



# Rhytidectomy Surgery



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**Northland Plastic Surgery**

**Surgery Handbook**

**Rhytidectomy**  
**Facelift**

**A surgical procedure to improve the  
appearance of the lower face and neck.**

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## TABLE OF CONTENTS

Procedure Overview – Rhytidectomy .....	1
Preparing for Surgery.....	2
Medications to Avoid.....	3
What to Expect at Lakewalk Surgery Center .....	5
General Anesthesia Information.....	6
Information About Monitored Anesthesia Care .....	7
Surgical Risks .....	8
Surgical Risks – Rhytidectomy .....	10
Medications After Rhytidectomy .....	12
Postoperative Instructions .....	13
Postoperative Instructions – Rhytidectomy.....	14
As You Heal .....	16
As You Heal – Rhytidectomy.....	17

## **PROCEDURE OVERVIEW - RHYTIDECTOMY**

A facelift is a surgical procedure that improves the changes of aging of the mid and lower face and the upper neck. There are a variety of techniques that may be used in performing a facelift. These range from methods that reposition the deepest tissues to those that primarily tighten the skin. The particular technique that is used depends on the areas of the face that need correction, the extent of facial sagging, and the personal goals of the patient.

A standard facelift generally improves the appearance of the lower cheeks, jaw line, and neck. A mid-facelift can be performed when the changes do not involve the neck as much. A mid-facelift improves sagging cheeks, smooths out nasolabial grooves, and pulls up the corners of the mouth. Commonly, a facelift is performed in combination with other facial procedures such as a forehead lift, eyelid procedure, soft tissue fillers, or nose reshaping to improve the overall appearance of the face. A facelift will not remove all the wrinkles of the lower face. Laser resurfacing can be performed to reduce fine wrinkles of the lower face, cheeks, or around the eyes.

The ideal candidate for a facelift is a person whose face and neck have started to sag, but whose skin has retained some elasticity and whose bone structure is relatively strong and well defined. Typical patients are in their 40s to 60s, but facelifts can be done successfully on people in their 70s and 80s as well.

Most facelifts are performed using general anesthesia and usually takes 3-5 hours. After surgery drains are inserted under the skin to prevent fluid accumulation and a dressing of thick gauze is placed around the head and neck. Drains and bandages are removed after 1-3 days. Most patients report minimal to moderate discomfort that is easily controlled with oral medication. Bruising and swelling usually decrease to “socially acceptable” levels within 2-3 weeks. The contour of the face and neck will continue to change and improve over several months to a year. Scars from the incisions fade and soften as the tissues heal and generally become minimally noticeable, as they are located in areas that are difficult to see. Physical activity should be limited the first 6 weeks after surgery. Most people feel well enough to return to work after 7-14 days depending on their job requirements.

A facelift can help a person look 5-10 years younger. It can turn back the clock, but it can't stop it. The face will continue to age over time. Lifestyle, bone structure, skin type, smoking, sun exposure, and heredity all contribute to how the face ages. In general, most patients are very satisfied after having a facelift and agree that they look and feel more youthful.

## **PREPARING FOR SURGERY**

### **STARTING NOW**

- **STOP SMOKING AND ALL NICOTINE PRODUCTS:** We strongly recommend that you stop the use of ALL nicotine products at least one month before your surgery. Smoking reduces circulation to the skin and slows healing. In some cases, your physician may cancel your surgery if you do not follow this recommendation.

### **2 WEEKS BEFORE SURGERY**

- **STOP 2 WEEKS PRIOR:** Fish oil, garlic, ginger, ginkgo biloba, ma huang, and vitamin E. Any herbal or homeopathic supplement.
- **STOP 10 – 14 DAYS PRIOR:** Do not take anti-inflammatories. Review the provided list of drugs to avoid and discontinue their use 10 – 14 days before your surgery. Such drugs can cause bleeding, delay in healing, anesthesia conflicts, infection, or problems during and after surgery. Use medications containing acetaminophen (such as Tylenol) instead. If you are unsure about discontinuing a medication, please consult with your primary physician.

### **24 – 48 HOURS BEFORE YOUR SURGERY**

- **CONFIRM YOUR SURGERY TIME:** A nurse will call you 1 – 2 days before your surgery to review your medical status and confirm your surgery time. If a nurse has not reached you by 3:00 PM the day before your surgery, please call Lakewalk Surgery Center at 218-728-0650 or 877-728-0650 for your final preoperative instructions.
- **EATING AND DRINKING:** Do not eat or drink anything after 12:00 midnight the night before your surgery. This includes water. Do not drink alcohol within 24 hours of surgery.

