

Endoscopic Forehead Lift/Browlift Postoperative Instructions and Information

A forehead/browlift is an effective tool of facial rejuvenation that can minimize some of the most visible signs of aging – drooping eyebrows, “hooding” over the eyes, and forehead furrows and frown lines. In a forehead/browlift, the muscles and skin that cause the problems are altered to smooth the forehead, raise the upper eyelids and minimize frown lines. Surgery can render a more alert, animated, youthful appearance. Recent advances in facial plastic surgery have made the forehead/browlift a relatively simple procedure with results that last 10 years or longer. The procedure can be done alone or in conjunction with other cosmetic procedures, such as facelift, eyelid surgery, or nose reshaping.

The following instructions are based on Dr. Alford’s experience with many forehead/browlift operations. This handout is designed to inform the reader about what to expect during and after surgery and to answer any question that might arise relating to this procedure. You and your family should read these materials several times so that you will become thoroughly familiar with them. Those well-informed patients who have thoroughly discussed the procedure with Dr. Alford, had all of their questions answered, read all of the information provided, and followed the instructions in this handout, have the smoothest postoperative recovery.

❖ SEDATION

You will receive sedative medication and/or general anesthesia which may make you drowsy for as long as 24 hours:

- Prior to surgery, **ARRANGE FOR SOMEONE TO TAKE YOU HOME**
- **ARRANGE FOR SOMEONE TO STAY OVERNIGHT**, if you are having out-patient surgery.
- **DO NOT** drive or operate machinery for 24 hours.
- **DO NOT** drink alcoholic beverages for 24 hours.
- **DO NOT** make major decisions, sign contracts, etc. for 24 hours.

❖ SWELLING, NUMBNESS AND DISCOLORATION

Every operation, no matter how minor, is accompanied by swelling of the surrounding tissues, perhaps, even your eyes and checks. The swelling is usually greatest on the second or third day after your operation. We suggest that you keep your head elevated as much as possible. The swelling itself is normal and is not an indication that something is wrong with the healing phase of your operation.

You may experience some temporary numbness and/or discomfort of the head and scalp. This can be controlled immediately following surgery with medication, which will be prescribed upon your discharge. Numbness occurs in only a small percentile of patients having endoscopic forehead/browlift. If numbness does occur, the sensation usually last only 4-6 weeks but may take up to six months to fully disappear. Numbness on the top of your scalp may be replaced by itching as the nerves heal.

Some discoloration/bruising may be present. This is a normal condition resulting from the surgery and will dissipate within several days. Remember that swelling, numbness and discoloration always subside. Some tips to speed your recovery include:

❖ SWELLING, NUMBNESS AND DISCOLORATION (continued)

1. **STAY VERTICAL. IMPORTANT!** Sit, stand and walk around as much as is comfortable beginning on your second postoperative day. Of course, you should rest when you become tired but keep your upper body as upright as possible.
2. **AVOID BENDING OVER OR LIFTING** heavy things for one week. In addition to aggravating swelling, bending and lifting may elevate blood pressure and start bleeding.
3. **AVOID HITTING OR BUMPING YOUR FACE AND BROW AREA.** It is wise not to pick up small children and you should sleep alone for one week after your operation.

4. SLEEP WITH THE HEAD OF THE BED ELEVATED for 1-2 weeks following your surgery. To accomplish this, place two or three pillows under the head of the mattress and one or two on top of the mattress.
5. AVOID STRAINING DURING ELIMINATION. If you need a laxative, we recommend Correctol™ (your pharmacist will give it to you without a prescription). Proper diet, plenty of water and walking are strongly recommended to avoid constipation.
6. DO NOT SMOKE before surgery and during your recovery.
7. AVOID SUN EXPOSURE for 3 months – wear a hat outside.
8. AVOID ALCOHOL CONSUMPTION for the first few weeks following surgery.

❖ **ELEVATE HEAD OF BED**

To help minimize swelling, the head of the bed should be elevated 30-40 degrees both while you are in the hospital or surgery center and for 7 days following your return home.

