Nichter/Horowitz PacificCenterForPlasticSurgery.Com

POST OPERATIVE INSTRUCTIONS CHIN AUGMENTATION

Patient Name :	DOB:
	Surgery Date:

Once your surgery is completed, you must follow all the instructions given to you in order to heal properly and have a good outcome.

The following instructions are your obligation. Use this as a checklist of progress as you heal. Included are normal post-surgical experiences and key health considerations that may be a cause of concern.

TYPICAL POST-OPERATIVE SYMPTOMS

Typical symptoms and signs to watch for following a chin implant surgery include:

Swollen, tight and bruised chin or jaw region. A firm feeling of the skin or tingling in the area where an implant has been placed. These are normal experiences as the skin, tissues and sensory nerves heal. Pain medication will help you cope with any discomfort.

Consistent sharp pain should be reported to our office immediately.

To alleviate discomfort, and to reduce swelling, keep head elevated more than 30° and apply cold compresses to your chin. Do not apply ice or anything frozen directly on the skin. Soak soft plain white washcloths or gauze squares in ice water and wring out well. Apply any compress gently; do not apply any pressure, this could cause the implant to shift or dislodge. Apply cool compresses for no longer than 20-minute intervals. Do not apply any heat.

CALL THE OFFICE IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- A high fever
- Pain that cannot be controlled by your pain medication.
- Continuous bleeding or fluid seeping through the incisions.
- A severely misshapen appearance, excessive bruising or fluid retention that is localized to one region of your chin or jaw.

DAY OF SURGERY INSTRUCTIONS

You will only be released to the care of a responsible adult. All of these instructions must be clear to the adult who will monitor your health and support you. These instructions should be read and available to you and your caregiver before and after surgery.

Rest, but not bed rest. While rest is important in the early stages of healing, equally important is that you are ambulatory: meaning that you are walking under your own strength. Spend 10 minutes every 2 hours engaged in light walking indoors as your recover.

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	Recline, do not lie down. This will be more comfortable for you, and can reduce swelling. Always keep your head elevated 30° or more. Do not bend forward or over.
	 Take all medication, exactly as prescribed. Oral pain medication, antibiotics and other medications you may be prescribed include: AntNorco (10/325) 1 tab every 6-8 hours as needed for pain relief. Colace as needed for constipation (stool softener). Continue healing supplements/surgery vitamins until gone. If you have a Scopolamine patch continue to wear 3 days after surgery (anti-nausea patch) Make sure you WASH HANDS after removing this patch. The medication is absorbed through the skin and can cause transient blurred vision with enlarged pupil if your eye is rubbed. Ondansetron (Zofran) 8 mg ODT every 6-8 hours as needed for nausea. Clonidine patch- do not remove for one weekThis medication decreases blood pressure especially rises associated with pain and anxiety. It also reduces pain and anxiety
	 Cyproheptadine (Periactin) 20 mg- take 1 tablet with meals 3 times a day. Important to take if you are on antidepressants or certain other medications to prevent nausea and other problems. Aprepitant (EMEND) 40 mg tablet #1. Take with a sip of water 1-3 hours prior to surgery. If taking birth control pills, also use additional contraception for 28 days.ibiotic - take pills as directed at pre-op appointment. This medication is used instead of zofram.
	If incisions are inside your mouth, use an oral rinse (1/2 strength hydrogen peroxide mixed with water) after every meal, before bedtime, and at least 4 times per day.
	If incisions are beneath your chin or outside your mouth, do not remove any steri-strips. Gently clean with 1/2 strength peroxide and gently apply bacitracin ointment if no steri-strip.
	Do not smoke. Smoking can greatly impair your safety prior to surgery and you ability to heal following surgery. You must not smoke for at least 3 weeks before and after surgery.
	Relax . Do not engage in any stressful activities. Take care of only yourself. Let others tend to you.
During this time you wil	S FOLLOWING SURGERY Il progress with each day that passes. Ease into your daily activities. You will receive clearance to work at your post operative visit, or within:days.
Your post-operat	ive visit is scheduled for:
	to use your oral rinse and/or ointment as directed. ibiotic medications and supplements as directed. Take pain medication only as needed. You

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may wish to switch from prescriptive pain medication to acetaminophen. Continue to keep you head elevated, including when sleeping.

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Signature of Practice Representative and Witness

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 Do not resume any exercise of the formation of blood clots. 	ther than regular walking. Walking is essential every day to prevent
Maintain a healthy diet. Do no	t smoke. Do not consume alcohol.
ONE to FOUR WEEKS FOLLOWING SURGE	ERY
As you resume your normal daily activities, you	u must continue proper care and healing.
Pain medications can include ibup	profen.
	If you are outdoors, apply at least an SPF 30 at least 30 minutes prior ing your chin implant is highly susceptible to sunburn or the formation of
 Do not smoke. Smoking deprives y raised scars. 	our body of necessary oxygen that can result in poorly healed, wide,
	d reclining position. However do not sleep lying flat or on your wo pillows under your head, and a soft pillow under your mid-back and
SIX WEEKS FOLLOWING SURGERY	
Healing will progress; swelling continues to din	ninish.
Discomfort or tightness and tingli	ng around the implant will resolve.
 You may ease into your regular fit sports you must wear proper protect 	ness routine. However, if you are going to engage in any contact ion.
solely my responsibility. I understand that i	e instructions. I understand that following these instructions is it is also my responsibility to ask my doctor and his or her staff any ns or about my procedure, health and healing.
Patient Signature	

Printed Name of Patient