

Dr. Jeffrey Cole
30140 Harper Ave. Suite 300
St. Clair Shores, MI 48082
Phone: (586) 415-6800

EYELID SURGERY POST-OP INSTRUCTIONS

1. You must have a responsible adult drive you to our office on the day of surgery, drive you home after surgery and care for you for 24-48 hours after surgery.
2. **FLUIDS ARE EXTREMELY IMPORTANT!** Drink fluids such as Gatorade, clear Juices, or water. Do not drink anything very cold or hot, room temperature is best.
3. There will be a slight oozing of blood during the first 24 hours. Use ice compresses as needed for swelling. (a bag of frozen peas works well).
4. