

Patient's Name: _____
Date of Surgery: _____

Patient Educational Information: Provided by
American Society of Plastic Surgeons

ENDOSCOPIC BROWLIFT

A forehead lift or "browlift" is a procedure that restores a more youthful, refreshed look to the area above the eyes. The procedure corrects drooping brows and improves the horizontal lines and furrows that can make a person appear angry, sad or tired.

In a forehead lift, the muscles and tissues that cause the furrowing or drooping are removed or altered to smooth the forehead, raise the eyebrows and minimize frown lines. Your surgeon may use the conventional surgical method, in which the incision is hidden just behind the hairline; or it may be performed with the use of an endoscope, a viewing instrument that allows the procedure to be performed with minimal incisions. Both techniques yield similar results -- smoother forehead skin and a more animated appearance.

If you're considering a forehead lift, this brochure will provide a basic understanding of the procedure -- when it can help, how it's performed and what results you can expect. It won't answer all of your questions, since a lot depends on your individual circumstances. Be sure to ask your doctor if there is anything you don't understand about the procedure.

THE BEST CANDIDATES FOR A FOREHEAD LIFT

A forehead lift is most commonly performed in the 40-60 age range to minimize the visible effects of aging. However, it can also help people of any age who have developed furrows or frown lines due to stress or muscle activity. Individuals with inherited conditions, such as a low, heavy brow or furrowed lines above the nose can achieve a more alert and refreshed look with this procedure.

Forehead lift is often performed in conjunction with a facelift to provide a smoother overall look to the face. Eyelid surgery (blepharoplasty) may also be performed at the same time as a forehead lift, especially if a patient has significant skin overhang in the upper eyelids. Sometimes, patients who believe they need upper-eyelid surgery find that a forehead lift better meets their surgical goals.

Patients who are bald, who have a receding hairline, or who have had previous upper-eyelid surgery may still be good candidates for forehead lift. The surgeon will simply alter the incision location or perform a more conservative operation. Remember, a forehead lift can enhance your appearance and your self-confidence, but it won't necessarily change your looks to match your ideal or cause other people to treat you differently. Before you decide to have surgery, think carefully about your expectations and discuss them in detail with your doctor.

ALL SURGERY CARRIES SOME UNCERTAINTY AND RISK

Complications are rare and usually minor when a forehead lift is performed by a qualified plastic surgeon. Yet, the possibility of complications must be considered.

In rare cases, the nerves that control eyebrow movement may be injured on one or both sides, resulting in a loss of ability to raise the eyebrows or wrinkle the forehead. Additional surgery may be required to correct the problem.

Formation of a broad scar is also a rare complication. This may be treated surgically by removing the wide scar tissue so a new, thinner scar may result. Also, in some patients, hair loss may occur along the scar edges. Loss of sensation along or just beyond the incision line is common, especially with the classic forehead lift procedure. It is usually temporary, but may be permanent in some patients.

Infection and bleeding are very rare, but are possibilities.

If a complication should occur during an endoscopic forehead lift, your surgeon may have to abandon the endoscopic approach and switch to the conventional, open procedure, which will result in a more extensive scar and a longer recovery period. To date, such complications are rare -- estimated at less than 1 percent of all endoscopy procedures. You can reduce your risk of complications by closely following your surgeon's instructions both before and after surgery.

PLANNING YOUR SURGERY

For a better understanding of how a forehead lift might change your appearance, look into a mirror and place the palms of your hands at the outer edges of your eyes, above your eyebrows. Gently draw the skin up to raise the brow and the forehead area. That is approximately what a forehead lift would do for you.

If you decide to consult a plastic surgeon, he or she will first evaluate your face, including the skin and underlying bone.

During your consultation, the surgeon will discuss your goals for the surgery and ask you about certain medical conditions that could cause problems during or after the procedure, such as uncontrolled high blood pressure, blood-clotting problems, or the tendency to develop large scars. Be sure to tell the surgeon if you have had previous facial surgery, if you smoke, or if you take any drugs or medications -- including aspirin or other drugs that affect clotting. If you decide to proceed with a forehead lift, your surgeon will explain the surgical technique, the recommended type of anesthesia, the type of facility where the surgery will be performed, the risks and the costs involved. Don't hesitate to ask your doctor any questions you may have, especially those regarding your expectations and concerns about the results of surgery.

