

WESTCOUNTRY

PLASTIC SURGEONS
of Washington University



Patient Information for :

*LOCAL FACIAL FLAPS
and SKIN GRAFTS
(nose, ear, cheek)*

Dr. Terence Myckatyn &
Dr. Marissa Tenenbaum

Surgery Scheduling Secretary/Dr. Tenenbaum – Carol – 314-996-3040
Surgery Scheduling Secretary/Dr. Myckatyn – Michelle – 314-996-3028
Plastic and Reconstructive Surgery Nursing Staff – 314-996-3201
Marilyn Bennett and Patty McCune

OR DAY/TIME: _____ PLACE: _____ ARRIVAL TIME: _____

During office hours, questions can be answered by our office staff at 314-996-8800. During off hours, please call Barnes hospital at 314-362-5000 and ask for the “Plastic Surgery Resident on call.”

Please note that our website (www.westcountyplasticsurgeons.wustl.edu) has detailed descriptions of most procedures. This form is available from our website by navigating to: Patient Resources > Patient Forms.

BEFORE SURGERY

AS LONG AS POSSIBLE BEFORE SURGERY:

1. **Smoking affects healing.** Please **try to stop smoking or ANY nicotine products for as long as possible before surgery and for as long as possible after.** If needed, we can prescribe Chantix to help you quit.
2. **Good nutrition can help optimize wound healing and speed your recovery from plastic surgery.** To reduce the risk of problems, please be sure to consume a high protein diet and appropriately supplement any vitamin or dietary deficiencies that you may have.

TWO WEEKS BEFORE SURGERY:

1. Some medications can interfere with anesthesia and cause undesirable side effects that could affect your surgery. Please read over the enclosed “**Medication and Supplement Alert List**” and let us know if you take any of them. For example, **garlic** and **ginseng can cause bleeding** even though they are homeopathic remedies and not true medicines. So please stop taking these, and any other non-prescription herbal medicines for two weeks before surgery. Also, if possible, **Aspirin** or **Plavix** should not be taken for 2 weeks before or for 2 days after surgery.
If you take these medicines for a pre-existing history of cardiac stents, stroke, clotting disorder, or other risk factors please let us know so we can work with your cardiologist or internist to ensure that your facial flap surgery can be conducted safely. Tylenol is a good medicine to take for any aches or pains you may have prior to your surgery.
2. If you develop a cold, facial sore, or any other illness prior to surgery, please notify us.

EVENING BEFORE SURGERY:

1. Have some jello and/or soup available for after surgery. Make sure you have meals stocked in the freezer/cupboard so you don't have to do any shopping after surgery.
2. Get a good night's rest.
3. ***If your procedure is to be performed under general anesthesia***, do not eat or drink anything if your surgery is scheduled before noon. If your surgery is scheduled after noon, you may have coffee or tea and dry toast no later than 8 hours before your scheduled surgery time. **DO NOT SMOKE.**

DAY OF SURGERY

Be at the Hospital at: _____

1. Do not wear contact lenses, wigs, hairpins, hairpieces or jewelry. Dress in old, loose, comfortable clothes. Do not wear pullover tops or pantyhose. Remove all body piercing jewelry from all locations. Wear slip-on shoes.
2. Have someone drive you to your surgery and make certain someone will be available to take you home and stay with you for 24 hours. Put a pillow and blanket in the car for the trip home.

AFTER SURGERY

1. **Positioning.** After surgery, it is best to lie in a reclining chair. Alternatively, you may lie in bed with your shoulders elevated by pillows while keeping your neck straight. Do not lie on the area of your flap reconstruction for 2 weeks if performed on the cheek and, if possible 4 to 6 weeks on an ear reconstruction.
2. **Drip pad.** If the flap is performed on your nose, please note that you may have a pad placed underneath your nose to catch any drainage or oozing from the bottom of your nose. It is usually only in place for a few hours.

