

# MINNEAPOLIS PLASTIC SURGERY, LTD.

763-545-0443 (24 hours)

If answering service does not pick up call 952-653-0784. In an EMERGENCY call 911

## AFTER SURGERY INSTRUCTIONS:

### FACELIFT FOREHEAD LIFT

- Take your medications as prescribed. See separate page.
- Call your doctor if you notice progressive swelling (some swelling is to be expected), bleeding, or soreness, particularly if you notice the difference only on one side of your face.
- It is necessary that you stay quiet and do little talking for the next 24 hours, as excessive activity may cause bleeding to occur.
- Sleep with your head elevated above heart level for 3 weeks. This will help decrease swelling and soreness. A sofa cushion under the mattress works better than several pillows.
- Keep dry cloth-protected ice packs applied to the sides of your face and/or eyes for 24-48 hours. Don't use ice or blue ice packs on unprotected skin (frostbite blisters can occur!)
- Keep the dressings around your head dry and intact until you see your doctor.
- You may drink liquids when you arrive home. Later, if you are not nauseated, you may have a light meal.
- If Medrol Dosepak is prescribed, start the next morning and take as directed on the dosepak.
- ❖ **DO NOT** use aspirin or ibuprofen-containing products for 2-3 weeks to reduce bleeding risk.
- ❖ **DO NOT** lift any objects greater than 5 lbs.
- ❖ If you have to pick something up, **DO NOT** lower your head and bend over. You should bend at the knees and keep your head up.
- ❖ **DO NOT** drink any alcoholic beverages (beer and wine included) for 5 days or while taking pain medication. Alcohol, medications and/or anesthetic drugs may interfere with good judgment.
- ❖ **DO NOT** drive a car or operate machinery for the next 48 hours or while using pain pills.
- Someone from Minneapolis Plastic Surgery will call you this evening to inquire about your condition and answer any questions you may have.
- Do not hesitate to call the doctor's office if you have any questions about your recovery.      PHONE:  
763-545-0443.

I acknowledge receipt of these after-surgery instructions.

\_\_\_\_\_ (signature)

\_\_\_\_\_ (date and time)