

Plastic Surgery Specialists, Inc.  
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## POST-PROCEDURE INSTRUCTIONS: SKIN RESURFACING

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Surgery Date \_\_\_\_\_

Once your procedure 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-RESURFACING SYMPTOMS

Typical symptoms of skin resurfacing, and signs to watch for following skin resurfacing include the following:

**Red, raw, tight skin in the treated region: Seeping of pink or yellow fluid from the resurfacing wounds. A numb or tingling feeling in the treated region:** 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.**

### 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 your wounds, pustules or a cold sore.
- A severe cloudy drainage seeping from underneath any dressings.

To alleviate any discomfort, and to reduce swelling, you may apply cool (not cold) compresses to your eyes. 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 directly to the eyes, but do not apply any pressure. Apply cool compresses for no longer than 20-minute intervals.

## 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

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

### DAY OF RESURFACING 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, around the clock in the first 24 hours following surgery.

#### EXPOSED SKIN CARE

\_\_\_\_\_ **You must keep your skin clean and moist.** Apply ointment every few hours while you are awake. Do not loosen or dislodge any crusting that forms.

#### CLOSED SKIN CARE

\_\_\_\_\_ **You must leave all dressings intact. Do not remove them for any reason. Do not get your dressings wet.** You may apply ointment to any exposed skin that has been treated, as directed for open skin care.

\_\_\_\_\_ **Use eye drops as needed.** These can help lessen any itchy or dry eye feeling you may experience. Be careful when using eye drops that they go directly into the eye, and not on the surrounding treated skin.

\_\_\_\_\_ **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 non-carbonated, non-alcoholic, caffeine-free and green tea-free beverages including fruit juices and water, milk and yogurt drinks. 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: \_\_\_\_\_  
Ointment: \_\_\_\_\_  
Eye drops: \_\_\_\_\_  
Other: \_\_\_\_\_  
Supplements: \_\_\_\_\_  
\_\_\_\_\_

**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, and let others tend to you.

#### **ONE to SEVEN DAYS FOLLOWING RESURFACING**

During this time you will progress as each day passes. Ease into your daily activities

##### \_\_\_\_\_ **EXPOSED SKIN CARE**

- **You may cleanse the treated area the morning following resurfacing.** This will gently remove the crust that forms as the skin weeps.
- Stand in the shower and let warm water run over the treated area for 20 minutes. When you have finished showering, cleanse your face with a gentle soap using your fingertips, a cotton-swab or gauze square. Gently blot the skin to remove any crusting so you see only pink skin.
- **Do not rub so that the skin bleeds.**
- **Apply a layer of ointment after washing and periodically during the day.** Your goal is to keep skin pink and moist.
- **Repeat the cleansing process 3 to 5 times during the day for the first three days.** As the skin begins to weep, and crust less, you may lessen the amount of cleansing. But always keep skin clean, and moistened with ointment.
- **Every 4 hours when awake apply a vinegar soak to exposed resurfaced skin.** Soak a gauze square or soft white washcloth with one tablespoon of vinegar and then into one cup cool water. Apply ointment following this soaking.
- **You should awaken at least every 4 hours to re-apply ointment to the skin.**

## \_\_\_\_\_ CLOSED SKIN CARE

- You must keep facial movements to a minimum in order for your dressings to adhere to the skin.
- Do not remove any loose dressing for any reason. If dressings have become loose due to oozing or weeping, call us so that your dressings may be replaced. After 48 hours, you may trim any dressings that become loose at the edges. Treat any exposed, resurfaced skin with the EXPOSED SKIN CARE instructions listed above.
- Do not get your dressings wet, even in the shower or bath.

Your post-operative visit is scheduled for: \_\_\_\_\_

- Take antibiotic medications and supplements as directed. Take pain medication only as needed. You may wish to switch from prescription pain medication to acetaminophen or ibuprofen.
- Continue to stay out of direct sunlight or any artificial ultra-violet light. If you must go outdoors, a wide brimmed hat is essential.
- 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 THREE WEEKS FOLLOWING RESURFACING

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

- Continue your wound care as directed. Your goal is to keep skin clean, moisturized and protected from sunlight and the elements.
- You may apply protective cosmetics when all crusting has fully resolved.
- Refrain from direct sun exposure. If you must be outdoors for any length of time, apply at least an SPF 30 at least 30 minutes prior to sun exposure. Resurfaced skin is highly susceptible to sunburn or the formation of irregular, darkened pigmentation. This may cause irreversible damage.
- Do not smoke. While resurfaced skin may have initially sealed, smoking deprives your body of necessary oxygen that can result in poorly healed skin and the formation of irregular scarring.
- Refrain from any strenuous exercise and from bending or lifting.
- You may begin to sleep in a modified reclining position. However do not sleep lying flat or on your stomach. Refrain from sleeping on your side. Your pillow should not touch any areas treated with resurfacing.

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

## FOUR WEEKS FOLLOWING RESURFACING

Healing will progress; redness and swelling continue to diminish.

- Follow any skin care instructions you are given. This may include special creams to avoid pigmentation irregularities. Regardless of your skin care regimen, you must avoid the sun and wear a minimum SPF 30 every day.

- **You may ease into your regular fitness routine.** However protect your skin from sunlight when outdoors.
- **Redness, swelling and any tingling sensations will continue to resolve.** However, it may take many weeks for your skin to return to a more normal skin tone.
- **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**

- **Continue good skincare and sun protection, healthy nutrition and fitness.** Sun protection is essential for the first year to prevent developing irregular pigmentation or injuring your skin. You must wear an SPF 30 daily, even if the weather is overcast.
- **Schedule any complementary procedures, as recommended.** Botulinum injections, clinical skincare or other treatments may be recommended to enhance your results, and to help your results be long-lasting.
- **Your skin will continue to refine.** If you develop any areas of skin that become raised, thickened or discolored, contact our office.
- **A one-year post procedure follow-up is recommended.** However you may call our office at any time with your concerns or for needed follow-up.

**Your appearance will change with age.** Your skin and facial appearance may change too. You may wish to undergo revision surgery at a later date to help maintain your appearance throughout life. Contact our office with any of your questions or concerns, at any time.

**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