PREPARING FOR YOUR SURGERY

Your surgeon will give you specific instructions to prepare for the procedure, including guidelines on eating and drinking, smoking, and taking and avoiding certain vitamins and medications. Carefully following these instructions will help your surgery and your recovery proceed more smoothly.

If your hair is very short, you may wish to let it grow out before surgery, so that it's long enough to hide the scars while they heal. Whether your forehead lift is done in an outpatient facility or in the hospital, you should arrange for someone to drive you home after your surgery, and to help you out for a day or two.

WHERE YOUR SURGERY WILL BE PERFORMED

A forehead lift is usually done in a surgeon's office-based facility or an outpatient surgery center. However, it is occasionally done in the hospital.

ANESTHESIA USED FOR THE PROCEDURE

Most forehead lifts are performed under local anesthesia, combined with a sedative to make you drowsy. You'll be awake but relaxed, and although you may feel some tugging and mild discomfort, your forehead will be insensitive to pain. Some surgeons prefer to use general anesthesia, in which case you'll sleep through the entire operation.

THE SURGERY

Your surgeon will help you decide which surgical approach will best achieve your cosmetic goals: the classic or "open" method, or the endoscopic forehead lift. Make sure you understand the technique that your surgeon recommends and why he or she feels it is best for you.

The classic forehead lift: Before the operation begins, your hair will be tied with rubber bands on either side of the incision line. Your head will not be shaved, but hair that is growing directly in front of the incision line may need to be trimmed.

For most patients, a coronal incision will be used. It follows a headphone-like pattern, starting at about ear level and running across the top of the forehead and down the other side of the head. The incision is usually made well behind the hairline so that the scar won't be visible.

If your hairline is high or receding, the incision may be placed just at the hairline, to avoid adding even more height to the forehead. In patients who are bald or losing hair, a mid-scalp incision that follows the natural pattern of the skull bones is sometimes recommended. By wearing your hair down on your forehead, most such scars become relatively inconspicuous. Special planning is sometimes necessary for concealing the scar in male patients, whose hairstyles often don't lend themselves as well to incision coverage. If you are bald or have thinning hair, your surgeon may recommend a mid-scalp incision so the resulting scar follows the natural junction of two bones in your skull and is less conspicuous. Working through the incision, the skin of the forehead is carefully lifted so that the underlying tissue can be removed and the muscles of the forehead can be altered or released. The eyebrows may also be elevated and excess skin at the incision point will be trimmed away to help create a smoother, more youthful appearance.

The incision is then closed with stitches or clips. Your face and hair will be washed to prevent irritation and the rubber bands will be removed from your hair. Although some plastic surgeons do not use any dressings, your doctor may choose to cover the incision with gauze padding and wrap the head in an elastic bandage.

The endoscopic forehead lift: Typically, an endoscopic forehead lift requires the same preparation steps as the traditional procedure: the hair is tied back and trimmed behind the hairline where the incisions will be made. However, rather than making one long coronal incision, your surgeon will make three, four or five short scalp incisions, each less than an inch in length. An endoscope, which is a pencil-like camera device connected to a television monitor, is inserted through one of the incisions, allowing the surgeon to have a clear view of the muscles and tissues beneath the skin.

Using another instrument inserted through a different incision, the forehead skin is lifted and the muscles and underlying tissues are removed or altered to produce a smoother appearance. The eyebrows may also be lifted and secured into their higher position by sutures beneath the skin's surface or by temporary fixation screws placed behind the hairline. When the lift is complete, the scalp incisions will be closed with stitches or clips and the area will be washed. Gauze and an elastic bandage may also be used, depending on your surgeon's preference.

AFTER YOUR SURGERY

The immediate post-operative experience for a patient who has had a classic forehead lift may differ significantly from a patient who had the procedure performed endoscopically.

Classic forehead lift patients may experience some numbness and temporary discomfort around the incision, which can be controlled with prescription medication.