❖ **MEDICATIONS**

When discharged from the hospital or surgical center, continue to take your antibiotic medications as directed until gone. In addition to antibiotics, you will be given two other prescriptions at the time of discharge. The first will be Phenergan suppositories for treatment of nausea; the second will be a pain reliever (generally, Loratab® or Tylenol-3,® if you have no history of sensitivity to these products). These prescriptions should be taken only when needed (see “Pain”). **Avoid taking medications on an empty stomach.**

❖ **PAIN, HEADACHE AND NAUSEA**

Based upon our five-year history of performing endoscopic forehead/browlifts, we know that almost every patient experiences some nausea and headache for 24-36 hours following this procedure. Patients tell us that the feeling is akin to wearing a hat or cap which is too small. This sensation is a result of post-surgical swelling and its affect on nerves called J-receptors. These J-receptors in the scalp will “reset” their baseline about 24 hours after surgery, allowing your headache and nausea to subside.

You will be given medication for 24-36 hours after surgery to minimize these symptoms and allow you to rest comfortably. For the first 24-36 hours following surgery, take the prescribed pain medication and rest as much as possible in a sitting/head elevated position. By the second postoperative day, most patients feel ready to start moving about and do not need prescription-strength pain relievers. If you still feel the need for pain relief, try applying cold compresses (see “Frozen Pea Packs”). If the compresses do not provide sufficient relief, take Extra Strength Tylenol® according to the package instructions. *Under no circumstances should ASPIRIN or medication containing aspirin or salicylates be taken (See comprehensive list of medications to be avoided, which you received with “General Preoperative Surgical Instructions”).* If you are not sufficiently relieved of pain, try alternating doses of Extra Strength Tylenol® and the pain medication prescribed by Dr. Alford. *(We recommend alternatives to prescription-strength pain relievers because they can cause sensations of light-headedness, particularly in the immediate postoperative period and, consequently, seem to make recovery more difficulty).* If the pain is severe, notify the nurse so that appropriate steps can be taken.

❖ **FROZEN PEA PACKS**

Frozen English peas (from your grocer), placed in ZipLock® bags, provide the simplest and most effective cold compresses to reduce swelling, bruising, and discomfort following surgery. During your waking hours, apply the pea packs to your eyes and forehead area 20-30 minutes each hour for at least 48-hours following surgery. You may continue to use the frozen pea packs as much as you like for up to 7 days after your surgery.

❖ **AFTER SURGERY**

If you live in another city, we prefer you to stay in town at a hotel or with a friend beginning the morning after surgery. You should plan to stay in town for 5-7 days after surgery.

❖ **REMOVAL OF DRESSINGS**

A pressure dressing will be applied immediately after surgery. It is to remain in place for 24 hours after surgery and should not be adjusted or removed by anyone except Dr. Alford or his nurse. You should be as quiet as possible during this time. A great deal of talking or too many visitors is discouraged. If you feel your dressing is unbearably tight or painful, please notify your nurse (if you remain in the hospital or out-patient recovery center) or consult Dr. Alford's office for instructions.

❖ **BLEEDING**

If bleeding or a sudden painful swelling should occur, go to bed, elevate your head, apply frozen pea pack compresses to your forehead, and call us immediately. You will probably be told to come in to the office so that Dr. Alford can examine you.

❖ **TEMPERATURE**

Generally, the body temperature does not rise much above 100 degrees following surgery. Patients will often think they have increased temperature because their face feels warm; however, this rise in temperature is an appropriate part of the healing process. You should check your temperature by mouth three times per day. If you have a persistent temperature above 101.5 degrees that is not relieved by Tylenol[®], call Dr. Alford's office.

❖ **WEAKNESS**

It is not unusual for a patient to feel weak, have palpitations, break out in "cold sweats," or get dizzy following the administration of anesthesia or any type of surgical procedure. Within a few days these feelings will generally disappear without medication.

❖ **INSOMNIA**

When there is excessive difficulty in sleeping during the postoperative period, we will prescribe a mild sedative. It should be remembered that such drugs also tend to make some people feel light-headed and weak and should be taken only if needed.

❖ **THINNING OF THE HAIR**

There may be transient thinning of the hair along the short incisions in the hairline. It is normal to have a small amount of hair loss that regrows in time – be patient. In rare cases, the hair loss is permanent. If this should occur, such procedures as excision of scar tissue or placement of hair grafts can be done at a future date.

❖ **IF YOU INJURE YOUR FACE**

Some individuals sustain accidental hits of the face during the early postoperative period. Usually, one need not be concerned, unless the blow is hard or if bleeding and/or considerable swelling occurs. Report the incident at the next office visit or immediately by telephone, if you are sufficiently concerned.

