



**MILLS**  
EYE +  
FACIAL SURGERY

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## OculoFacial Plastic, Reconstructive, & Cosmetic Surgery Post-Operative Instructions:

1. This sheet applies for OculoFacial Plastic Surgery which includes:
  - a. Eyelid Surgeries
  - b. Lacrimal (Tearing) Surgeries
  - c. Orbital Surgeries
  - d. Cosmetic Facial Surgeries
  
2. This is not for Cataract Surgery, which has its own instruction sheet.
3. General Instructions for All Cases:
  - a. Position: When reclining, elevate your head and back using several pillows for the first 1-2 days after surgery. Lie on your back, rather than your sides or stomach. Elevate head of bed by 30 degrees; add some extra pillows under head when sleeping.
  - b. Activity: During your post-operative day, stay up as much as possible. You should sit, stand, or walk around rather than staying in bed. However, you should rest when tired. Avoid bending over or lifting more than 10 pounds during your first week. Take extra precautions to protect your head and neck from bumps, hits or injuries. Activity limitations include no heavy lifting (over 10 pounds) until seen in office. No swimming, gym, or strenuous activities for two weeks. No scuba diving or snow skiing for 2 months. Passive exercise is permitted.
  - c. Diet: Advance diet as tolerated starting with clear liquids.
  - d. Shower: You may shower beginning the day after surgery, but do not allow the water to hit you directly on the surgical sites. When finished showering, pat the areas dry and apply ointment, if applicable, to the surgical sites.
  - e. Protective Wear: Wear protective lenses (sunglasses or prescription glasses) to prevent anything from coming into contact with your surgical site during the day and wear the shields or goggles at bedtime for two weeks after surgery while sleeping for two weeks to prevent injury. This is most relevant to eyelid procedures. You should avoid any undue stress on the eyelids (ie. No insertion of contact lenses for 2 weeks, etc.).
  - f. Ice and Heat:
    - i. Ice: Use ice cold compresses continuously for the first 72 hours to help minimize swelling, bruising, and pain. This part is very important. If no bandages are present, place a cloth between the skin and the ice pack to protect skin. Initially use the ice as much as you can tolerate within reason up to 45 minutes out of each waking hour for the first 24 hours. An easy schedule to follow is 30 minutes on and 30 minutes off.
    - ii. Heat: After 72 hours continue cold compresses, you may alternate with warm compresses 2-4 hours apart. You may also begin heat packs 12 hours after ice packs are stopped. If no bandage is present, a moist towel should be placed between the

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skin and the heat source. The moist heat will increase the circulation and help the body rid itself of swelling and bruising. **DO NOT** use heat continuously. Use a heat 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 makes it possible to burn your skin without knowing. To prevent serious injury from an electric heating pad **BE CERTAIN** it is approved for use with moisture. It may be safer not to use electric heat. Heat may be used until the swelling and bruising have resolved.

- iii. Do not stress out over this. It is not an exact science. Cold is better for swelling and bruising. Warm will help to clear up bruising faster. Many patients find comfort in both and alternate them freely.
  - g. Sutures will either dissolve or will be taken out after 7-14 days depending on your surgery. Glue will fall apart around 2 weeks from the time of surgery.
  - h. Hair care: If you have a dressing present (as for face lift patients), you may wash your hair after the bulky dressing is removed (1-3 days after surgery). Allow the water to flow away from your suture lines. Take care not to get any chin stitches or dressings wet on any chin bandaging still in place. Avoid **HOT** air dryers since you may not have full sensation around your ears and areas of incisions.
  - i. Sun exposure: Protect your facial skin from excessive sun exposure as long as the treated areas are still pink. When the treated areas are no longer pink, ordinary exposure is not harmful but sunscreen should always be used.
- 1) Possible Medications:** (See appropriate section for exact directions) - This varies by the procedure you had done. Please find the appropriate surgery section below for directions most relevant to your particular surgery. Not all patients will receive all medications. Substitutions are listed here to allow other doctors, pharmacists, nurses, or staff to help you with a substitution should your surgeon be unavailable.
- a) Aspirin - avoid taking aspirin or aspirin containing compounds during your first week after surgery unless prescribed by a doctor. If you were taking blood thinners at a doctor's direction and stopped them for surgery, you should restart as directed by the prescribing physician.
  - b) Prescriptions are sent electronically to the pharmacy that you have on file with us at the time we schedule your surgery. Feel free to pick them up prior to surgery in order to make your surgical day easier. Some pain medications cannot be sent electronically and must be hand-written. Therefore, they will be handed out in the recovery room when necessary, but are not a routine part of the post-operative regimen, and may not be available when you pick up the other medications.
  - c) Topical Ointment – Used for nearly all cases i. Tobradex or Maxitrol Ophthalmic Ointment ii. Blephamide, Erythromycin, or Gentamycin are allowable substitutes in case of medication allergies to tobradex or maxitrol. iii. Apply a small amount

