

# WEST COUNTY

PLASTIC SURGEONS  
of Washington University

Patient Information for :

*FOREHEAD FLAP*

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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](http://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. **Be prepared for a “delayed reconstruction” that precedes the *first stage* reconstruction.** **Pre-existing health conditions, scars, or a recent history of smoking can reduce blood flow to a forehead flap.** On occasion, we will elevate a forehead flap and will notice during the process of attaching it to your nose, or possibly before, that it has poor blood supply. Under those circumstances, we will perform a *delay*. This means that we will replace the forehead flap onto your forehead and suture it back into place. We will arrange for dressings to be placed on your nose while you are back at home for one week while the wound remains. During that time, your body should naturally improve the circulation to your flap so that one week later we can go back to the operating room and reconstruct your nose as planned. This happens less than 10% of the time.

3. **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.
4. **Corrective eyewear and the forehead flap.** During forehead flap reconstruction, a strip of forehead tissue running from the upper bridge of the nose to the hairline is transferred to reconstruct your wound. This makes wearing corrective eyewear difficult. If you wish, there are reading glasses available called “Click reading glasses” that collapse at the bridge and are held together by a magnet. These **may** work for you while you have your forehead flap and can be used afterwards. Several stores sell these online including [www.amazon.com](http://www.amazon.com) (enter: *Click reading glasses*). Contact lenses can be worn once swelling is down around the eyelids. But, **be prepared that you may not be able to wear any corrective lenses for several days after surgery and possibly glasses for 3 weeks. You therefore should make arrangements for this circumstance beforehand.**

### **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, **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 forehead 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. 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. Avoid bending forward at the neck for the first week.
2. **Drip pad.** When you wake up from surgery please note that a pad may be 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.** To avoid having a raw, draining surface under the segment of your forehead flap from your forehead to nose, we will often place a split thickness skin graft. The split thickness skin graft is taken from the front of one of your thighs usually. It is covered with a clear dressing usually. Once that dressing comes off of the thigh it can be fully removed in the shower as this is more comfortable for you and replaced with a yellow-colored dressing called “*xeroform*”. The *xeroform* should be changed daily. The skin graft on the forehead flap to your nose will also have a *xeroform* dressing on it 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. ***The skin grafted segment of the forehead flap will be removed during your second stage surgery.***
4. **Nasal splints on the inside of the nose.** If your nose wound required reconstruction of its framework (bone and cartilage) then we will place splints inside the nose for additional support. These splints may be rubber splints (*Doyle*) that are secured with a stitch at the front of the nose, or nasal packing (a thin strip of gauze that is fit snugly into the nose).

The *Doyle splints or nasal packing usually remain in your nose for 2-10 days*, and may be changed. They serve to support the inner nose and can help to control bleeding from the inside of the nose.

5. **Cartilage and bone graft harvest sites.** Sometimes, we will need to utilize your *own cartilage* or *bone* to provide support to your forehead flap. **Cartilage** (firm tissue that is not bone) is typically harvested from either the *septum* (vertical support beam inside the nose), *ear*, or less frequently a *rib* to reconstruct missing support tissue. The areas from which cartilage is taken are called *donor sites*. If cartilage is taken from the *septum* we will place nasal splints inside the nose. If cartilage is taken from the *ear*, you will notice some bruising and stitches (which should come out in 5 days) usually on the inner bowl of the ear. If we need even more support then we will harvest *rib cartilage*. Usually, this will result in an incision with buried, absorbable stitches underneath the breast or chest muscle border and a small drain placed in this area. We may also place a pain pump here. Once the drain is removed about 1 week later, and swelling resolves, you may feel a mild dent where the rib was taken. This area can be tender for a few weeks and we will provide you with adequate pain medicine if required. On rare occasions, we will require bone to complete a nasal reconstruction. If we use *rib bone*, it will be harvested through a similar approach to rib cartilage as described above. Otherwise *bone* from the *skull* may be harvested through an incision in the scalp. Staples used to close this incision should be removed within 1 week. A drain placed in the scalp can be removed in 2 to 5 days usually.
6. **Strenuous activities** should be avoided while your forehead flap is connected from your forehead to your nose. After your second stage procedure, you can return to normal activity within 1 week.
7. **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.
8. **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.
9. **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.
10. **Incision care.** The *raw undersurface of the flap from the forehead to the nose* is usually covered with a skin graft to reduce drainage. Residual drainage can be controlled by placing a *xeroform* dressing along the raw edge of the flap. It should be changed when it becomes saturated or at least once a day. The *forehead incision* 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 *graft donor sites* can also be cleaned in this manner except the rib cartilage harvest incision. Avoid using polysporin ointment over a rib cartilage harvest incision where dermabond wound glue was used. **Once the flap is divided at the second stage operation** you may care for this wound starting 2 days later again by applying a thin layer of polysporin ointment to these areas after gently cleaning with normal soap and water. **Any non-absorbable stitches from either the first or second surgery should be removed within 5 to 7 days.**
11. **Monitoring bruising and swelling.** You can expect some swelling of the nose, lower eyelids, and cheeks after surgery. If you have new bruising that starts several days after surgery, please call the office.

