



## **FACIAL SURGERY DISCHARGE INSTRUCTIONS**

### **FOLLOW UP CARE**

- Expect black and blue discoloration and swelling around your eyes, face and neck for several weeks
- Expect numbness in the face and ears, sensation will return gradually over the next few weeks
- For eye irritation or discomfort, you may use artificial tears as directed on the bottle
- Do NOT talk for the first 24 hours, this increases the risk of swelling and bleeding
- Do NOT remove head dressing, it will be removed at your first follow up visit (usually 24 hours)
- Cold Compress on your face and neck for 24-48 hours
- After 48 hours, warm compress 3-5 times per day, be sure to test warm compress on your arm before applying to face to make sure it is not too hot
- Keep your head elevated on 2 pillow while sleeping or resting, to help minimize swelling
- If a drain is placed, bloody drainage is common and will reduce over the first 2 days. The bulb must stay compressed and drainage should be measured every 12 hours.
- If a follow up appointment was not made the day of surgery, please call the office to make one

### **ACTIVITY**

- Do not drive for 72 hours
- Do NOT shower for 24 hours
- Use baby shampoo for 7 – 10 days
- Be careful while brushing your hair, you may have stitches above and behind your ears
- If you use a blow dryer, do NOT use heat
- Begin walking the day after surgery
- No strenuous activity, no lifting great than 30 pounds, or excessive bending over for 4-6 weeks

### **DIET**

- Resume previous diet as tolerated

**MEDICATIONS**

- Prescription (s) will be sent with you. Use as directed.
- See PAIN CONTROL sheet for additional instructions.

**PROBLEMS TO WATCH FOR**

- Fever over 101.4
- Increased swelling, redness and/or heat at the operative site

**Call Dr. Harvey with ANY problems that concern you:** Phone # (843)722-1985. If you need immediate attention, go to the nearest Emergency Department.

**I have read, been read, and verbally repeated back instructions and understand them. A copy has been given to me.**

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Patient/Responsible Party

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Nurse Signature