### **THE MORNING OF SURGERY**

- **MEDICATIONS:** If you take a daily medication that must be taken in the morning, you may take it with a sip of water in the early morning. Absolutely do not eat or drink anything else.
- **ORAL HYGIENE:** You may brush your teeth but DO NOT swallow the water.
- **CLEANSING:** Shower or bathe using an antibacterial soap such as Dial the morning of your surgery.
- **TOPICALS:** Please do not wear moisturizers, creams, lotions, deodorant, or make-up.
- **CLOTHING:** Wear comfortable, loose-fitting clothing that does not need to be put on over your head. Remove hair accessories and jewelry. Please do not bring valuables with you.

## MEDICATIONS TO AVOID

- We have provided a list of medications that should be avoided when you are having surgery. These medications can prolong bleeding and should be avoided for 10 – 14 days before your surgery. Your surgeon will advise you when it is safe for you to use anti-inflammatories after your surgery.
- Please review the list carefully. Check the labels of all medicines that you take, even those available without a prescription, to make sure you are not taking any of these substances. If you have questions about any of the medications that you are taking, please let us know or talk with your primary care physician. It is important that we know all the current medications, vitamins, herbs, or other supplements that you are taking.
- If you need a medication for pain during this time, you may use products containing acetaminophen (Tylenol).

### Aspirin medications to avoid

4-Way Cold Tablets	Ecotrin products	Talwin
5-Aminosalicylic Acid	Empirin products	Triaminicin
Acetilsalicylic Acid	Excedrin products	Trilisate
Alka-Seltzer products	Equagesic	Vanquish
Anacin products	Fiorinal products	Wesprin
Arthritis foundation products	Goody's HA powder	Zorprin
Arthritis pain formula	Lanorinal	
Aspirin (ASA)	Magnesium Salicylate	
Ascriptin products	Midol products	
Aspergum	Meproamate	
Azulfidine products	Mesalamine	
BC powder or tablets	Methocarbamol	
Bayer products	Momentum	
Bismatrol products	Mono-Gesic	
Butalbital Compound	Nighttime effervescent cold	
Bufferin products	Norgesic products	
Cheracol	Oxycodone	
Coricidin	Pepto-Bismol	
Darvon	Percodan products	
Disalcid	Salicylate products	
Doan's products	Sine-off	
Dristan	Sinutab	
Easprin	Soma compound	

### **Nonsteroidal anti-inflammatory medications to avoid**

Advil products	Ibuprofen	Ponstel
Aleve	Indocin products	Relafen
Anaprox products	Indomethacin products	Tordal
Ansaid	Meclomen	Trilisate
Bextra	Midol products	Voltaren
Cataflam	Motrin products	
Celebrex	Nalfon products	
Clinoril	Naprelan Tablets	
Daypro	Naprosyn	
Dolobid	Nuprin	
Feldene	Orudis products	
Fenoprofen	Oruvail	

### **Other medications to avoid**

Accutrim	Heparin	Plavix
Aggrenox	Hydrocortisone	Pletal
Agrylin	Lovenox	Ticlid
Coumadin	Miradon	Warfarin
Dipyridamole	Persantin	

## WHAT TO EXPECT AT LAKEWALK SURGERY CENTER

Going to the operating room is not a normal experience for most of us. Your surgeon and all the staff caring for you recognize the anxiety with which most patients approach this step in the process of achieving their goals. A description of the surgery experience will help you feel more comfortable.

