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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:
 - o You should be up and walking around the house after 24 hours.
 - o No exercising, or activity that will increase your heart rate or blood pressure, no bending over or lifting over **5 lbs for 1 week.**
 - o 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. JawBra 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