

ORANGE COUNTY PLASTIC SURGERY
4501 Birch Street
Newport Beach, CA 92660
949-888-9700

POST-OPERATIVE INSTRUCTIONS FOR EYELID SURGERY

On your day of surgery, you can expect to feel sleepy and you may experience discomfort, this may continue to the following day. For this reason, it is imperative that a responsible adult spend the first 24-48 hours at home with you.

The patient should apply cool tap water compresses to the lids almost continuously for 48 hours following the operation. Apply the moist cloth to your eyelids and cover this with ice packs. (bags of frozen peas work well) The iced compresses will minimize the swelling and should be applied continuously for the first 48 hours. Thereafter, they need not be applied unless they are soothing.

You will not have any dressings. You will experience some oozing from the incision lines, which is to be expected. However, if you notice brisk bleeding or if vision becomes impaired, please call the office immediately.

In order to keep swelling and bruising to a minimum, it is especially important for you to rest and sleep with your head elevated on two or three pillows or in a recliner during the first week after surgery.

An eye ointment may be used in the eyes to avoid dry eyes if necessary.

If there is steri-strip (tapes) on either side of both eyes, do not remove them. These hold the sutures in place and will be removed by your surgeon at your first post-op visit. Do not cut this suture – it is easily visible and may look like it needs to be trimmed, but it is left that way for easy removal.

There are no dietary restrictions post-operatively. However, you are caution to avoid alcoholic beverages while taking medication for pain, sleep or tranquilization.

If you have any questions or concerns please call the office at (949) 888-9700, after hours call Dr. Bunkis cell at 949-413-8888.

() BY CHECKING THIS BOX I, OR MY CARETAKER, ACKNOWLEDGES THAT I HAVE RECEIVED AFTER CARE INSTRUCTIONS AND THEY HAVE BEEN FULLY EXPLAINED TO ME.

**Patient or Caretaker Signature
Time**

Date/Time

Physicians Signature

Date/

PHYSICIAN COPY

IN CASE OF AN EMERGENCY DIAL 911

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