- When you arrive at Lakewalk Surgery Center you will be escorted to a private room. You will be asked to change into a gown and robe and a nurse will do a general assessment (blood pressure, pulse, etc.). An IV (intravenous line) will be started in your hand or forearm. Your surgeon and a member of the anesthesia staff will meet with you before you enter the operating suite. This is the time for final surgical planning; for certain procedures the surgeon may draw on your skin to aid him later during the procedure. There will be time for last minute questions.
- Once you enter the operating room, the staff will do everything they can to make you feel secure. Monitoring devices will be connected to you to ensure your safety during the procedure. Medicines that will make you drowsy will be administered through your IV.
- When your surgery has been completed and your dressings are in place, you will return to a private room for recovery. During this period, a registered nurse will take care of you and monitor you until you are ready to leave the surgery center. All the nurses at Lakewalk Surgery Center are certified for advanced cardiac life support. The surgery center is equipped just like a hospital, and is one reason Lakewalk Surgery Center is fully accredited.
- Your stay in the recovery area will vary depending on the type of surgery and length of anesthesia. Family or personal friends may be with you in the recovery room. The nurse can contact significant others when you arrive in recovery or when you are ready to be discharged. Even though you will be awake during this time, it is not unusual to not remember much about your recovery after surgery. This is related to the effects of the medications used during anesthesia.
- You can be assured that the staff at Lakewalk Surgery Center will do everything possible to make your surgical experience safe, comfortable, and confidential.
- **You must arrange for someone to bring you to and drive you home from the surgery center. Under no conditions will you be allowed to drive or take a taxi after surgery. It is also important that you have a family member or friend remain with you the first 24 hours after surgery while the effects of anesthesia wear off.**



## GENERAL ANESTHESIA INFORMATION

- When general anesthesia is used, you will be sound asleep and under the care of the anesthesia staff throughout the operation. Lakewalk Surgery Center operating rooms have been designed to be spacious and comfortable. Once you are lying on the operating table, you will be connected to several monitors. After you have breathed pure oxygen for a few minutes, you will be given a sedative to help you fall asleep. You will breathe an anesthetic gas and be given medications through your IV to keep you asleep and pain free. The anesthesia staff will monitor your medical condition and assist your breathing throughout the procedure.
- The anesthesiologist or CRN-A (certified registered nurse anesthetist) spends all their time during the procedure ensuring your safety. Extremely sensitive monitors are used during surgery and have greatly reduced the risks of anesthesia. A tiny change in the oxygen level in your blood, the amount of carbon dioxide you breathe out, the percentage of anesthetic gas being administered, your heart rate, or your blood pressure are reported and treated immediately.
- Today's anesthesia monitoring equipment is much safer than in the past. The anesthesia and monitoring equipment is routinely maintained and is the same quality as the equipment in any major hospital.
- Many precautions are taken before and during your surgery to prevent side effects from anesthesia. Minor side effects can include dry throat, soreness of the jaw, nausea, vomiting, or memory lapse. Significant risks are rare especially for patients having elective surgery and who have good general health.

## INFORMATION ABOUT MONITORED ANESTHESIA CARE

- This type of anesthesia is used when a local anesthetic is effective for alleviating pain but the injection of the anesthetic or the length of the procedure may be uncomfortable for the patient. Procedures that do not require deep anesthesia or muscle relaxation can be done with monitored anesthesia care (MAC).
- When MAC is used, you will be drowsy and relaxed but not unconscious. The anesthesia staff will always monitor your medical condition and comfort. An intravenous catheter (IV) will be placed in your arm when you are in the preoperative room. When you enter the operating room, you will be asked to lie on the operating table, and you will be connected to several monitors. Medications will be given through your IV that will cause you to feel relaxed and sleepy. Your surgeon will inject a local anesthetic into the tissues that temporarily blocks the nerve endings in that area.
- MAC has several advantages. During any potentially painful part of the procedure, the anesthesiologist or nurse anesthetist can give you brief deep sedation so that you will not feel or remember any discomfort. The anesthesia staff always monitors your medical condition. Any change in your blood pressure or heart rate will receive immediate attention. Patients usually recover rapidly from MAC; most people feel normal within an hour or two after surgery.

## **SURGICAL RISKS**

We want you to fully understand the risks involved in surgery so you can make an informed decision. Although complications are infrequent, all operations have some degree of risk. We will use our expertise and knowledge to avoid complications in so far as we are able. If a complication does occur, we will use those same skills to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overestimated. In general, the least serious problems occur more often, and the more serious problems occur rarely. Most complications involve a lengthened recovery period rather than any permanent effect on your final result.

### **NORMAL SYMPTOMS**

- **SWELLING AND BRUISING:** Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may be a symptom of persistent bleeding or development of an infection.
- **DISCOMFORT OR PAIN:** Mild to moderate discomfort or pain is normal after any surgery. If pain becomes severe and is not relieved by pain medication, you should call our office.
- **CRUSTING OR SCABBING:** You may develop some crusting or scabbing along the incision line. You may apply a small amount of antibiotic ointment on these areas until they are healed.
- **ITCHING:** Itching and occasional shooting electrical sensations often occur as the skin and nerve endings heal. Ice, skin moisturizers, and massage are sometimes helpful. These symptoms are common.
- **REDNESS OF SCARS:** All new scars are red, dark pink, or purple. Scars on the breasts or body may take a year or longer to fade and become flesh colored. All wounds take at least one year to fully mature. You will have scars after an operation. The final look of the scar(s) CANNOT be predicted. Everyone heals differently. The scar is permanent.

