A BETTER YOU COSMETIC SURGERY CENTER

POSTOPERATIVE INSTRUCTIONS-CHEEK, CHIN, NOSE, CHEST AND CALF AUGMENTATION

POST-OP: The first 24 hours are best spent resting. You must have someone with you at all times for the first 24 hours and he/she must also read these instructions carefully. You should have someone assist you when you first start ambulating (moving around).

You can expect some drainage (usually bloody), swelling, bruising and discoloration. One side may be a bit different from the other during the first few days and weeks, both as far as pain and swelling are concerned (remember that the 2 sides were asymmetric before). The contour may be irregular, but generally it settles with the help of time and gravity.

When general anesthesia is used, the tube placed in the throat may cause the throat to be sore. This is best relieved with cold liquids. The soreness disappears in a few days.

DIET: If you have no nausea, then you can take liquids. If liquids are tolerated, then mild, bland foods may be tried next. Once these are adequately ingested, a normal diet may be resumed.

ACTIVITY: No strenuous activity is allowed for the first week. Take it easy and pamper yourself. Try to avoid any straining. For cheek, chin, nose and chest augmentation: when lying down be certain not to lie flat, but to elevate your head on two or more pillows. It is very important to keep your head elevated at all times with cheek or chin augmentation, since it decrease your swelling, (it is better to use a reclining chair, if necessary), and avoid waterbeds. For calf augmentation: when lying down be certain not to lie flat on your buttocks but lie on your tummy and avoid standing too long for at least the first week, but preferably for the next 2 weeks; waterbeds are okay. Slowly increase your activities throughout the first week. Specifically DO NOT DO HOUSEWORK! NO MATTER HOW GOOD YOU FEEL! For cheek, chin and nose no driving for 1 week, but 2 weeks for calf augmentation or when you are no longer taking pain medication and you are comfortable doing the motions required to drive a car. During the third week after your surgery, increase your activities slowly. You may take longer walks. You may begin performing some light housework such as cleaning one room of the house but not the whole house. Your first return appointment will be 1 week after your surgery. At 6 weeks, we will probably release you to all activities including any athletic hobbies, such as running, weight lifting aerobics, racquet sports etc. Please note that healing is more prolonged with calf augmentation.

SHOWERING: You may begin showering on the 4th day after your surgery, provided the dressing or garment does not get wet, but no bathing in a tub is allowed for 6 weeks. You may remove the gauze pads if they are present. However, if you have steri-strips or any other tape it MUST BE LEFT IN PLACE! **DO NOT** let the water hit directly on the wound and simply pat the tape strips dry with a soft towel if they get wet.

DRESSINGS: Wear the binder, ace bandage or other dressing which was put on at the time of surgery, day and night for the first 2 weeks. After your follow up, Dr. Gentile will instruct you further. DO NOT REMOVE THE TAPE STRIPS (steri-strips) or any other tape present on the breast/chest/face (they should stay until they self remove). DO NOT USE HEATING PADS OR COLD PACKS.

SUNSHINE/

TANNING:

It is absolutely important that you remain in air-conditioned environment for the first week to help decrease swelling. You <u>may not tan</u> for 12 weeks after surgery. This includes tanning beds (never recommended). After 12 weeks, you may begin tanning slowly. Continued tanning may cause splotches to become permanent. The skin will be very sensitive for several months, and you may sunburn the skin without knowing it. Use a combination of Zinc and Titanium Oxide as this blocks UVA and UVB wavelengths at all times when exposed to the sun.

SMOKING: ABSOLUTELY NO SMOKING is allowed, and stay away from others who smoke as significant complications can occur.

CLOTHING: For ease in changing clothes without discomfort, wear clothing that fastens in the front for the first few days and does not go over your head. Also, wear jogging type clothing on the day of surgery.

TRAUMA: If you get bumped or hit in the general area of your surgery and have drainage, call the office at (361) 881-9999.

MASSAGE: DO NOT BEGIN MASSAGE UNTIL SPECIFICALLY INSTRUCTED TO DO SO. DO NOT TOUCH OR SCRATCH THE OPERATED AREA.

SENSITIVITY: Nerves in the area are frequently irritable after the surgery. This may show up by decreased sensation (numbness) or oversensitivity of the skin. This usually resolves in a few weeks but occasionally it may take months.

PAIN MEDICATION: Pain medication makes recovery more tolerable and prevents a rise in blood pressure. Take Hydrocodone (Lortab) and Hydroxyzine (Vistaril) by mouth every 4-6 hours as needed for pain. If you are asleep, the family should not wake you to take the pain medication. Most people do not need medication around the clock after 2 days. You are encouraged to take this medication for the first few days but take them only as needed. Be certain to eat something when taking your pain medication (i.e. cookies, crackers, milk, food, etc.) When using prescribed pain medication, DO NOT drink alcoholic beverages or operate motor vehicles. Pain medicine refills CANNOT BE CALLED IN after hours or on weekends, so anticipate if it looks like you may run out! All pain medicines can be constipating. After you

are back on a more normal diet, eat fruits or drink fruit juices. You may take a mild laxative (such as Correctol or Milk of Magnesia) if necessary. If you have a tendency towards constipation, consider taking a laxative the day before your surgery. Absolutely DO NOT take Aspirin, Motrin, Advil, etc.