Patients who are prone to headaches may be treated with an additional longer-acting local anesthesia during surgery as a preventive measure. You may be told to keep your head elevated for two to three days following surgery to keep the swelling down. Swelling may also affect the cheeks and eyes-- however, this should begin to disappear in a week or so. As the nerves heal, numbness on the top of your scalp may be replaced by itching. These sensations may take as long as six months to fully disappear. If bandages were used, they will be removed a day or two after surgery. Most stitches or clips will be removed within two weeks, sometimes in two stages.

Some of your hair around the incision may fall out and may temporarily be a bit thinner. Normal growth will usually resume within a few weeks or months. Permanent hair loss is rare.

Endoscopic forehead lift patients may experience some numbness, incision discomfort and mild swelling.

Incision site pain is usually minimal, but can be controlled with medication, if necessary. Endoscopic forehead lift patients usually experience less of the itching sensation felt by patients who have had the classic forehead lift.

The stitches or staples used to close the incisions are usually removed within a week and the temporary fixation screws within two weeks.

GETTING BACK TO NORMAL

Although you should be up and about in a day or two, plan on taking it easy for at least the first week after surgery. You should be able to shower and shampoo your hair within two days, or as soon as the bandage is removed.

Most patients are back to work or school in a week to 10 days. Endoscopic patients may feel ready to return even sooner. Vigorous physical activity should be limited for several weeks, including jogging, bending, heavy housework, sex, or any activity that increases your blood pressure. Prolonged exposure to heat or sun should be limited for several months.

Most of the visible signs of surgery should fade completely within about three weeks. Minor swelling and bruising can be concealed with special camouflage makeup. You may feel a bit tired and let down at first, but your energy level will increase as you begin to look and feel better.

YOUR NEW LOOK

Most patients are pleased with the results of a forehead lift, no matter which surgical method was used. Often, patients don't realize how much their sagging forehead contributed to the signs of aging until they see how much younger and more rested they appear after the lift.

Although a forehead lift does not stop the clock, it can minimize the appearance of aging for years. As time passes, you may want to repeat the procedure.

I have read and I understand all the options available, and the limitations of surgery. I am aware of all the possible risks and complications of the proposed procedure and they have been explained to me in detail.

Patient's Signature

Witness

Date

INFORMED-CONSENT-BROWLIFT SURGERY INSTRUCTIONS

This is an informed-consent document that has been prepared to help inform you of browlift surgery, its risks, as well as alternative treatments. It is important that you read this information carefully and completely. Please initial each page, indicating that you have read the page and sign the consent for surgery as proposed by your plastic surgeon.

INTRODUCTION

The forehead and eyebrow region often show noticeable signs of aging. Looseness in these structures may cause drooping eyebrows, eyelid hooding, forehead furrows, and frown lines. In browlift surgery, the structures responsible for these problems are tightened or altered to smooth the forehead, raise the upper eyebrows, and improve frown lines. A browlift may be performed alone, or in conjunction with other procedures, such as a facelift, or eyelid surgery.

Recent advances in browlift surgery make it possible to perform the procedure through a variety of approaches, including endoscopy. Browlift surgery is individualized for each patient. The surgical incisions used may vary with the technique selected by your surgeon to meet your needs. The browlift cannot stop the process of aging.

ALTERNATIVE TREATMENTS

Alternative forms of treatment consist of not treating the laxness in the forehead and upper eyebrow region by a browlift surgery. Improvement of skin looseness and skin wrinkles may be accomplished by other treatments or surgery. Risks and potential complications are associated with alternative forms of treatment or surgery.

RISKS of BROWLIFT SURGERY

Every surgical procedure involves a certain amount of risk and it is important that you understand the risks involved with browlift surgery. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience the following complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of browlift.

Bleeding- It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood (hematoma). Do not take any aspirin or anti-inflammatory medications for ten days before surgery, as this may increase the risk of bleeding. Accumulations of blood under the skin may delay healing and cause scarring. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding.

Infection- Infection is unusual after this type of surgery. Should an infection occur, treatment including antibiotics or additional surgery may be necessary.

Change in skin sensation- Diminished (or loss) of skin sensation in the face and scalp area may not totally resolve after browlift surgery. Chronic itching sensations can occur within the scalp and brow following a brow lift.

Skin contour irregularities- Contour irregularities, depressions, and wrinkling of skin may occur after browlift.

