

ROBINSON FACIAL PLASTIC SURGERY

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POSTOPERATIVE INSTRUCTIONS

1. A responsible adult must be with you for a 24-hour period. Please do not stay alone.
2. You might experience lightheadedness, dizziness, or sleepiness following surgery.
3. It is not necessary to go to bed; however, it is important to rest for at least a 24-hour period. Keep your head elevated above your heart. It is best to rest on 2-3 pillows.
4. A light diet is best after your surgery.
5. While taking pain medications, you need to avoid alcoholic beverages during your recovery period.
6. Keep a cold washcloth across your eyes and face. This helps reduce the amount of bruising and swelling. The cloth should be changed every 20 minutes while you are awake and every 2 hours while asleep.
7. You may notice some redness, swelling, or discoloration around the area of your surgery. You may also notice some drainage or bleeding. If this becomes excessive, please call your doctor.
8. Please follow these instructions on any medications you were taking before surgery and on any medications added postoperatively. The following is a list that tells you the possible medications that may be ordered with the name and meaning of these medications.

MEDICATIONS

- ◆ Keflex 500 mg, 2 x per day (7 days in all). Take the day before surgery. This is an **ANTIBIOTIC** to prevent infection.
- ◆ Lortab 7.5 mg, 1-2 tablets can be taken every 4 hours. This is for **PAIN MANAGEMENT**.
- ◆ Z-Pak taken as directed. This is an **ANTIBIOTIC** to prevent infection.
- ◆ Phenergan 25 mg, 1 suppository every 4-6 hours when needed only. This is for nausea and vomiting.
- ◆ Dalmane 30 mg, 1 tablet at night can be taken. This is for restful sleep.
- ◆ Valium 5 mg, 1 tablet can be taken every 4-6 hours as needed. This is for anxiety and for use as a sleep aid.
- ◆ Medrol Dosepak taken for 7 days. This is to decrease swelling.
- ◆ Famvir 500 mg, 1 tablet every 12 hours. This is to prevent cold sores/herpes, to be taken 3 days before surgery.
- ◆ Maxitrol ointment, apply to eyelid suture lines 3-4 times a day. This is to decrease irritation and swelling of the eyes.

Please return to the office on _____

Other Instructions: _____

Patient Signature: _____ Patient Consultant: _____

Patient Name (Print): _____ Date: _____

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