower and shampoo the morning of surgery. Do not wear makeup, hair sprays or gels, or nail polish. You may leave acrylic nails on.
- Avoid clothing that must be pulled over the head. Please wear loose fitting clothing.
- Do not wear jewelry of any sort or bring valuables to surgery.
- Dentures, if worn, should be left in place.

POST-OPERATIVE INSTRUCTIONS ENDOSCOPIC FOREHEAD LIFT

These instructions should be carefully read and followed. They are designed to answer the most commonly asked questions regarding post-operative care.

ACTIVITY:

- Limit your activity sharply over the first week following surgery.
- You are encouraged to walk around the house on the day of surgery and thereafter. This helps to prevent blood clots from developing in the legs. Move/pump your legs frequently while lying down. This also helps in preventing blood clots from developing.
- When you rest or sleep, keep your head elevated 2-3 pillows and avoid turning of your side. If you overexert yourself, bleeding or prolonged swelling may result.
- Keep your emotions under control. It is not unusual to feel a bit depressed for a few days after surgery. This quickly passes as you begin to look and feel better. Anger, crying or other emotional outbursts will only add to the swelling or increase the likelihood of bleeding.
- Avoid bending, lifting, pulling, pushing, straining and aerobic activities for 3 weeks.
- You may begin to return to regular exercise 3 weeks after surgery. Ease into this, gradually increasing your exercise level back to normal by 5-6 weeks from surgery.
- Take deep breaths often when you get home for the first 24 hours after surgery. This helps to expand the base of your lungs.

ORAL INTAKE:

- Alcohol consumption should also be limited as this may raise the blood pressure and initiate bleeding. Do not drink alcohol during the first week.
- Drink plenty of fluids following surgery, as dehydration can contribute to nausea.
- You may want to avoid foods that require much chewing, such as steak. Soft foods may be easier to eat.

- Small amounts of food 20 minutes before taking postoperative medications (especially pain medications and/or antibiotics) can prevent nausea.
- If you vomit or feel nauseated, you should delay food and pain medications until the nausea passes. Take only 2-3 ounces of clear liquids at hourly intervals until the nausea subsides. If this symptom persists, call for anti-nausea medications, as subsequent vomiting may be harmful and lead to complications.

PAIN, SWELLING, BRUISING, INFECTION:

- It is unusual to have significant pain after aging face procedure. If the prescribed medication does not control pain, please report this to us. There is discomfort, of course, but remember that this will quickly pass.
- Some swelling and bruising is to be expected. Bruising is treated with Arnica, an herb that will be provided by our office. Swelling and bruising is maximal at 48 hours post-surgery and gradually subsides over the following 10-14 days.
- Infection is also unusual. Fever, localized swelling with redness and tenderness may signify a developing infection and should be reported. Appropriate treatment will be initiated.
- Your final results will occur between 6-12 months.

BATHING:

- Following surgery you may bathe, but do not submerge your head in the water.
- You should take care to prevent getting your sutures wet.

OTHER COMMON INSTRUCTIONS AFTER SURGERY

- A responsible adult must provide transportation for you after Rochester brow lift surgery (public transportation is not permissible) and remain with you until the morning following the procedure. If you are having several procedures, you may need assistance for 1-2 days following your procedure.
- You will need to arrange transportation for your appointment at our office on both the day following surgery as well as the day your sutures are removed. Do not drive for 5-7 days after surgery or anytime that you are taking pain medications.
- Avoid making major decisions or participating in activities requiring judgment for 24 hours.
- Smoking should be strictly avoided as it interferes with the blood supply to the healing tissues and slows subsequent healing.
- Take all medications as instructed postoperatively.
- Avoid excess sunlight to the incisions for at least a year. Even mild sunburn may cause prolonged swelling or irritation of the healing incisions. Use sunscreen with zinc oxide and SPF 20 or greater to help decrease the visibility of the scar.
- Do not compare your progress with that of other patients. Remember that everyone's healing process is unique. Also, if you have any questions or concerns, call on us. Your family and friends may mean well, but you can receive wrong information.

INCISIONAL CARE FOR ENDOSCOPIC FOREHEAD/MIDFACE LIFT:

- Ice packs may be used within the first 48 hours after surgery to help with swelling. Be sure they are lightweight. Apply 15 minutes at a time. **Never apply ice directly to the skin.**

- Incisions are behind the hairline and do not require any care.
- Your forehead and top of your head will be numb postoperatively. This will gradually resolve over many weeks/months.
- Use low heat when using hair dryers and curling irons
- Suture/staples/screws will be removed in 7 days.
- A drainage tube will be placed through one of the hairline incisions. This is to prevent the accumulation of fluid in the forehead. This will be removed at your first postoperative appointment.
- Wear your ace wrap at all times for 5 days, then wear at night for another 7 days. Wash your hair before your postoperative appointment on day 4/5. If your appointment is during the week, arrangements may be made to have this done at the Lindsay House.

CALL THE OFFICE IF YOU DEVELOP ANY OF THE FOLLOWING:

- Fever of 101 degrees F or greater.
- Pain not relieved with pain medication.
- Swelling, redness, bleeding, and/or foul drainage from incision area.
- Persistent nausea and/or vomiting.
- Any other concerns.