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to sutures or into operative eye(s) twice daily (every 12 hours) for two weeks unless instructed otherwise.

- d)** Topical Afrin – Used for most / many lacrimal and orbital cases
  - (i)** . Lacrimal and Orbital cases will take remaining Afrin home
  - (ii)** ii. Spray 1 puff to operative side(s) twice daily for 3 days e. Oral
- e)** Antibiotics – Used for most orbital cases
  - i)** Keflex (cephalexin) 500 mg, 1 pill by mouth twice daily for 2 weeks after surgery, starting day of surgery Do NOT use if you are allergic to penicillin
  - ii)** Cleocin (clindamycin) 600 mg 1 pill by mouth twice daily for 2 weeks after surgery, starting day of surgery. Use this in patients who are allergic to penicillin
- f)** Oral Analgesics - pain reliever – used for most orbital cases
  - i)** Take one tablet when you arrive home. Additional tablets may be taken every 4-6 hours as needed for pain relief. DO NOT drive or operate machinery while taking pain relievers. Take with food to avoid nausea.
  - ii)** Lortab (hydrocodone / acetaminophen) 7.5 / 325 tabs take 1-2 tabs by mouth every 4-6 hours as needed for pain
  - iii)** Percocet (oxycodone / acetaminophen) 7.5 / 325 mg, take 1-2 pills by mouth every 4-6 hours as needed for pain
    - (1) Use this in patients allergic to hydrocodone g.
- g)** Oral Steroids (anti-inflammatories / anti-swelling) - used for most orbital cases - if prescribed, take according to the package insert / directions starting the day of surgery when you arrive home. This will help reduce the amount of swelling.
  - i)** Medrol dose pack (methylprednisolone) - 4 mg tabs
    - (1) Start at 24 mg / day (6 tabs all at once)
    - (2) Taper by 4 mg / day (1 tab) over six days per package insert
- 2)** Eyelid Surgery: (Ptosis Repair, Blepharoplasty, Ectropion, Entropion, etc.)
  - a)** Topical Ointment
- 3)** Lacrimal Surgery: (Nasolacrimal Duct Probing / Irrigation, S-Tubes, DCR, Jones Tubes, etc.)
  - a)** Topical Ointment i. If incision was closed with sutures, use ointment ii. If incision was glued, no ointment is necessary
  - b)** Topical Afrin
    - i)** 1 puff to operative side(s) twice daily for 3 days c.
  - c)** Do not blow nose for 6 weeks.
- 4)** Orbital Surgery: (Evisceration / Enucleation, Orbital Fracture, Orbital Decompression, etc.)
  - a)** Do not blow nose for 6 weeks.
  - b)** Topical Ointment
  - c)** Oral Antibiotics:
    - i)** Keflex 250-500 mg by mouth twice daily for 2 weeks.
    - ii)** If allergic to penicillins, use Erythromycin 250-500 mg by mouth four times daily or Augmentin 875mg by mouth twice daily for 2 weeks.
  - d)** Topical Afrin
    - i)** 1 puff to operative side(s) twice daily for 3 days e.
  - e)** Oral steroids: i. Medrol dose pack