### **COMMON RISKS**

- **HEMATOMA:** Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result.

- **INFLAMMATION AND INFECTION:** A superficial infection may require antibiotic ointment. Deeper infections are treated with oral antibiotics. Development of an abscess usually requires drainage.
- **THICK, WIDE, OR DEPRESSED SCARS:** Abnormal scars may occur even though we use the most modern plastic surgery techniques. Placement of silicone sheeting on the scars, massage, injection of steroids into the scars, laser treatment, or further surgery to correct the scars may be occasionally necessary. Most scars improve significantly with time. Areas of the body scar differently and people form scars differently depending on ethnicity, skin color and type, and other factors that affect scar development. Your own history of scarring should give you some indication of what you can expect, although even this can change with time.
- **WOUND SEPARATION OR DELAYED HEALING:** This can be a common occurrence. Any incision, during the healing phase, may separate or heal unusually slow for several reasons. These include inflammation, infection, wound tension, decreased circulation, smoking, or excess external pressure. If delayed healing occurs, the outcome is usually not significantly affected. Occasionally revision of a widened scar may be indicated.
- **SENSITIVITY OR ALLERGY TO DRESSINGS OR TAPE:** Occasionally, allergic reactions or sensitivity may occur from soap, ointment, tape, or sutures used during or after surgery. Such problems are unusual and are typically mild and easily treated. In extremely rare circumstances, an allergic reaction can be severe and require aggressive treatment or even hospitalization.
- **INCREASED RISKS FOR SMOKERS:** Smokers have a greater chance of skin loss and poor healing because of decreased skin circulation. We strongly recommend that you discontinue smoking and use the of all nicotine products at least one month before your surgery.
- **INJURY TO DEEPER STRUCTURES:** Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare.

## **RARE COMPLICATIONS**

- If they are severe, any of the problems mentioned under Common Risks may significantly delay healing or necessitate further surgical procedures.
- Medical complications such a pulmonary embolism, severe allergic reaction to medications, cardiac arrhythmias, heart attack, and hyperthermia are rare but serious and life-threatening problems. Informing us of all pertinent medical data before surgery is extremely important; failing to do so may cause serious problems for you and for the medical team during surgery.

## **SURGICAL RISKS – RHYTIDECTOMY**

- **INCISIONS:** The exact location of your scars will depend on the specific facelift technique that your surgeon chooses for you. When a standard facelift is performed, incisions usually begin above the hairline at the temples. They extend to the ear and pass just in front of the tragus (the small flap of cartilage at the opening of the ear) or just inside the tragus. They continue under and behind the earlobe into the hairline behind the ear. In some cases, a small incision is also made under the chin. If a mid-facelift is performed, an incision may be made beneath the margin of the lower eyelid or inside the of upper lip. Surgery of the cheek area is performed through this incision.
- **SCARS:** All scars will be permanent, but they are generally well hidden and difficult to see. Daily massage beginning 1-2 weeks after surgery helps soften the scars.
- **FLUID ACCUMULATION:** After a standard facelift, drains are used under the skin to prevent the accumulation of fluid. It is always possible that fluid could collect under the skin after the drains have been removed. If this occurs, aspiration of the fluid with a needle is performed until the fluid diminishes. If this is unsuccessful, additional surgery may be necessary. Drains are not needed after a mid-facelift.
- **HEMATOMA:** If excessive bleeding occurs under the skin, a collection of blood (hematoma) can occur. If the hematoma is small the body will usually absorb it. If it becomes larger, surgery may be necessary.
- **ASYMMETRY:** No one's face is totally symmetrical. Many people notice asymmetry for the first time when they scrutinize themselves after a facelift. Surgical asymmetries can occur, but further surgery is rarely necessary. When a mid-facelift is performed, temporary eyelid asymmetry may develop in the skin next to the eyelid. The eye may appear pinched or slanted. This will resolve spontaneously.
- **NUMBNESS:** Occasionally patients experience areas of partial or complete numbness of the skin. This usually involves the earlobe or the skin in front of the ear. In most cases, sensation returns to normal over several months.
- **SKIN LOSS:** Delayed healing, poor scar formation, or loss of skin can occur as a result of infection, bleeding under the skin, or poor circulation. Small areas of skin loss usually occur behind the ears and involve little more than local wound care and a longer healing period. In rare cases, additional surgery may be required if a large area of skin is affected.