Office Telephone: 626-844-0555

I HAVE REVIEWED AND UNDERSTAND THE INSTRUCTIONS PROVIDED FOR MY PROCEDURE.

Patient Name (print): _____

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Your surgery will be performed safely and with care in order to obtain the best possible results. You have the right to be informed that the surgery may involve risks of unsuccessful results, complications, or injury from both known and unforeseen causes. Because individuals vary in skin textures, tissue, circulation, and the healing process, as well as anesthetic reactions, there can be no guarantee made as to the results or potential complications.

The following complications have been reported in medical literature. They are listed here for your information not to frighten you, but to make you aware and more knowledgeable concerning this surgical procedure. They will be discussed again at your preoperative appointment.

RHYTIDECTOMY
(FACELIFT / ENDOSCOPIC FOREHEAD LIFT / MID-FACE LIFT PROCEDURES)

The overall complication rate for rhytidectomy is 12%

Hematoma: A swelling or mass of blood (usually clotted) caused by a break in a blood vessel. Females 0.7%. Males 7%. This form of hematoma requires treatment and drainage.

Infection: Less than 1%. This is extremely rare despite the proximity of hair around the wound

Hair Loss: Loss of hair in the temple area, behind the ear is 2.3%. This is usually temporary with normal regrowth in several months. Male patients should be aware that the hairless area in front of the ear will be narrowed and the beard pattern will change possibly necessitating shaving behind the ear.

Pigmentation: (discoloration & bruising). Either normal or pathological coloring of the skin or tissue by a deposit of pigmentation that can cause color changes. Normal bruising resolves in 2-3 weeks. Occasionally extensive bruising can require many weeks or months to resolve. These problems can be most common in patients with thin, hypo-pigmented, transparent skin. Patients with darker complexions should be aware of the possibility of residual brown pigmentation.

Edema: (swelling). This is normal following facelift surgery and usually lasts 2-3 weeks. Prolonged edema is unusual and may require endocrine, allergy or other medical evaluation to determine the cause.

Nerve Injury: Injury to the nerve(s) causing a weakness of the eyebrow(s) or of the mouth is about 1%. They often return to normal in a matter of weeks to months, but can persist.

Pain/Numbness: Usually around the earlobes or ears is about 2.5%. Significant pain postoperatively is unusual. If it exists and especially if it is unilateral, it should be investigated.

Keloid Scarring: Poor healing with visible and sensitive scarring along incision lines.

Wound Separation: Occurs along the suture line after the sutures have been removed.

Submental Depression: Removal of fat in the area under the chin may result in some irregular areas of depression.

“Dog Ear”: Most all areas of excess tissue along scars resolve with time. If they do not resolve with healing, they may be excised at a later procedure.

Skin Slough: Poor healing causing scar tissue formation often associated with hematoma or infection. Any touch-up surgery that may be necessary is not done for at least 6 months. This is usually a small office procedure and no physician’s fee is charged. There is however, a nominal charge for the facility, supplies, and anesthesia if sedation is required.

Patient Signature

Date

Patient Signature

Date

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BLEPHAROPLASTY (UPPER/LOWER EYELID SURGERY)

Wound separation: The incision line separates after the sutures are removed.

Infection: Exceedingly uncommon, but may occur.

Epiphora: Excessive tearing down the cheek due to excess secretion of tears or to obstruction of the lacrimal duct.

Corneal injury: Either by trauma directly or due to globe exposure. Usually can be prevented, but may require ophthalmologic consultation, as might any other eye complaint.

Telangiectasis: (Superficial visible small blood vessels). Pre-existing lesions are likely to be intensified in size and number in the eyelid.

Scarring: Keloid scars are extremely rare but healing may result in a visible scar.

Pigmentation: Occasionally, patients with dark skin will experience darkening of skin secondary to bruising for extended periods of time, which may be well beyond normal healing periods.

Inclusion cysts: Small, white cysts in or near the incision line.

Postoperative wrinkling

Hematoma: Accumulation of blood behind the eyeball or under the skin.

Asymmetry of eyelids: Usually unmasking a previous asymmetry.

Lagophthalmos: Difficulty in closing the eyelid. Common immediately postoperatively, but may persist.

Loss of eyelashes

Ptosis: A paralytic drooping of the upper eyelid.

Alteration of vision: Usually temporary, but can be permanent. Exceedingly rare.

Enophthalmops: Recession of eyeballs into the orbit may appear, especially in patients with deep-set eyes.

Keratoconjunctivitis sicca: Dry eyes.

Ectropin or scleral show: A pulling downward or change of shape of the eye.

Skin slough: Very rare. Usually heals without the need for skin graft, although this may be necessary.

Secondary blepharoplasty: Occasionally required to modify under-correction or over-correction.

Any touch-up surgery that may be necessary is not done for at least 6 months. This is usually a small office procedure and no physician's fee is charged. There is however, a nominal charge for the facility, supplies, and anesthesia if sedation is required.

I have read the complication list and am aware that any of the above may occur.

Patient Signature

Date

Patient Signature

Date