Skin scarring- Excessive scarring is uncommon. In rare cases, abnormal scars may result. Scars may be unattractive and of different color than surrounding skin. There is the possibility of visible marks from sutures, staples, or hardware used during a browlift. Additional treatments including surgery may be necessary to treat abnormal scarring.

Change in surgical approach for browlift- In some situations, depending on factors discovered only at the time of surgery, your surgeon may have to make changes in surgical technique and approach to the browlift procedure. This may require changing from an endoscopic (closed) procedure to a standard (open) browlift.

Surgical anesthesia- Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.

Nerve injury- There is the potential for injury to both motor and sensory nerves during a browlift procedure. Weakness or loss in movements of the forehead or upper eyebrow may occur after surgery. Most individuals will notice a return of motor function; permanent weakness is rare. Injury may also occur in the sensory nerves of the forehead, scalp, and temple regions. Diminished sensation may normally occur in the scalp region after a brow lift surgery. Permanent numbness or painful nerve scarring is rare.

Damage to deeper structures- Deeper structures such as the eye, nerves, blood vessels, skull bone, and muscles may be damaged during the course of surgery. The potential for this to occur varies with the type of browlift surgical procedure performed.

Asymmetry- The human face is normally asymmetrical. There can be a variation from one side to the other in the results obtained from a browlift procedure.

Delayed healing- Wound disruption or delayed wound healing is possible. Some areas of the brow and scalp may heal abnormally and slowly. Some areas of skin may die, requiring frequent dressing changes or further surgery to remove the non-healed tissue.

Smokers have a greater risk of skin loss and wound healing complications.

Allergic reactions- In rare cases, local allergies to tape, suture material, or topical preparations have been reported. Systemic reactions which are more serious may result from drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.

Seroma- Fluid accumulations infrequently occur beneath the skin. Should this problem occur, it may require additional procedures for drainage of fluid.

Long term effects- Subsequent alternations in forehead and upper eyebrow appearance may occur as the result of aging, weight loss or gain, sun exposure, or other circumstances not related to browlift surgery. Browlift surgery does not arrest the aging process or produce permanent tightening of the forehead. Additional surgery or other treatments may be necessary to maintain the results of a browlift procedure.

Eye irritation- Irritation or dryness in the eyes may occur after a browlift or when the patient has eyelid surgery performed at the same time.

Pain- Very infrequently, chronic pain may occur after browlift.

Hair Loss- Hair loss may occur within the scalp or surgical incisions. The occurrence of this is not predictable. Hair loss may resolve slowly or in rare cases be permanent.

Hardware and deeper sutures- Some surgical techniques use small screws or permanent deep sutures to help suspend brow structures. In very unusual circumstances, a screw could penetrate through the skull. Intracranial injury is rare, but possible. If this occurs, additional treatment may be necessary. It may be necessary to remove hardware or deeper sutures at a later time.

Eyelid disorders- Disorders that involve abnormal position of the upper eyelids (eyelid ptosis), loose eyelid skin, or abnormal laxness of the lower eyelid (ectropion) can coexist with sagging forehead and eyebrow structures. Brow lift surgery will not correct these disorders. Additional surgical procedures may be necessary.

Unsatisfactory result- You may be disappointed with the results of surgery. Infrequently, it is necessary to perform additional surgery to improve your results.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions which influence the long term result of browlift surgery. Even though risks and complications occur infrequently, the risks cited are the ones that are particularly associated with these procedures. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied on the results that may be obtained.

FINANCIAL RESPONSIBILITIES

The cost of surgery involves several for the services provided. The fees are divided to the following: Dr. _____'s fee, the cost of the implants, hospital fee (operating room,& anesthesia) an over night stay at the hospital be an additional charge if patient decide stay. Mammogram, lab test or x-ray will be an additional charge. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

DISCLAIMER

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s). The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, every patient is unique and informed-consent documents should not be considered all inclusive in defining other methods of care and risks encountered when medical care is reasonable and directed at obtaining appropriate results. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

CONSENT FOR SURGERY / PROCEDURE or TREATMENT

1. I hereby authorize Dr. _____ and such assistants as may be selected to perform the following procedure or treatment: ENDOSCOPIC BROWLIFT

I have received the following information sheet:

INFORMED-CONSENT BROWLIFT SURGERY

2. I recognize that during the course of the operation and medical treatment or anesthesia, unforeseen conditions may necessitate different procedures than those above. I therefore authorize the above physician and assistants or designees to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable. The authority granted under this paragraph shall include all conditions that require treatment and are not known to my physician at the time the procedure is begun.

