Pre and Post Operative Instructions for Eyelid Surgery

It is important that you understand the nature, goals, potential complications, and limitations of this procedure which are explained to you during your consultation. Your adherence to the following instructions will help assure you get the very best results. If you have any questions, please speak with us before your surgery. Be aware that surgery necessitates making incisions, which are located in hidden areas or in places that can be concealed. It takes two to four months for incisions to heal, and even then, healing varies between individuals. Most patients look socially acceptable after eyelid surgery at five to seven days, but can go out with sunglasses and/or make-up usually at four to five days.

Pre-Operative Instructions:

- Avoid excess sun exposure for two weeks prior to surgery.
- Take Vitamin C – 1,000 mg a day for one week prior to surgery. You may also start Arnica – available at any vitamin store, to help reduce bruising.
- Do not take Aspirin or Aspirin containing medicines, Vitamin E, or gingko biloba for two weeks prior to surgery.
- Avoid drinking alcohol and taking Ibuprofen for three days prior to your procedure.
- Have nothing to eat or drink after midnight before the surgery, not even a sip of water. The exception is if you take regular medications, do so with a sip of water, unless instructed otherwise.
- Wash your face and hair using Hibiclens (available without prescription at most drugstores) either the evening before and/or morning of surgery. Do not apply moisturizers, make-up, or hair spray before your procedure.
- On the morning of your surgery, do not wear contact lenses, only glasses if needed.
- Wear comfortable clothing with a top that buttons or zips in the front, so it will not need to be pulled over your head.
- Call the office if you have any apparent illness or cold symptoms.
- Make necessary arrangements for someone to drive you home after surgery and to stay with you until at least the next morning.
- If you are traveling from out-of-town, please make the necessary hotel, flight, and transportation arrangements. Our office is here to assist you with this and we have a list of recommended hotels that are close to our office. If requested ahead of time, we can arrange for a surgical assistant from the office to stay with your during your first night.
- To reduce the incidence of bleeding during surgery, Vitamin K, 50 to 80 micrograms a day, can be taken, starting three days before surgery and continuing for two days after.

_____ (Please initial)
Post-Operative Instructions:

- **You can be up and about** as soon as the effects of the anesthesia have worn off. Long periods of lying flat will cause welling to persist.
- **Sleep with your head elevated** on three pillows for the first two days after surgery.
- **Keep iced gauze over eyes constantly** for the first 48 hours.
- **It is best to start eating soft and mild foods** and then progress to your normal diet.
- **Medications should be taken as prescribed.**
- **Do not remove dressings unless instructed to do so.**
- **Avoid straining, bending, or heavy exercise** for the first week after surgery. Resume activities as instructed by Dr. Epstein thereafter.
- **You may shower or bathe and wash your hair** the first day after surgery, keeping the surgical sites dry for the first four days.
- **Continue to take Vitamin C and apply Arnica gel to areas of bruising starting the third day after surgery.**
- **Make-up can usually be worn** at four to five days after eyelid surgery.
- **Avoid direct sun exposure** for a minimum of three weeks after surgery. If you must be in the sun be sure to wear at least a 45 SPF sunscreen and/or wear a hat.

**Note the following:**

- After eyelid and facelift surgery, temporary swelling and bruising are expected.
- Be aware that surgery necessitates making incisions, most of which can be located in hidden areas or places that may be concealed with make-up. It takes two to four months for incisions to heal completely and even then, varies between individuals.
- Most patients look socially presentable five days after eyelid surgery.
- Sutures to the upper eyelid will be removed four to six days after surgery. Any sutures used on the lower eyelids are self-absorbing.
- Please call the office or Dr. Epstein if you experience elevated temperature, excessive swelling or discomfort, or if you have any other questions.

_____ (please initial)
**Medications:** These are the medications that may be prescribed to you by the office. If you are not able to take any of them (i.e. due to allergies) please let us know *before* your procedure. This will allow us to properly call in your prescription to your local pharmacy.

*I hereby acknowledge the medications below have been prescribed to me. ______ (please initial)*

- Keflex – antibiotic to prevent infection. Take one pill twice a day for three days.
- Lortab – mild pain reducing pill containing hydrocodeine. Take one to two pills every four to six hours as needed for any discomfort in the donor area. Advil (Ibuprofen) and Aleve (Naproxen) are also very effective and should be taken with the earliest sign of discomfort. They can be taken with the Lortab for best results.
- Other

The Florida offices of Dr. Epstein are regulated pursuant to the rules of the Florida Board of Medicine as set forth in the Rule Chapter 64 B8 FAC.

*Please do not hesitate to contact the office with any questions or concerns you have. After hours and on weekends, Dr. Epstein can be reached by calling (305) 310 – 6361. The entire office staff is here to help you and make sure your procedure course, pre and post, goes as smoothly as your procedure.*

**IN CASE OF ANY EMERGENCY, PLEASE DIAL 911**

I, ______________________________, acknowledge receipt of three pages of these instructions. *(Print name)*

______________________________  ________________________________
Patient Signature                           Date

______________________________  ________________________________
Witness (print name)                           Date

______________________________  ________________________________
Witness Signature                           Date