- **NERVE INJURY:** Injury to the facial nerves is an extremely rare complication of a facelift. If this occurs, you might have difficulty moving your forehead, upper or lower eyelids, upper lip, or lower lip. Weakness of these muscles usually resolves in a few months. Permanent damage remains a remote possibility.
- **SWELLING AND PAIN OF THE PAROTID GLAND:** The surface of the parotid gland (a large salivary gland below and in front of the ear) is exposed as part of the procedure for tightening the deeper layer of the face. Occasional swelling of the parotid gland or discomfort while eating may occur. This is self-limiting and will usually resolve without treatment.
- **CHRONIC PAIN:** Most patients who have a facelift experience discomfort for a few days and skin sensation changes return to normal within several months. In very rare cases, patients have noticed chronic pain that lasts a year or longer. Rarely, patients complain that the operated areas become superficially hot or red. These symptoms can occur following exercise or for no apparent reason and can occur for several months. The reason for these symptoms is unclear. Massage and ice packs may be helpful.
- **HAIR LOSS AND DISPLACEMENT OF THE HAIRLINE:** It is possible to experience some hair loss along the incision lines on the scalp.

#### **ALTERNATIVES:**

- Rhytidectomy is an elective procedure. Alternatives include not having surgery, laser resurfacing, fat injections, or Botox.

## **MEDICATIONS AFTER RHYTIDECTOMY**

You will be given prescription(s) the day of your surgery. It is important that you use the medications as directed unless you experience abnormal symptoms that might be related to medication use. Symptoms such as itching, development of a rash, wheezing, and tightness in the throat could be an allergic reaction. Should these occur, discontinue all medications and call the office for instructions.

### **INSTRUCTIONS**

- **PAIN:** You will be given a handwritten prescription for pain medication after your surgery. Take the pain medication only as prescribed. We require a minimum of a 24-hour notice if you are requesting a refill of the narcotic. Contact your pharmacy for a refill. There will be no medications prescribed after hours, on weekends, or on holidays. Contact your physician before you start taking aspirin or ibuprofen.
- **ANTIBIOTICS:** Take as prescribed. Antibiotics reduce the likelihood of developing an infection after surgery. If you are allergic to Keflex, an alternative antibiotic will be given to you.
- **NAUSEA:** Scopolamine (Transderm Scope). A patch containing a medication to reduce nausea may be placed behind your ear after your surgery. You may experience mild blurred vision and dilation of the pupil on the side of your head that the patch was placed. This will resolve after the patch is removed. You should remove the patch 24 hours after surgery. Discard the patch and wash your hands thoroughly to avoid contact of the medication with your eyes. If you have trouble with nausea, please call our office for advice.

## POSTOPERATIVE INSTRUCTIONS

- If you have bleeding, pain (not controlled by your medication), or swelling (increasing or expanding), call our office at (218) 724-7363, day or night, or go to the Emergency Room.
- You must have a responsible adult stay with you during the first 24 hours after surgery.
- DRESSINGS: Keep your dressings as clean and dry as possible. DO NOT REMOVE THEM UNLESS INSTRUCTED TO DO SO.
- ACTIVITY: TAKE IT EASY during the first week after surgery. You may perform activities of daily living but no matter how good you feel, do not clean the house, go shopping, etc. Light activity such as walking is encouraged but too much activity may cause bleeding and/or more swelling. DO NOT LIFT, PUSH OR PULL MORE THAN 10 LBS.
- COLD COMPRESSES: Use of cold compresses after surgery will help to reduce swelling, bruising, and pain. Apply cold gel packs, frozen peas or crushed ice cubes in a zip-lock bag over the surgical area for a period of 20 minutes at regular intervals during the first 24 – 48 hours after surgery. This should help, not hurt. If the ice feels too uncomfortable, don't use it as often.
- DIET: It is not unusual to experience mild nausea after anesthesia. When you begin eating, start with liquids and bland foods. If those are well tolerated, progress to a regular diet. To avoid exaggerating nausea, take your pain medication with food.
- DON'T SMOKE OR USE NICOTINE PRODUCTS: Smoking reduces the flow of blood through the small vessels in your skin. This can affect wound healing. It is important that you do not smoke until released to do so by your physician.
- ALCOHOL: Alcohol dilates the blood vessels and could increase postoperative bleeding. Please do not drink until you have stopped taking the prescription pain pills, as the combination of pain pills and alcohol can be dangerous.
- DRIVING: Do not drive for at least 24 hours after general anesthesia, IV sedation, or while taking prescription pain pills. You may feel normal and alert, but your judgment and reactions may be affected by the medications.
- POSTOPERATIVE APPOINTMENTS: It is important that you follow the schedule of appointments we establish after surgery.
- FEVER: Measured fever of 101.5 (oral temperature) CALL THE OFFICE at (218)724-7363.