❖ **RESUMING ACTIVITIES**

1. **WEARING GLASSES AND CONTACT LENSES.** Eyeglasses may be worn as soon as the bandages are removed. Contact lenses may be inserted the day after surgery (if no eyelid surgery was performed in conjunction with the forehead/browlift). If eyelid surgery was performed, do not wear contact lenses until Dr. Alford tells you that it is safe to do so.

2. **HAIR AND BODY CARE.** Your hair will have some tangles after the surgery. Please be patient and do not attempt to force a comb or brush through it. You may wash your hair with Neutrogena™ shampoo and tepid water in a shower and comb it out with a large-toothed comb (staying away from the suture line) 2 days following surgery. After a shower or bath, carefully dry **any wetness** around the short incisions and apply Bacitracin Ointment.™ You may use a blow dryer on **cold setting only**.

You may have your hair washed at a salon beginning one day after suture/staple removal, but do not sit under a hair dryer – use a hand blow dryer on cold setting. Hair coloring should be delayed until six weeks after your surgery.

3. **HOUSEHOLD ACTIVITIES.** On your second postoperative day, you are encouraged to be up and around the house with your usual activities except those specifically outlined previously (no bending, no heavy lifting, etc.). No strenuous activity.
4. **PULLOVER CLOTHING.** For 1 week following surgery, you should wear clothing that fastens either in the front or at the back rather than the type that must be pulled over the head.
5. **ATHLETICS.** No swimming, strenuous athletic activity or exercises that involve turning the head for 4 weeks.
6. **RETURNING TO WORK AND RESUMING SOCIAL ACTIVITIES.** When you return to work depends on the amount of physical activity and public contact your job involves and also the amount of swelling and discoloration you develop; the average person is ready to return to work and go out socially 7-10 days following an endoscopic forehead/browlift. (If other procedures are performed in conjunction with your browlift, your return to work may be delayed according the recovery time).
7. **DO NOT DRIVE A CAR** for two weeks. Also, do not drive while taking any sedative or prescription pain medications.

❖ **SCARS**

You should have no visible scarring following endoscopic forehead/browlift, due to the fact that surgery entails only 4 to 6 short (1/2") incisions, placed behind the hairline.

❖ **DAILY CARE**

1. Go over your short incision lines 2-times daily with hydrogen peroxide on a cotton applicator (being careful not to disturb staples/sutures). Apply a small amount of Bacitracin Ointment™ to the incision lines.
2. Do not disturb stapled incisions.
3. Report any excessive bleeding that persists after applying pressure for 20 minutes.
4. Report any signs of infection such as excessive swelling, redness or drainage, or persistent temperature above 101.5 degrees that does not respond to Tylenol®.
5. Never wash your hair the day of suture/staple removal. Wash it the following day, using Neutrogena™ shampoo only.

❖ **YOUR FIRST POSTOPERATIVE OFFICE VISIT**

On the occasion of your first postoperative visit to Dr. Alford's office, a few of the staples may be removed and the progress of your healing will be checked. Removing sutures/staples is quick and uncomplicated because it is done with small delicate instruments to minimize discomfort. Similar treatment will be given during subsequent office visits. Ordinarily, all sutures/staples are removed within two weeks from the day of your surgery. During the interim, do not disturb sutures/staples yourself.

Occasionally, crusts will develop around the sutures; these should be softened or dissolved by application of hydrogen peroxide on a cotton applicator (Q-Tip®).

❖ CONCLUSION - SUMMARY

Remember the things you were told before your surgery:

1. When the bandages are first removed, your face will appear swollen and there will be varying amounts of discoloration. This swelling will subside to a very large extent within two weeks.
2. The discoloration, if it appears, will gradually disappear over a period of 7-10 days, in most cases.
3. Call Dr. Alford's office if you experience:
 - a) a persistent temperature above 101.5 degrees that is not relieved by Tylenol®
 - b) sudden swelling or discoloration
 - c) bleeding
 - d) discharge from the wound or other evidence of infection
 - e) development of any drug reaction

Remember, BE PATIENT during the healing process. The best patient is an informed patient, so do not hesitate to seek answers to your questions. If you still have questions after reading the materials we have provided, please feel free to call the office and speak with me or my nurse: 713/796-2001.

Thank you for your trust and confidence.

Eugene L. Alford, M.D., FACS