

Plastic Surgery Specialists, Inc.
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POST-SURGERY INSTRUCTIONS: CHIN AUGMENTATION

Patient Name _____

Date _____

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 placement of a chin implant 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 any discomfort, and to reduce swelling, you may apply cool (not cold) compresses to your chin. Do not apply ice or anything frozen directly on the skin. Do not apply anything cool on your cheeks or neck. 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, (over 101°) severe nausea and vomiting, continued dizziness or incoherent behavior, such as hallucinations.
- Any pain that cannot be controlled by your pain medication.
- Excessive 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.

COMPRESSION

You may be given a compression garment or wrap to hold your implant in place as you begin to heal. Follow the directions you are given explicitly.

Symptoms of blood clots in the leg (DVT) and lung (PE)

Deep vein thrombosis
(DVT)

Usually occurs in one leg, above or below the knee
Swelling: one calf or thigh larger than the other
Depression remaining when swollen area is pressed with a finger
One leg warmer than the other
Leg pain, which may increase when standing or walking
Tenderness of the leg that may be confined to one area
Change in leg skin color (bluish or red)
Low-grade fever (rare)

Pulmonary Embolism
(PE)

Chest Pain
Shortness of breath or difficulty breathing
Coughing up blood
Rapid breathing
Rapid heart rate
Sweating
Lightheadedness

A large percentage of DVT are asymptomatic.
Very few patients would have all of these symptoms

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.

_____ **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 you recover.

_____ **Recline, do not lie down.** This will be more comfortable for you, and can reduce swelling.
Always keep your head elevated. Do not bend forward or over.

_____ **Good nutrition.** Fluids are critical following surgery. Stick to cool, non-carbonated, non-alcoholic, caffeine-free and green tea-free beverages including fruit juices and water, milk and yogurt drinks. Do not drink anything hot or frozen. Drink from a sip cup, not a straw. You must consume at least 8 ounces of fluid every 2 hours. Stick with soft, bland, nutritious food for the first 24 hours.

_____ **Take all medication, exactly as prescribed.** Oral pain medication, antibiotics and other medications you must take include:

Antibiotic: _____
Pain medication: _____
Supplements: _____

_____ **If incisions are inside your mouth, use an oral rinse as indicated.** Use an oral rinse as directed, after every meal, before bedtime, and at least 6 times per day.

If incisions are beneath your chin or elsewhere outside your mouth, do not remove any steri-strips or crusting near your stitches. Apply ointment as directed.

Do not smoke. Smoking can greatly impair your safety prior to surgery and your ability to heal following surgery. You must not smoke.

Relax. Do not engage in any stressful activities. Take care of no one, including yourself. Let others tend to you.

TWO TO SEVEN DAYS FOLLOWING SURGERY

During this time you will progress with each day that passes. Ease into your daily activities. You will receive clearance to begin driving or return to work at your post-operative visit, or within:

_____ days

Your post-operative visit is scheduled for: _____

- **Continue to use your oral rinse and/or ointment as directed.**
- **Practice daily sun protection.** An SPF 30 is essential regardless of the weather or your activities.
- **Apply skincare cautiously.** Do not use glycolics, retinoids or other potentially irritating skincare products until you receive clearance to do so.
- **Take antibiotic medications as directed.** Take pain medication only as needed. You may wish to switch from prescriptive pain medication to acetaminophen or ibuprofen.
- **Continue to keep you head elevated, including when sleeping.**
- **Do not resume any exercise other than regular walking.** Walking is essential every day to prevent the formation of blood clots.
- **Maintain a healthy diet. Do not smoke. Do not consume alcohol.**

ONE to FOUR WEEKS FOLLOWING SURGERY

As you resume your normal daily activities, you must continue proper care and healing.

- **Refrain from direct sun exposure.** If you are outdoors, apply at least an SPF 30 at least 30 minutes prior to sun exposure. The skin surrounding your chin implant is highly susceptible to sunburn or the formation of irregular, darkened pigmentation.
- **Do not smoke.** Smoking deprives your body of necessary oxygen that can result in poorly healed, wide, raised scars.
- **You may begin sleep in a modified reclining position.** However do not sleep lying flat or on your stomach. If you are a side sleeper, two pillows under your head, and a soft pillow under your mid-back and shoulders may offer more comfort.

Follow-up as directed. Your second post-operative visit is scheduled for: _____

SIX WEEKS FOLLOWING SURGERY

Healing will progress; swelling continues to diminish.

- **Discomfort or tightness and tingling around the implant will resolve.**
- **You may ease into your regular fitness routine.** However, if you are going to engage in any contact sports you must wear proper protection.

- **No need to resume smoking.** You have now gone 10 weeks (4 weeks prior to surgery and 6 weeks following) without a cigarette. For your long-term health, there is no need to resume smoking.

YOUR FIRST YEAR

Your appearance will change with age. It is rare but possible that your implant may shift or that you may develop an infection around the implant. If your condition changes in any way, contact our office. Call us at any time with any of your questions or concerns.

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask my doctor and his staff any questions I have related to these instructions or about my procedure, health and healing.

Patient Signature

Date

Printed Name of Patient

Signature of Practice Representative and Witness