

Patient Name: _____ Date: _____

Surgery Date: _____

Once your surgery is completed, you must follow all the instructions given to you in order to heal properly and have a good outcome.

The following instructions are your obligation. Use this as a checklist of progress as you heal. Included are normal post-surgical experiences and key health considerations that may be a cause of concern.

NORMAL POST-OPERATIVE SYMPTOMS

Typical symptoms of eyelid surgery and signs to watch for include:

- **Tightness in eyelid region and difficulty closing your eyes: Blurry vision, dry eye, burning, watery or itchy eyes. Bruising and swelling in the eyelid region.** These are normal experiences as the skin, tissues and sensory nerves heal. Pain medication will help you cope with any discomfort. **Consistent sharp pain should be reported to our office immediately**
- **Asymmetry, the eyes look different, or heal differently.** The eyes may look or feel quite different from one another in the days following surgery. This is normal; no two eyes in nature or following surgery are perfectly symmetrical.

CALL THE OFFICE IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- **A high fever, (over 101°) severe nausea and vomiting, continued dizziness or incoherent behavior, such as hallucinations.**
- **Any pain that cannot be controlled by your pain medication.**
- **Bright red skin that is hot to the touch.**
- **Excessive bleeding or fluid seeping through the incisions.**
- **A severely misshapen eyelid or excessive bruising or fluid retention that is localized to one region.**

To alleviate any discomfort, and to reduce swelling, you may apply cool (not cold) compresses to your eyes. Do not apply ice or anything frozen directly on the skin. Do not apply compresses to your cheeks. Soak soft plain white washcloths or gauze squares in ice water and wring out well. Apply directly to the eyelids, but do not apply any pressure. Apply cool compresses, for no longer than 20-minute intervals.

DAY OF SURGERY INSTRUCTIONS

You will only be released to the care of a responsible adult. All of these instructions must be clear to the adult who will monitor your health and support you, around the clock in your first days home from the hospital.

_____ **Rest, but not bed rest.** While rest is important in the early stages of healing, equally important is that you are ambulatory, meaning that you are walking under your own strength. Spend 10 minutes every 2 hours engaged in light walking indoors as you recover.

_____ **Recline, do not lie down.** This will be more comfortable for you, and can reduce swelling. Always keep your head elevated. Do not bend forward or over.

_____ **Do not stress or strain your eyes:** Do not wear contact lenses or eyeglasses. Avoid bright light. Wear dark lens, large frame sunglasses if you must be outdoors or in any bright light.

_____ **Good nutrition.** Fluids are critical following surgery. Stick to non-carbonated, non-alcoholic, caffeine-free and green tea-free beverages including fruit juices and water, milk and yogurt drinks. You must consume at least 8 ounces of fluid every 2 hours. Stick with soft, bland, nutritious food for the first 24 hours.

_____ **Take all medication, exactly as prescribed:** If you have a pain pump, follow the instructions specifically for your pain pump. Oral pain medication, antibiotics and other medications you must take include:

Antibiotic	mg	x per day
Pain Medication	mg	x per day
Ointment		
Eye Drops		
Other / Supplements		

_____ **Keep your incisions clean.** Your incisions will seep fluid and some blood for a short time after surgery. A cotton swab soaked in warm water is appropriate for cleansing incisions. **Avoid alcohol and hydrogen peroxide.** Do not remove any crusting near your stitches.

_____ **Do not smoke.** Smoking can greatly impair your safety prior to surgery and your ability to heal following surgery. You must not smoke.

_____ **Relax.** Do not engage in any stressful activities. Do not stress your eyes. Let others tend to you.

TWO (2) TO SEVEN (7) DAYS FOLLOWING SURGERY

During this time you will progress with each day that passes. Ease into your daily activities. You will receive clearance to begin driving or return to work at your post-operative visit, or within _____ days.

Your post-operative visit is scheduled for: _____.

- **Continue to cleanse wounds as directed; you may shower.** Take a warm, not hot shower. Do not rub your incisions.
- **Apply ointment and skincare as directed.** Do not use any glycolic, retinoid or other potentially irritating skincare products near your eyes or on your face.
- **Take antibiotic medications and supplements as directed.** Take pain medication only as needed. You may wish to switch from prescription pain medication to acetaminophen or ibuprofen.
- **Continue to wear dark lens, large framed sunglasses whenever you are outdoors.** You may begin wearing reading glasses as soon as it is comfortable for you. Do not wear soft contact lenses until you receive clearance to do so. Hard contact lenses may be difficult to remove. Do not attempt to wear these.
- **Continue to keep your head elevated, including when sleeping.**
- **Do not resume any exercise other than regular walking.** Walking is essential every day to prevent the formation of blood clots.
- **Maintain a healthy diet. Do not smoke. Do not consume alcohol.**

ONE (1) TO FOUR (4) WEEKS FOLLOWING SURGERY

As you resume your normal daily activities, you must continue proper care and healing.

- **Continue your wound care as directed.** Do not wear any makeup until all stitches are removed AND until your incisions no longer have any crusting or scabbing.
- **Refrain from direct sun exposure.** Continue to wear your sunglasses. If you are outdoors, apply at least an SPF 30 at least 30 minutes prior to sun exposure. Your eyelids and face are highly susceptible to sunburn or the formation of irregular, darkened pigmentation.
- **Do not smoke.** While incisions may have healed, smoking deprives your body of necessary oxygen that can result in poorly healed, wide, raised scars.
- **Refrain from any strenuous exercise and from bending or lifting.**
- **You may begin sleeping in a modified reclining position.** However do not sleep lying flat or on your stomach. If you are a side sleeper, two pillows under your head and a soft pillow under your mid-back and shoulders may offer more comfort.

Follow-up as directed. Your second post-operative visit is scheduled for: _____.

SIX (6) WEEKS FOLLOWING SURGERY

Healing will progress swelling and bruising continue to diminish.

- **You may ease into your regular fitness routine.** However uses of protective eyewear when outdoors and when swimming are essential.
- **Discomfort or tightness and tingling in your eyelids will resolve.**
- **No need to resume smoking.** You have now gone 10 weeks (4 weeks prior to surgery and 6 weeks following) without a cigarette. For your long-term health, there is no need to resume smoking.

YOUR FIRST YEAR

- **Continue good skincare and sun protection, healthy nutrition and fitness.**
- **Schedule any complementary procedures, as recommended.** Botulinum injections or other treatments may be recommended to enhance your results, and to help your results to be long-lasting.
- **Your scars will continue to refine.** If they become raised, red or thickened, or appear to widen, contact our office. Early intervention is important to achieving well-healed scars. Scars are generally refined to fine incision lines one year after surgery.
- **A one-year post surgery follow-up is recommended.** However you may call our office at any time with your concerns or for needed follow-up.

Your appearance will change with age. Your eye and facial appearance may change too. You may wish to undergo revision surgery at a later date to help maintain your appearance throughout life. Contact our office with any of your questions or concerns, at any time.

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask my doctor and his or her staff any questions I have related to these instructions or about my procedure, health and healing.

Patient Signature: _____ Date: _____

Printed Name of Patient: _____

Signature of Practice Representative and Witness: _____