# Post-Operative Oculoplastic Surgery Instructions

Stitches: If you have stitches, scabs or drainage may form around them or on your eyelid. You may use a warm wet washcloth to clean secretions, and then apply antibiotic ointment. Continue applying the antibiotic ointment to the stitches 2 times a day until stitches are removed (commonly at your follow-up appointment). If it is dissolvable stitch that the body will absorb over the next 8 weeks and they are not removed.

Common Experiences Following Surgery:

Blood-tinged tears or secretions: Dab gently with a Kleenex or a warm wash cloth.

**DO NOT rub or use soap around the eye.**

 Bruising: This can vary from completely black and blue to mild redness which is normal

Swelling: You can expect swelling with your procedure. **Swelling can occur on the white of the eye as well and appear like red or pink jelly.** The swelling is usually the greatest between the 2nd and 4th day after surgery. The swelling can last up to 6 weeks. You can reduce swelling by sleeping with your head above the level of your heart. This can be done by sleeping on extra pillows in bed, or in a recliner.

Ice packs/crushed ice/frozen peas should be applied every hour for 20 minutes while you are awake (20 mins on, 40 mins off).

DO NOT ice more than 20 minutes at a time. Be sure you put a barrier between your skin and the ice. Continue using ice off and on for the first week. You may switch to warm compresses after 72 if that is comforting. To make the warm compresses, put some rice in a sock and heat in the microwave for 30 seconds, this will keep the warmth in longer then a warm washcloth. Your eyelids may not close completely due to the swelling. \*To prevent drying of the eye, use artificial tears during the day and apply a small amount of the antibiotic ointment into the lower lid of the eyes before bed. Over the counter Refresh or Systane drops are helpful for dry eyes and to help rinse out ointment if needed.

**IF YOUR EYE WAS PATCHED, KEEP THE PATCH ON. HOLD OFF THE OINTMENT OR DROPS**

Pain and Discomfort: You may experience pain, burning, pulling, a gritty" feeling, tightness, etc. in and around the eyes. Keeping the eyes lubricated will help reduce these symptoms. You may also experience light sensitivity for several months. The use of sunglasses is recommended. You may use your prescribed pain medication or Tylenol for discomfort.

Activity/Diet: Normal **low** exertion activities can be resumed in a few days if you are feeling well. DO NOT strain, perform vigorous activities or swim for the next 2 weeks. You may shower/wash your hair the day after surgery. Avoid putting your face directly into the water. DO NOT sign any legal documents for the next 24 hours. If you had anesthesia, you may feel tired for several days. Get plenty of rest and resume your normal diet, starting with light, non-greasy foods.

Sleep with your head at a 30 degree incline.

DO NOT use blood thinners (Coumadin, Aspirin, Ibuprofen, Motrin, Advil, Naproxen, Aleve, etc.) for 2 days after surgery. These medications can lead to increased bleeding and will not be helpful for your healing. If you are on a blood thinning agent, resume your medication per the instructions of your primary care physician or cardiologist.

DO NOT use tobacco in any form for 2 weeks after surgery as this leads to poor healing. Tobacco can also lead to failure of a skin graft, if you had one placed.

PAIN: On a pain scale of 1-10, with 10 being the worst, try to keep your pain below a 4/10. You may use Tylenol for pain relief. DO NOT exceed 4000mg of Tylenol in 24 hours. If you were prescribed pain medication, please take as directed.

CALL the office at 720 386 1989 if you experience any unusual pain, redness, swelling, excessive discharge, fever of 101 or greater, flu-like symptoms, or any vision changes not attributable to blurring from the antibiotic ointment.

Your last pain medication given:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SURGERY CENTER STAFF SIGNATURE/DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT SIGNATURE /DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_