3. **Skin graft.** If a skin graft is used for part or all of your reconstruction it will typically be covered by a *bolster*. This bolster is left on for 5 days, and will provide pressure to ensure that the skin graft sticks to the wound its intended to reconstruct. It will be secured with suture or staples and is harvested from another location called the *donor site* that is either sutured closed or allowed to heal on its own. The *donor site* can come from the *forehead near the hairline, in front or behind the ear, the skin over the collarbone, the groin, or the front of the thigh*. Once the *bolster* is removed, it can be washed gently and covered daily with a yellow-colored dressing called *xeroform* as well as an ointment called *polysporin*. This can be changed as needed for the first 10 days after which probably no further dressings are required.
4. **Strenuous activities** should be avoided until sutures are removed, and your surgeon informs you that your flap or graft has taken and that it is okay to advance your activity level.
5. **Sun exposure and sunscreen.** The skin of your face is sensitive to sunlight after surgery. Protect your facial skin from excessive exposure to the sun for 8 weeks. Wear wide brim hats and sunscreen (SPF 30 or greater) if you have to be in the sun for prolonged periods. Excellent sunscreen options are offered through our various skin care lines.
6. **Pain control.** If you have pain or discomfort take the pain medication every 4 hours. It is best to take pain medication with crackers, jello, etc. If you have no pain, do not take the medication. Alcohol and pain medication should not be taken together.
7. **Diet.** A light diet is best for the day of surgery. Begin by taking liquids slowly and progress to soups or jello. You can start a regular diet the next day.
8. **Incision care.** The *flap incisions* can be cared for starting 2 days after surgery by applying a thin layer of polysporin ointment to these areas after gently cleaning with normal soap and water. You may get your incisions soapy and wet but just pat clean and dry. *Dove* is a good choice for soap. *Any non-absorbable sutures should be removed within 5 to 7 days.*
9. **Monitoring bruising and swelling.** You can expect some bruising and swelling in and around the area of your facial flap reconstruction. People on aspirin, blood thinners or who tend to bruise easily may have even more bruising and swelling. If you have new bruising that starts several days after surgery, please call the office.
10. **Nose bleeds.** If your flap was performed on you nose and you have a nose bleed, **lean forward**. If you have packing in your nose, be sure that it is not falling out. If it is, gently replace it if you can. If possible, apply gentle pressure to the nose but please try to avoid pressing on your flap or graft. If after fifteen minutes it does not stop, please call the office or come to the emergency room at Barnes Hospital for further evaluation.
11. **Corrective eye lenses.** Eyeglasses can be difficult to wear with surgery to the nose, cheeks, or ears for several days. This may make it difficult to see during this time so be prepared for this possibility **beforehand**.
12. **Washing your hair.** You may wash your hair carefully starting the day after surgery. Please keep your surgical site dry by facing away from the showerhead or using a handheld shower head at a low setting. It is okay to get any donor sites from skin grafts wet but be gentle.
13. **Remember, DO NOT SMOKE until your doctor tells you it is okay. This is very important. Smoking, or any nicotine product (such as a nicotine patch or nicorette gum) should also be avoided for as long as possible after surgery. Smoking and other nicotine products will dramatically increase the risk of wound healing problems.**

RETURNING TO WORK

1. Working from home : Less than 1 week.
2. Desk job : 1 week
3. Up on your feet a lot : 1 to 2 weeks
4. Manual labor : 2 to 3 weeks

GENERAL INFORMATION

1. **Bulky-appearing reconstruction.** After *flap reconstruction*, your nose will be bruised for around 10 to 14 days. At first, the reconstruction must be left a certain thickness to preserve blood flow even if it looks bulky. The swelling on the nose will take at least 3-4 months to subside, but even after this it may remain bulky in some areas. To correct this we can often thin the flap and reduce the bulk several months later. Often, we can improve the appearance of your reconstruction but it will never be perfect. Your insurance may or may not pay for staged debulking procedures.
2. **Sunken- or patch-like skin grafts.** After *skin graft reconstruction*, you may notice that the grafted tissue is slightly sunken, or look like a patch. This is because the grafted tissue is thinner than the tissue it replaces and must come from a different region – one whose qualities don't exactly match the qualities of the skin it replaces. This can be corrected by simply *waiting* as some skin grafts continue to have an improved appearance with time, performing various *laser* procedures to blend the graft with its surroundings, or replacing the skin grafted area with a *flap reconstruction*.
3. **Other procedures that we can perform that may improve the appearance of your reconstruction** include CO2 laser therapy to *blend or thin a scar*, intense pulsed light (IPL) therapy to *reduce the redness of a scar*, 1064 nm long pulsed Nd:YAG therapy to *fade abnormal appearing blood vessels* along or near nasal scars or the reconstruction, and laser hair removal in the unusual circumstance where there is any hair on the nose needing *laser hair removal*. These procedures may or may not be covered by your insurance company. *We will let you know in advance if they are covered in case this affects your decision on whether or not to go ahead with these.*
4. **Cosmetics** can be worn on the face within 1-3 weeks of your reconstruction (please ask your physician for a more specific time).
5. Please take all medication carefully and as directed.
6. If you have nausea, vomiting, rash, shortness of breath, or diarrhea after taking your medications, please call the office.
7. If you develop a fever (oral temperature greater than 101°F), redness or increased pain at the surgical incisions, please call us immediately.

FOLLOW-UP

Follow-up after surgery varies based on the extent of the procedure, any pre-existing health conditions you may have, how far away you live, and in the unusual event where there is a complication.

For many patients follow-up includes:

- a) Follow-up 5 days after surgery with registered nurse or physician's assistant and/or physician to check wounds, remove sutures, and to address any minor questions or concerns
- b) Physician follow-up at 3 weeks, 3 months and 1 year and to address any concerns

PRESCRIPTIONS

We will try to provide you with prescriptions for medicines prior to your surgical procedure. Usually this will include a pain medicine, drops to humidify and soften nasal secretions (if this is the site of your reconstruction), and sometimes an antibiotic as well as *xeroform* and *polysporin* for dressing changes.

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