

1020 N MASON RD STE #110 SAINT LOUIS MO 63141

Office of Dr. Terence Myckatyn & Dr. Marissa Tenenbaum

<b>Surgery Scheduling Assistant for Dr. Tenenbaum</b>	<b>Carol – 314-996-3040</b>
<b>Surgery Scheduling Assistant for Dr. Myckatyn</b>	<b>Michelle - 314-996-3028</b>
<b>Cosmetic Patient Concierge</b>	<b>Kristi – 314-996-8133</b>
<b>West County Plastic Surgeons Nursing Line</b>	<b>314-996-3201</b>
<b>General Questions and Office Appointments</b>	<b>Front Desk – 314-996-8800, opt. 2</b>

Surgery DAY/TIME: \_\_\_\_\_ PLACE: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_

During office hours, questions can be answered by our office staff at **314-996-8800**.

After hours, please call Central Page for the Plastic Surgery Resident ON CALL at **314-362-1242**

Please note that our website ([www.westcountyplasticsurgeons.wustl.edu](http://www.westcountyplasticsurgeons.wustl.edu)) has detailed descriptions of most procedures.

## UPPER EYELID BLEPHAROPLASTY

### SIX WEEKS BEFORE SURGERY

1. **Smoking affects healing.** Please **stop smoking or ANY nicotine products for at least 6 weeks before surgery and one month after.** If needed, we can prescribe Chantix to help you quit. **No nicotine patch, no Nicorette gum, no nicotine E-cig.**
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.
3. **High blood pressure is a known risk factor for bleeding after eyelid surgery.** If you do not know whether you have high blood pressure, please see your primary care doctor well before surgery to make sure that you do not. If you are diagnosed with high blood pressure, or already know you have high blood pressure, this needs to be treated by your usual primary care physician so that it is normal before and after surgery.

### 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 eyelid 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.
3. After surgery, your eyes may be swollen, sensitive to light, bruised, and tearing. So, you should:
  - a) make sure in advance that you have taken care of any urgent personal matters like banking, and groceries
  - b) have either a recliner, or a stack of comfortable pillows that you can rest on to keep your head elevated about 30° while you sleep
  - c) have a bag of cold peas, or a “swiss therapy eye mask compress” to sooth and reduce swelling of the eyelids after surgery

## TWO EVENINGS BEFORE SURGERY

1. Take Colace and Arnica

## EVENING BEFORE SURGERY

1. Drink 24 oz of a clear carbohydrate beverage (Gatorade/power aid) or water
2. Eat a late dinner of your choosing
3. Have some jello and/or soup available for after surgery.
4. Get a good night’s rest.
5. Do not smoke.
6. Take Colace, Arnica, Zofran, Gabapentin and Celebrex.

## DAY OF SURGERY

**Be at the Hospital at:** \_\_\_\_\_

1. Drink 12 oz of water 4 hours before scheduled surgery- *Do not drink milk, juice with pulp, cream, or sugar the morning of surgery*
2. 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.
3. 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.
4. When in the hospital, you will be given the following oral medicines (we will give these to you at the hospital – there is no need to obtain or take these beforehand). These are: Tylenol, Gabapentin and Celecoxib.
5. DO NOT SMOKE

## 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 or turning side-to-side at the neck for the first week.
2. Reduce swelling. “Swiss therapy eye mask compress” or, alternatively, a cool compress that can be kept cold with a bag of cold peas or a bag of crushed eye cubes to place on your closed eyelids to reduce swelling.
3. Antibiotic ointment for your incisions. We will often use an antibiotic ointment like “Polysporin Ophthalmic” on any skin incisions near the eyes to prevent them from getting too dry.
4. Preventing dry eyes. You may not be able to fully close your eyes due to swelling for a few days after surgery. Typically, we will use eye drops and ointments to prevent your eyes from drying out. During the day, this may include *Refresh Dry Eye Therapy (Sensitive Eyes, Preservative Free soothing eye drops)*, and while you sleep, *Refresh P.M.* ointment. On rare occasions, eyelids are sutured to protect and keep the eye closed for a day or two as an additional measure.
5. Inflammation of the eyes after surgery is referred to as chemosis. It can cause the outer layer of the eyeball and eyelid (conjunctiva) to become boggy, or red and angry looking (conjunctival injection). This will improve over time, but can sometimes be controlled with a drug called Tobradex (tobramycin antibiotic + dexamethasone corticosteroid). However, this drug should not be used in patients with a history of glaucoma as it can increase pressures inside the eye unless it is approved and monitored independently by an ophthalmologist.
6. Early activity. For the first week, please avoid any type of straining. You should get out of bed with assistance if you need to strain. Easy walking after surgery is a good thing, and while you are in bed, flex your feet and legs a couple of times every hour while you are awake.

7. Strenuous activities should be avoided for 2 weeks. After that, gradually increase your activities so you are back to normal by the end of the third week.
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. Contact lenses can be worn when the eyes start feeling normal and the majority of the swelling has subsided. Generally, if there are no issues with dry eyes, you can start wearing contact lenses after 2 weeks. Otherwise, continue to use the lubrication and avoid contacts until the dry eyes have been resolved for at least 10 days. Glasses can be worn until then.

## RETURNING TO WORK

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

## GENERAL INFORMATION:

1. Strenuous activity/heavy lifting of objects greater than 10 lbs. should be avoided for 6 weeks.
2. All incisions will be extremely sensitive to sunlight for one year. Direct sun contact is to be avoided and use a sunscreen with SPF 30 or greater for the first 6 months and at least SPF 15 for the next 6 months. Excellent sunscreen options are offered through our various skin care lines.
3. Please take all medication carefully and as directed.
4. If you have nausea, vomiting, rash, shortness of breath, or diarrhea after taking your medications, please call the office.
5. If you develop a fever (oral temperature greater than 101), 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 within 1 week with our nurses to remove sutures, check wounds, 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