3. I consent to the administration of such anesthetics considered necessary or advisable. I understand that all forms of anesthesia involves risk and the possibility of complications, injury, and sometimes death. 4. I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

5. I consent to the photographing or televising of the operation(s) or procedure(s) to be performed, including appropriate portions of my body, for medical, scientific or educational purposes, provided my identity is not revealed by the pictures.

6. For purposes of advancing medical education, I consent to the admittance of observers to the operating room.

7. I consent to the disposal of any tissue, medical devices or body parts which may be removed.

8. I authorize the release of my Social Security number to appropriate agencies for legal reporting and medical-device registration, if applicable.

9. IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:

- a. THE ABOVE TREATMENT OR PROCEDURE TO BE UNDERTAKEN
- b. THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
- c. THERE ARE RISKS TO THE PROCEDURE OR TREATMENT PROPOSED

The following is to confirm that we have discussed with you the nature of your condition, the proposed treatment thereof, the prospects for success and the limited risks of potential side effects associated with such treatment/s. As per current medical knowledge any potential side effects resulting from our treatments are reversible and temporary in nature.

By signing this form, you confirm and consent to the following:

- 1. My medical condition and the proposed treatment have been explained to me. I have been advised that although good results are expected, the possibility and nature of complications cannot be accurately anticipated and therefore, there can be no guarantee, either expressed or implied as to the success or other result of treatment.

2. The potential side-effects of the treatment being idiosyncratic reactions (reactions specific to an individual), such as: bruising, temporary pain and itching, redness, infection, onset of herpes, onset of acne, burning and blistering, fat necrosis, facial nerve affection, unsatisfactory cosmetic result, extrusion, swelling, transient skin discoloration, allergic reaction, and reversible brow or eyelid ptosis, have been explained to me.
3. I declare that while completing the medical questionnaire, I have answered the information related to my personal medical history questions completely and I have not withheld any information.

I have consulted with the physician or therapist (depending on the nature of treatment) who will be treating me and all my questions concerning the treatment have been answered to my satisfaction. I fully understand all of the above and thereafter, I consent to the proposed treatment/s

I CONSENT TO THE TREATMENT OR PROCEDURE AND THE ABOVE LISTED ITEMS (1-9). I AM SATISFIED WITH THE EXPLANATION.

Patient or Person Authorized to Sign for Patient

Date _____ Witness _____

PRE-OPERATIVE INSTRUCTIONS

No eating or drinking after midnight(if surgery is in the afternoon, no eating or drinking minimum 8 hours before the surgery).

No pain medications that contain aspirin (Tylenol or other brand that has no aspirin is the only pain medication you can take), no inflammatory drugs, no vitamin E etc. for 7 days before surgery (check the list of medications on the next page).

If you are presently taking high blood pressure medication, you may take your medication the morning of surgery with as little water as possible. Please make sure that Dr. _____ is aware that you are taking medication.

No Alcoholic drinks 3 days before and after surgery.

No smoking 2 weeks before and after surgery. For facelift patients smoking is not allowed for a minimum of 4 weeks before and after surgery.

**No exercise for 2 days before surgery. No exercise 4 weeks after surgery.
Do not wear make-up, including false eye lashes, lipstick, nail polish, and contact lenses the day of surgery.
Wear a loose button down shirt, loose pant and sandal (NO TIGHT CLOTHING PLEASE) cloths may get dirty so it is better to wear old clothing.
Take a bath and use antibiotic soaps the morning before surgery.
For tummy tuck and liposuction patients, DO NOT shave your pubic hair before the surgery.
Bring your prescriptions with you the day of your surgery.
Make sure that a responsible person will be with you to give you a ride home and be with you 24 hours after your surgery.
For female patients, make sure that you are not pregnant before the surgery.
You may bring a scarf, sun glasses or other articles to cover your dressings when leaving the office.
It is best not to have a permanent or hair coloring within 7 days prior to surgery.
Be punctual. If you are delayed, please call the hospital or the office.**

Be assured that we will do everything within our power to make your surgical experience as convenient and comfortable.