## POSTOPERATIVE INSTRUCTIONS – RHYTIDECTOMY

- **SLEEPING:** Try to sleep on your back with your head elevated at a 45-degree angle for 1 month after surgery. Using 2 pillows to elevate and support your head will help to reduce swelling. Placing a pillow under your knees and arms may help you feel more comfortable in this position. It is more important for you to sleep than to rigidly adhere to this suggestion.
- **SHOWERING:** You may shower as soon as your dressings and drains are removed.
- **DRESSINGS:** After surgery, a bulky gauze dressing will be placed under your neck and on either side of your head. This dressing will provide slight pressure over the surgical areas and help absorb drainage. If the dressing feels too tight or causes pain, please call the office for advice. We will remove the dressing 1-3 days after your surgery and replace it with an elastic facial support garment. Wear this garment while you are at home and during sleep for the next 3 weeks. This helps reduce swelling and improves the contouring of the tissues.
- **DRAINS:** A drain will be placed along either side of the neck after a standard facelift. The drain tube will be brought out through a small opening in the skin just behind the ears and the evacuation bulb will be secured to your head dressing. Drains evacuate the fluid that accumulates after surgery and enable you to heal faster. The drains will most likely be removed the day after your surgery but sometimes will be left for 2-7 days. Please refer to the drain care instruction sheet for more information.
- **SUTURES:** Sutures under your lower eyelids after a mid-facelift will be removed after 3-5 days. Sutures in front of your ears and under your chin will be removed after 5-7 days. Staples within the hair and behind the ears will be removed after 14 days.
- **COLD COMPRESSES:** Use of cold compresses significantly helps to reduce swelling and discomfort. Place cold gel packs, frozen peas, or crushed ice cubes in a zip-lock bag over the face and neck as much as possible during the first 24-48 hours after surgery.
- **INCISION CARE:** Gently wash the face and eye area with warm water and apply antibiotic ointment over the incision lines twice a day. Keeping the incisions moist helps healing and reduces scabbing and crusting. It is not unusual for scabs and crusts to form behind the ears. Do not pick them off or scarring can result.
- **HAIR CARE:** You should wash your hair with a gentle shampoo. Use a hairdryer on the lowest setting as your scalp sensation may be decreased. Some patients experience a temporary change in the texture and manageability of their hair. Your hair is reacting to surgery and will probably recover naturally within 6 weeks. If you color or perm your hair, plan to have it done before surgery or wait until 6 weeks after surgery for the best results.