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TAMPON USE DURING SURGERY: We advise our patients who are menstruating around the time of their surgery to use sanitary napkins rather than tampons, to avoid Toxic Shock Syndrome. We do **NOT** want you to wear a tampon to surgery, as it may be left in place for an extended period of time. Remember that while you are taking medication you may may forget to change your tampons in a timely manner. Therefore, we ask that if you are menstruating, that you use a sanitary napkin.

FUTURE PROCEDURES: For all surgical inpatient and outpatient surgery including dental procedures: you must notify your surgeon or dentist that you have implants and it is up to her or him to prescribe antibiotics. It is recommended that you take antibiotics such as Augmentin or Levaquin starting the day before the procedure and continuing for at least 2 days thereafter.

PROBLEMS: If you have any problems or questions following surgery, please call our office at (361) 881-9999. We will be glad to answer any questions over the phone during the daytime from 9:00-5:00, or if the need arises to see you at anytime. When the office is closed, a voice mail system will relay your message and your call will be returned within minutes. Please be sure to leave your name and a telephone number where you can be reached (make sure you speak with a loud and clear voice and that you keep your telephone line free).

NOTE: It is normal to hear or feel the sensation of swishing, gurgling, or crackling in the area after surgery. This is due to the air around the implant. Your body will absorb this air in 1-2 weeks and the sensation will go away

WATCH CLOSELY FOR POTENTIAL PROBLEMS AND CALL THE OFFICE IMMEDIATELY AT (361) 881-9999 IF ANY OF THE FOLLOWING OCCUR:

- 1. Marked swelling on one side or the other. This is something that would be VERY NOTICEABLE even with the garment in place. This could be a sign of bleeding in the area of your surgery.
- 2. Signs of infection. This usually takes 3 to 5 days and shows up by becoming more painful instead of less painful; red; swollen; purulent drainage from the wound; red streaks; fever of 101 degrees or more.

3.	Proceed to the nearest Hospital Emergency room and call Dr. Gentile if any of these symptoccur, which may be indicative of Pulmonary Embolism: (1) difficulty breathing, shortness of breath and/or fast breathing, (2) light-headiness, fainting, fast pulse rate, (4) redness and/or swelling of your lower legs and/or ankles, (5) pain in the calf of one or both of your lower legs not caused by trauma.					
4.	Any other symptoms, which you feel are abnormal.					
W	ww.tolookgood.com	www.tolookgreat.co	om			
I hav	www.tolookgood.com www.tolookgreat.com have received the product insert for my implants (Initials) HAVE READ, UNDERSTOOD AND AGREE TO FOLLOW THE 3 PAGE POSTOPERATIVE NSTRUCTIONS SHEETS, WHICH I HAVE RECEIVED.					
		3 PAGE POSTOPE	RATIVE			
PATIE	ENT SIGNATURE DATE Witness		Date			
	COMPLICATIONS CONSENT					
Agree under	ement and Informed Consent forms (signed by me separately). They estand the proceedings and consent for this procedure. The possible	have been explained to	me. I fully			
Α.	additional surgery or incisions. Blood loss can be so extensive as to require replacements with blood or blood substitutes and	Patient Initials	Date			
В.	and I acknowledge that no guarantees have been made to me as					
C.	Bruising and discoloration which may last for several weeks.					
D.	Asymmetry, Deformity and Migration of the implant. There is no guarantee symmetry will be achieved postoperatively.					
E.	Excessive capsular formation requiring removal /replacement of implants.					
F.	Wound dehiscence and seroma formation is not uncommon and complete healing may take months.					
G.	Postoperative pain and discomfort usually controlled by analgesics, but may be prolonged and extensive and chronic.					
Н	Nerve damage resulting in temporary or permanent loss of					

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	motor function (muscle) and/or sensation			
I.	Hypertrophic scar formation, keloid and/or dis	scoloration.		•
J.	Possible permanent changes in sensation in the buttocks.	skin of the		
K.	Implant infection requiring implant removal/replace	ement.		
L.	Need of additional surgery.			
M.	I have stopped smoking completely for 6 weeks and agree to continue stop smoking for the next (including avoiding 2 nd hand smoke).			
N.	I have chosen cc. I agree to informed to any change of address so that he can late findings and I agree to cooperate with Dr. G after surgery until completely discharged.	notify me of any		
I ha	n not allergic to anything except ve initialed the complications sheet and signed the Pa e read these and fully understand them. Furthermore	tient Agreement and	l Operative Informed-Consei	
TIEN	T SIGNATURE	DATE	TIME	
ITNE	SS SIGNATURE	DATE	TIME	

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