Thank you for your confidence in us.

Dr. _____

PAYMENT POLICY

**Surgeon's fee has to be paid in cash 1 week before surgery. Cashier's check and Bank check is acceptable.
Patient is responsible to pay hospital fee the day before surgery.**

CANCELLATION/ REFUND POLICY:

20% of the total amount IS NOT REFUNDABLE if you decided to cancel the surgery after the day of your pre-operative visit.

I have read and I understand the payment and cancellation policy.

Patients Signature

Date

7 DAYS BEFORE SURGERY

PLEASE READ CAREFULLY

DO NOT take any medication containing aspirin or acetylsalicylic acid, which is aspirin, minimum of 7 days prior to surgery. To be safe, check medicine labels for ingredients. When in doubt, please feel free to call our office. If needed Tylenol can be substituted for aspirin.

The following is a list of common medications containing aspirin:

A.P.C. Tabs	DeWitt's Pills	Norgesic
Advil	Doan's Pills	Nuprin
Alka Seltzer Plus	Dristan	pepto-Bismol
Anacin	Ecotrin	Persiten
Ascriptin	Empirin	Percodan
Aspergum	Equigesic	Rhinex
BC Powder	Emprazil	Robaxial Tabs
Bayer	Flogesic	Salicylsalicylic
Bufferin	Florinal	Sinulin
Butal compound	Ibuprofen	Soma compound
Cama Arthritis	Isolyle	St. Joseph Aspirin
Comprazil Tabs	Measuring Tabs	Supoac
Contact	Midol	Synalgas
Cope	Momentum	Triaminicin Tabs
Coricidin tabs	Motrin	Ursinus
Darvon	Nervine	Vanquish
Dasin		Zorpin

POST-OPERATIVE INSTRUCTIONS- BROWLIFT

General Information

- Do not drive a car or operate machinery for 24-48 hours.
- Do not make any important decisions or sign any papers for the next 24 hours.
- Do not consume any alcohol for at least 10-14 days after your procedure.
- **Do not use tranquilizers, sleeping medications, or any nonprescribed medications unless approved by your physician. Avoid for 14 days any type of Nsaids (non-steroidal anti-inflammatory drugs) i.e., Advil, Ibuprofen, Aleve, Naprosyn, Etc.**
- **No Aspirin for 14 days.**
- Do not smoke for a minimum of 2 weeks.
- Avoid sun exposure for at least 4 weeks post-operatively, and then use sun block if necessary.
- Please have a responsible person with you for 24-48 hours.

Activity

- Rest for the remainder of the day.
- Exercise is to be eliminated for the first 2 weeks, then start light activity (walking, etc.). Moderate activity can be started in 3 weeks (stationary bike) and full activity may be resumed at four weeks post-operatively.
- Do not do any type of lifting for 1 week, after your surgery

- Keep you head higher than your heart, when tighing shoes, lift feet to avoid bending over.

Treatment

- Start ice packs for the eyes. You may soak a soft washcloth or gauze with ice water and place on eyes for 30 minutes every 2-3 hours Do this for the first 24-36 hours. Ice pack to the forehead may also be helpful.
- Your sutures are may be dissolvable.
- Sleeping with head elevated is recommended for the first 7 days, this helps prevent swelling. Place 3-4 pillows under the head neck and back to keep at a 45-degree angle.

Medications

- **Next dose of medications may be given:**

Pain medication _____ @ _____
 Antibiotics _____ @ _____
 Steroids _____ @ _____
 Other _____ @ _____

Diet

- Begin with clear liquids and progress to your normal diet if not nauseated.
- Avoid greasy and spicy foods.

Notify Physician @-----

IF ANY OF THE FOLLOWING PERSIST:

- Chills fever (above 101 F degrees).
- Persistent nausea or vomiting.
- Persistent bleeding or swelling at operative site.
- Unable to urinate in 6-8 hours.
- Pain is not relieved by pain mediation.

Follow Up care

Next appointment is scheduled-----At-----office.