Elite Plastic Surgery
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# FACE LIFT

## *Post Operative Instructions*

***AT HOME AFTER FACE LIFT SURGERY:***

- Always elevate your head. Avoid turning your head from side to side. To turn, move head and shoulders together. No lifting or bending over.
- Get out of bed with help. It is not good to lie still in bed, so move your feet and legs a couple of times every hour while you are awake.
- A liquid diet is best for the day of the surgery. Begin by taking liquids slowly and progress to soups or JELL-O®. You can start with a light diet the next day.
- You may have drains in place after surgery; if so, instructions will be given.
- You can expect some swelling of the face and eyes after surgery. Call if swelling on one side is more pronounced or harder than the other side; or if you are having pain that is not relieved by pain medication.
- Remember: DO NOT SMOKE or be around smoke.

***OTHER POSTOPERATIVE FACE LIFT INSTRUCTIONS:***

- Discourage visitors and keep facial movements (smiling, talking, chewing, yawning, etc.) to a minimum for the first few days.
- You will return to the office at post day 1 to have your drain removed.
- You will return to the office at post-op week 1 to have bandages and stitches removed.
- You may shower at post-op day 2 or 48 hours after your surgery.
- Wash your hair gently with baby shampoo and rinse thoroughly until the soap is out. It may take several washings before all the crusts are out of hair. Do not use hairsprays, conditioners, gels, etc. You may wash your face with gentle soap (Dove, Neutrogena, etc.). You may use a moisturizer on your face, being careful to keep it away from the stitch lines.
- Makeup may be applied immediately, but do not get it near the stitch lines until two days after the stitches have been removed.

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- Normal activities can be gradually resumed after two weeks. You may resume exercise after four-six weeks.

- The skin of your face is sensitive to sunlight after surgery. Protect your facial skin with sunscreen (SPF 15 or greater). Sauna and steam baths should be avoided for four weeks following surgery.

***GENERAL INFORMATION:***

- Swelling and bruising will almost always be more than you expected. Bruising generally subsides in seven days. Most of the swelling subsides in two weeks. It will continue to improve for two to three months.

- The scars have a tendency to redden and become more noticeable a few weeks after the surgery, this is normal. The redness will fade. Please be aware it takes a full year for scars to mature. We will advise you on scar management modules.

- Numbness of the scalp is common. Often this begins to return in six weeks but may take six to nine months to improve.

- Discoloration of the whites of the eyes may occur if there's a lot of swelling. This is painless, will not harm your vision and will disappear completely.

- Arnica is a homeopathic medication that helps to reduce swelling and bruising and can be found in natural food/nutrition stores. Begin taking two days before surgery.

- The office will contact you the day after surgery to check up on you, answer questions, and book follow-up. (Friday/Weekend surgeries - patients will be called on Monday.)

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# ERAS POSTOPERATIVE MEDICATION SCHEDULE

*EXAMPLE ONLY: surgery starts at 7:30 AM and ends at 12:00 PM*

**FOLLOW THE CLOCK - DO NOT WAIT UNTIL YOU ARE IN PAIN.** ERAS works best when you take ALL scheduled medications that were prescribed to you at the correct times. Oxycodone and Zofran are the only medications on this handout that are taken AS NEEDED.

*** MAY NOT APPLY TO YOU: JOURNAVX, Lovenox are only used when prescribed.**

## BEFORE SURGERY - JOURNAVX* (only if prescribed)

**JOURNAVX loading schedule:** For a 7:30 AM surgery, follow the example below. Your third dose is taken before you leave home; all later doses are every 12 hours from that dose.

| WHEN | EXAMPLE CLOCK TIME | TAKE |
|---|---|---|
| 24 hours before surgery | **7:30 AM - day before** | 2 tablets (100 mg total) |
| 12 hours before surgery | **7:30 PM - night before** | 1 tablet (50 mg) |
| Before leaving home for surgery | **Example: 5:30 AM - surgery day** | 1 tablet (50 mg) |
| 12 hours after the leave-home dose | **Example: 5:30 PM** | 1 tablet (50 mg) |
| Continue every 12 hours | **5:30 AM / 5:30 PM** | 1 tablet (50 mg) each dose |

**JOURNAVX food note:** Take the first dose at least 1 hour before or 2 hours after food. From the second dose on, JOURNAVX may be taken with or without food. Avoid grapefruit while taking JOURNAVX.

## AFTER SURGERY - CLOCK-BASED HOME MEDICATION SCHEDULE

**EXAMPLE ONLY: This schedule shows a surgery ending at 12:00 PM. Your actual clock times will depend on when YOUR surgery ends. Use the relative timing in parentheses to shift the schedule to your own surgery time.**

