

POST OP INSTRUCTIONS FOR BROW LIFT

POST-OPERATIVE CARE: The key to minimizing bruising and expediting healing is to keep your head elevated and ice packs applied to the eye regions for the first 48 hours (best to put a moist face cloth over the eyes and cover with a bag of frozen peas). The staff will instruct you in use of the ice packs. All patients will have some swelling of the forehead and some discoloration, particularly around the eyes and down the cheeks. The eyelids may swell shut for a few days. Any crusting that develops along the lash lines should be cleansed with Q-tips and peroxide. The discoloration will be most noticeable on the second and third days, and diminishes anywhere from one to six weeks after surgery. This, again, depends upon the type of skin, age, and healing ability of the patient. Most patients, with perhaps light makeup, can resume everyday tasks one or two weeks after surgery.

You may shower by the second day. It will not harm you to touch or wet the incisions and staples that you will be able to feel behind the hairline, but care must be taken not to rub the scalp and incisions vigorously; **if Endotines/Screws are used, for the first month, hair should be washed by stroking the forehead and scalp in a backwards direction only, to avoid dislodging the scalp tissue from the underlying Endotines/Screws.** All lifting, straining and other vigorous activity is to be avoided until bruises have faded. The best rule of thumb is to avoid any activities that cause you discomfort and to enjoy those that do not.

Most patients are pleasantly surprised to discover the relatively mild degree of post-operative discomfort. The patient is requested to call the office if the discomfort is not readily quelled by the pain pills, or if significant bleeding appears around the incisions. The scalp staples will be removed five to ten days post-operatively.

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.

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Patient or Caretaker Signature	Date/Time	Physicians Signature	Date/Time

PHYSICIAN COPY

IN CASE OF AN EMERGENCY DIAL 911

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