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AESTHETIC CENTER AT WOODHOLME

## Submental Liposuction/Platysmaplasty Post-operative Instructions

### **Instructions:** Begin Day of Surgery

1. Bed rest with bathroom privileges **the day of surgery.**
2. **Do not remove dressing.** Some minor bleeding and oozing is normal. If bleeding persists, please notify your Physician.
3. **No turning head side to side, do so by turning shoulders or body from side to side.**
4. Apply ice compresses for 24-48 hours. Keep ice on as much as you can tolerate.
5. Sleep with head elevated at least 30 degrees (2-3 pillows) for **1 week.**
6. Regular diet as tolerated. Alcohol should be avoided for 1 week after surgery.
7. **NOTE: Swelling usually peaks 2-3 days after surgery.**

### **Days 2-7:**

- Activity level:
  - You should be up and walking around the house after 24 hours.
  - No exercising, or activity that will increase your heart rate or blood pressure, no bending over or lifting over **20 lbs** for **2 weeks.**
  - Do not return to exercise until approved by your physician. Avoid neck turning.
- You will be seen by your physician the day following surgery. At this time, your dressing will be removed and a JawBra will be placed. **JawBra must be worn at all times unless showering/bathing or performing suture line care for the first week. JawBraw should feel snug. Make sure seam faces outwards when worn.**
- Suture line care: Beginning Day 2, clean suture lines with the 0.9% sodium chloride, hydrogen peroxide 50/50 solution given using Q-tips, then apply Aquaphor ointment or Vaseline . Repeat 2-3 times a day until your next office visit. You may shower and shampoo your hair after 24 hours and gently wash over the suture lines. Pat dry DO NOT RUB.

**Call the office at (410) 486-3400 if you experience: increased pain, swelling, redness at surgical sites, pus draining from wound, fever above 101.5F, or excessive bleeding (saturated dressing).**

Return to office for follow-up appointment on: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_Postoperative instructions have been reviewed with me.

\_\_\_\_I have received a copy of these instructions.

\_\_\_\_\_  
Nurse

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Patient or responsible party

\_\_\_\_\_  
Relationship to patient