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- (1) Take per package insert as directed.
  - (2) May be given at time of surgery or at the first post-operative appointment as needed.
- 5) **Cosmetic Surgery Patients: (Face Lift / Endoscopic Brow Lift / etc.)**
- a) This section is in addition to the general instructions above, not instead of them!
  - b) **Bandages:** Do not remove bandages for the first week unless otherwise instructed. Following your post-operative appointment when your bandages are removed, you will be instructed how to wrap your head with a compressive elastic bandage to promote rapid healing and decrease swelling. The elastic bandage is to be worn as much as possible, especially at night and around the house as often as possible for three weeks duration. It may be taken off for work or social events. The bruising will tend to settle in the neck area and can be easily covered up with make-up. Limit talking for the first week, as it moves the chin muscles.
  - c) **Diet for Face Lift Patients:**
    - i) First day: a clear liquid diet is recommended.
    - ii) First week: a liquid diet should be followed. You may eat anything that does not require excessive chewing. You may find it easier to stick to liquids only.
    - iii) After one week: slowly resume your regular diet.
  - d) **Cosmetics:** You may apply cosmetics to untreated areas following the surgery. Avoid any areas with skin stitches. Make-up may be applied in the treated areas after the skin stitches have been removed. Make up may delay wound healing and possibly produce a permanent tattoo if it comes in to contact with treated areas too soon.
  - e) **Aesthetician:** It is recommended that you schedule appointments with our staff aestheticians pre- and post-operatively to assess your particular skin tone and texture. They will work with you to color match your post-operative camouflage make-up as you wish. They will also discuss any indicated skin care regimens to enhance the results of your particular procedure. For example, patients undergoing laser resurfacing have different needs than those that are not.
  - f) **Care of stitches:** To start after bandage is removed.
    - i) **Supplies needed:** Polysporin/Vaseline or Bacitracin ointment, QTips and 3% Hydrogen Peroxide
      - (1) Mix 2 TBSP peroxide with 2TBSP water in small container. Discard each time, do not save mixture.
      - (2) Use QTips and peroxide solution to clean all blood and material from incisions. DO NOT leave any crusts or blood on the stitched areas. Repeat a minimum of 4-5 times a day.
    - ii) Cover all incisions with ointment, do not allow any area to dry out or scab over.
    - iii) Do not apply any bandages or other materials to the surgical area unless otherwise instructed.
- 6) **Following Instructions:** Faithful adherence to pre-operative and post-operative instructions will help minimize swelling, pain and discomfort. It is also imperative that you follow instructions in order to obtain the best possible outcome from your surgery. While we do not make any guarantees about the final outcome of any

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procedure, we are on your side and also want the best possible outcome for you. Failure to comply could result in a less than optimal outcome. Although serious complications are exceedingly rare, if you do feel you are experiencing any problems, please do not hesitate to contact our office for assistance at (850) 266-7500 (24 hours).

- 7) When to notify us: Any time you feel you need to speak to us or something is wrong !
- a) Specifically, PLEASE REPORT ANY OF THE FOLLOWING TO OUR OFFICE
    - i) Sudden or excessive bleeding, swelling or bruising.
    - ii) Any itching, rash or reaction to medications.
    - iii) Fever, temperature over 100 degrees.
    - iv) Pus or Discharge from the incision (other than blood)
    - v) Pain out of proportion to the situation, or progressively worsening rather than improving, unusual or unbearable pain vi. Loss of vision
    - vi) Unbearable light sensitivity
    - vii) Flashing lights
    - viii) Showers of floaters
    - ix) Any concerns or questions call us at 850-266-7500. Please allow 30 minutes for us to return your call before calling again. If no call is returned after one hour, there may be a problem with the phone service, or the doctor may be tied up, etc. Please feel free to proceed to the nearest Emergency Room. We will always make every effort to return all calls. However, our surgeons take call for the hospitals and may be in surgery even in the middle of the night and unable to return a call.

**I have received / read and understand the importance of following the above instructions. I agree to follow the instructions given to me.**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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