

**Plastic and Reconstructive Surgery**

**Facelift Instructions:**

**GENERAL INSTRUCTIONS:**

1. No alcoholic beverages for 24 hours.
2. No driving, operating equipment or machinery for 24 hours.
3. Do not sign any important documents for 24 hours
4. Do not stay alone. You will be sleepy and need a responsible person with you for 24 hours
5. Rest at home for 24 hours
6. Start with clear liquids and advance your Dr's ordered diet; for example after liquids, try soup and cracker, then a regular diet for supper.
7. Do not take pain medication or antibiotics on an empty stomach. Eat something like crackers before taking medications.
8. Take \_\_\_\_\_ for pain.

**SPECIAL INSTRUCTIONS:**

1. Do not change dressings until you next Dr.s visit.
2. Avoid strenuous activity, lifting, bending, or straining for 2 weeks. These can cause swelling and/or bleeding to occur
3. Sleep on two pillows for approximately 2 weeks. This will help decrease sorenes and swelling. You may sleep on your side, but stay elevated so your head is higher than your heart.
4. Do not apply makeup to suture area until 36 hours after sutures are removed.
5. Empty and record drainage every 8 hours.
6. Roll neck and cheek areas every hour while awake when drains are in place.
7. Take antibiotic as ordered.

**PLEASE REMEMBER:**

A certain amount of nausea and occasional vomiting is normal. If it persists notify Dr. Siegel  
 Approximately once a hour, take a deep breath, hold it for a second, then blow it all the way out  
 Watch for heavy or prolonged bleeding. If present notify Dr. Siegel  
 Watch for signs of infection; fever, increased pain, foul drainage. If present notify Dr. Siegel

**POST-OPERATIVE PHONE CALL:**

Dr. Siegel will call you in the evening after your surgery. A represenative from Dr. Siegel's office will also call you the day after your surgery. Do not be alarmed. This is a routine call to see how you are doing at home.

**Dr. Siegel can be reached 24 hours a day by calling  
(757) 547-2115**

You are to see Dr. Siegel \_\_\_\_\_

**Care of Surgical Area Instructions:**

---



---



---

**Post-Op Call:** \_\_\_\_\_

---



---



---



---

Date/Time	Patient/Caregiver	Date	Discharge Nurse
-----------	-------------------	------	-----------------