| EXAMPLE CLOCK TIME / RELATIVE TIMING | TAKE ALL THAT WERE PRESCRIBED TO YOU |
|---|---|
| **12:00 PM (EXAMPLE: surgery ends)** | **START HERE: This is the reference point for the example below. If your surgery ends at a different time, shift each clock time using the relative timing shown in parentheses.** |
| **2:00 PM (2 hrs after surgery)** | ☐ Tylenol 1,000 mg<br>☐ Toradol 10 mg<br>☐ Gabapentin 100 mg<br>☐ Antibiotic - Keflex 500 mg or prescribed alternative<br>☐ Colace 100 mg + Senna 8.6 mg |
| **4:00 PM (2 hrs later)** | ☐ Flexeril 5 mg |
| **5:30 PM (12 hrs after AM JOURNAVX)** | ☐ JOURNAVX 50 mg* |
| **8:00 PM (6 hrs after 2 PM)** | ☐ Toradol 10 mg<br>☐ Tylenol 1,000 mg - if under age 50 |
| **10:00 PM (8 hrs after 2 PM)** | ☐ Gabapentin 100 mg<br>☐ Antibiotic - Keflex 500 mg or prescribed alternative<br>☐ Tylenol 1,000 mg - if age 50+ |
| **12:00 AM (8 hrs after Flexeril)** | ☐ Flexeril 5 mg |
| **2:00 AM (12 hrs after 2 PM)** | ☐ Toradol 10 mg<br>☐ Tylenol 1,000 mg - if under age 50<br>☐ Colace 100 mg + Senna 8.6 mg |
| **5:30 AM (12 hrs after JOURNAVX)** | ☐ JOURNAVX 50 mg* |
| **6:00 AM (8 hrs after 10 PM)** | ☐ Gabapentin 100 mg<br>☐ Antibiotic - Keflex 500 mg or prescribed alternative<br>☐ Tylenol 1,000 mg - if age 50+ |
| **8:00 AM (8 hrs after Flexeril)** | ☐ Flexeril 5 mg<br>☐ Toradol 10 mg<br>☐ Tylenol 1,000 mg - if under age 50 |

**Spacing reminder:** Gabapentin and Flexeril stay at least 2 hours apart. JOURNAVX may be taken at the same time as either one. Oxycodone is PRN and must stay at least 2 hours from both gabapentin and Flexeril.

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# ERAS POSTOPERATIVE MEDICATION SCHEDULE

*Medication key and important timing notes*

**SCHEDULED vs. AS NEEDED:** Tylenol, gabapentin, Flexeril, antibiotic, Colace, Senna, and Toradol, and any prescribed JOURNAVX or Lovenox are part of the scheduled ERAS plan. Oxycodone and Zofran are the only AS-NEEDED medications on this handout.

## WHAT EACH MEDICATION DOES

| MEDICATION | PURPOSE | TIMING / IMPORTANT NOTE |
|---|---|---|
| **Tylenol (acetaminophen)** | Pain relief | 1,000 mg every 6 hours if under age 50; every 8 hours if age 50+. Age 50+: do not exceed 3,000 mg/day. Under age 50: do not exceed 4,000 mg/day. |
| **Gabapentin (Neurontin)** | Nerve pain | 100 mg every 8 hours. Helps with itching, burning, tingling, numbness and sharp/shooting pain. May cause drowsiness. |
| **Flexeril (cyclobenzaprine)** | Muscle relaxer | 5 mg every 8 hours. May cause drowsiness. Do not drive while taking it. |
| **Toradol (ketorolac)** | Anti-inflammatory / pain relief | 10 mg every 6 hours for the prescribed course. Do not take additional ibuprofen/Advil/Motrin or other NSAIDs while taking Toradol unless your surgical team tells you to. |
| **Antibiotic - Keflex (cephalexin) or prescribed alternative** | Prevents/treats bacterial infection | Take the antibiotic you were prescribed every 8 hours. If using a probiotic, separate it from the antibiotic by 2 hours. |
| **Colace + Senna** | Constipation prevention | Take every 12 hours. These two medications may be taken together. |
| **JOURNAVX (suzetrigine)*** | Non-opioid pain medication | Loading schedule begins 24 hours before surgery, then continues every 12 hours after the leave-home dose. Insurance coverage may vary. |
| **Lovenox (enoxaparin)*** | Blood clot prevention | Only for patients/procedures when prescribed. Start the day AFTER surgery and inject once daily for the prescribed course (your office instructions currently note 14 days if insurance covers). |

## AS-NEEDED MEDICATIONS

**Oxycodone 5 mg - AS NEEDED:** Take every 4-6 hours as needed for breakthrough/general pain. Keep oxycodone at least 2 hours away from BOTH gabapentin and Flexeril. Do not drive while taking oxycodone.

**Zofran (ondansetron) 4 mg - AS NEEDED:** Take every 6-8 hours as needed for nausea or vomiting.

## IMPORTANT SAFETY / TIMING RULES

- Take every SCHEDULED medication that was prescribed to you at the listed time - even if your pain is controlled.
- Gabapentin and Flexeril are scheduled, but keep them at least 2 hours apart. If you need oxycodone, keep it at least 2 hours from BOTH gabapentin and Flexeril.
- JOURNAVX does NOT need to be separated from gabapentin or Flexeril and may be taken at the same time as either medication.
- Not every medication applies to every patient. JOURNAVX and Lovenox are marked with an asterisk because they may not be prescribed to you.
- Medication type may change because of an allergy or other medical reason. For example, take the antibiotic actually prescribed to you even if it is not Keflex.
- If you miss a dose, vomit a dose, have a medication reaction, or are unsure what to take, call the surgical team before changing the schedule or doubling a dose.