- **EYE CARE:** Surgery around the eyes may cause your eyes to feel more sensitive and your vision to seem blurry. Wear sunglasses to avoid exposure to sunlight. You may want to limit reading, watching television, computer work, or straining your eyes for a few days after surgery. Applying artificial tears to the eyes can help reduce dryness and irritation. After a mid-facelift, the eyes may appear slightly slanted. This change in shape usually lasts from one to several months. Swelling of the conjunctiva (thin tissue layer of the eye) is also not unusual after mid-facelift. Use of steroid eyedrops helps to reduce this swelling; if these are needed, they will be prescribed.
- **ACTIVITY:** Any type of strenuous activity can cause swelling, bleeding, and other healing problems, especially during the first 4 weeks after surgery. No matter how good you feel, please take it easy. Avoid excessive turning or bending of your neck, aerobic activity, heavy lifting, or straining. In addition, avoid other activities that could increase your blood pressure and blood flow to the face including drinking alcohol, sexual activity, taking a sauna, or soaking in a hot tub or bath. Social interaction is dependent upon individual preference; most patients avoid social functions until bruising and swelling has diminished. You may return to work after 7-14 days, depending on your job requirements.
- **SCAR MANAGEMENT:** Scars take at least one year to completely heal. During this time, you must protect them from the sun. Always wear sunscreen with an SPF of at least 30 when in the sun or a tanning bed. Most scars heal well without intervention; gentle massage of the scar tissue on a regular basis may help soften the scar more quickly.
- **BLEEDING:** A small amount of oozing of blood after surgery is common. If significant bleeding occurs, apply pressure, and call our office. Bleeding under the skin that causes serious swelling and discomfort is uncommon. In the event that this does occur, it is important to receive evaluation by your surgeon.
- **SKIN CARE:** The skin of the face and neck will be sensitive after facial surgery. It may feel dry and chapped. We recommend using gentle skin care products and avoid using products with alpha hydroxyacids, tretinoin (Retin A), retinol, or hydroquinone for 6-8 weeks. Bruising typically resolves within 2-3 weeks. Make-up or powder can be applied after your sutures are removed to camouflage bruising. The hair-bearing areas on a man's skin may extend behind the ears after a standard facelift. To avoid irritating the skin, you should avoid shaving facial hair for the first 5 days after surgery.
- **SMOKING: Smoking greatly increases the risks of scarring, skin loss, and delayed healing. Do not resume smoking until cleared by your physician.**

# AS YOU HEAL

## FAMILY & FRIENDS

- Support from family and friends is helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your result to be. Please trust in our knowledge and experience when we discuss your progress with you.
- After having cosmetic or reconstructive surgery, your friends may be reluctant to bring up and discuss what they believe is a private matter. Patients occasionally feel upset that “no one noticed” or “said anything.” If you feel comfortable discussing your surgical experience, do so openly. When people ask how you are, respond by saying, “I’m recovering from surgery and I’m doing really well.” This lets people know that they may talk freely with you. Often when patients are open, they find that their friends and acquaintances are interested in discussing the subject.

## DEPRESSION

- Quite frequently patients experience a brief period of “let down” or depression after surgery. Some may subconsciously have expected to feel and look better “instantly” even though they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As healing occurs, these thoughts usually disappear. If you feel depressed, understanding that this is a normal phase of the healing process may help you to cope with these emotions.

## HEALING

- The capacity and speed of healing varies from person to person. Several factors such as your genetic background, and your overall state of health and lifestyle (exercise, diet, smoking, drinking, etc.) can affect how you heal. Every patient heals at their own rate.
- Another major factor while healing is whether you follow the postoperative instructions that are given to you. Such guidelines are designed to promote the healing process and prevent the occurrence of anything that may interfere with recovery. It is important you recognize that you are a partner in this process and have a responsibility to follow instructions carefully.
- Unexpected occurrences are infrequent. If, however, you experience a setback, we will do everything possible to facilitate your healing. Should an unexpected event occur, it is in your best interest to ally yourself with us. We will support you through any difficulties and assist you in reaching your goal.

## **AS YOU HEAL – RHYTIDECTOMY**

- **NUMBNESS:** When the skin is separated from the underlying tissues during surgery, small sensory nerves are cut. Varying degrees of numbness will be present after surgery and should improve gradually as the nerves reconnect to the skin. For your face, neck, and cheeks this can take more than 2 months. It can take 9-12 months for your forehead and scalp. As your nerves regenerate you may experience itching, burning, tingling, and shooting sensations. Ice, moisturizers, and gentle massage are helpful during this phase of healing.
- **TIGHTNESS:** Frequently there is a tight feeling in the neck after a facelift. During surgery the skin and the underlying muscles are tightened to create a better and longer lasting result. Additionally, the swelling will move downward in the first week causing the neck to feel tighter. Do not be alarmed, you will not choke. The sensation will decrease during the first month.
- **FIRMNESS UNDER THE SKIN:** Some degree of firmness or lumpiness under the skin is normal after surgery and will gradually resolve with time. Local massage will speed the resolution of this problem.
- **SWELLING:** In the early recovery period, swelling may cause the skin to appear tighter and some facial lines may seem to disappear. As swelling subsides, these lines may reappear, and the facial skin will relax somewhat to give a more natural appearance. It is also possible to experience more swelling on one side of the face; this will even out as healing occurs and should not cause alarm.