12. **Nose bleeds.** If 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. If after fifteen minutes it does not stop, please call the office or come to the emergency room at Barnes Hospital for further evaluation.
13. **Corrective eye lenses.** Contact lenses can be worn when the eyes start feeling normal and the majority of the swelling to the eyelids has subsided. This is usually within a few days of surgery. This may make it difficult to see for a few days so be prepared for this possibility **beforehand**.
14. **Washing your hair.** You may wash your hair carefully starting three days after surgery. Please keep your nose and splint 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 (except for the septum which is on the inside of your nose) wet but be gentle.
15. **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 one month after surgery. Smoking and other nicotine products will dramatically increase the risk of wound healing problems.**

## RETURNING TO WORK

1. Working from home :
  - a. *First stage*: 1 to 2 weeks if no glasses or able to wear contact lenses or specialized glasses.
  - b. *Second/third stage*: 1 day
2. Desk job :
  - a. *First stage*: 1 week if vision adequate, clean workplace, and not embarrassed by physical appearance during this 3 week period. Otherwise 1 day after second stage (3-4 weeks later).
  - b. *Second/third stage*: 1-2 days
3. Up on your feet a lot : 2 to 3 weeks
  - a. *First stage*: 2-3 days after second stage procedure (3-4 weeks after *first stage*)
  - b. *Second/third stage*: 2-3 days if clean work environment
4. Manual labor : 3 to 4 weeks
  - a. *First stage*: 4-8 weeks after first stage, or until hairline wound healed.
  - b. *Second/third stage*: 1-4 weeks

# GENERAL INFORMATION

1. **Bulky-appearing reconstruction.** Your nose will be bruised for 10 to 14 days. After the *second stage*, where your flap is disconnected from your forehead and fully attached to your nose, you will notice that your reconstruction looks bulky. The swelling on the nose will take at least 3-4 months to subside. Even then it may remain bulky, particularly along the top of the reconstruction. This is why a *third* and even a *fourth* stage may be performed several months later to thin the flap and reduce the bulk. At first, the reconstruction must be left a certain thickness to preserve blood flow even if it looks bulky. Debulking part – but not all – of the reconstruction can be done to improve the appearance but it will never be perfect. Your insurance may or may not pay for *third* or *fourth* stage debulking procedures due to their cosmetic nature.
2. **Upper forehead wound.** You may also notice a wound at the top of your forehead near the hairline particularly if your nasal wound needing reconstruction was large at the time of your *first stage* surgery. This wound will be treated with polysporin cream, and a *xeroform* dressing. At first, this wound may appear to you like it will not heal. However, in the vast majority of cases, these wounds will heal using this treatment in 6 to 10 weeks. For unusually large wounds, a skin graft may be used, but, in general, treatment without a skin graft leads to a better cosmetic outcome in all but the largest forehead wounds.
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 one day of the *second stage* procedure.
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) *First Stage* :
  - a. Follow-up 4-5 days after *first stage* surgery with registered nurse or physician's assistant to check wounds, remove splints, drains, pain pump, or packing, and to address any minor questions or concerns.
  - b. Physician follow-up at 2 weeks to address any concerns and confirm timing of second stage operation.
  
- b) *Second/Third Stage*:
  - a. Follow-up 5 days after *second or third stage surgery* with registered nurse or physician's assistant to remove sutures.
  - b. Physician follow-up at 3 weeks to address any concerns, and at 3 months to determine if other procedures to improve the function or appearance of the reconstruction are recommended.

# 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 the nose and soften secretions and sometimes an antibiotic as well as *xeroform* and *polysporin* for dressing changes.

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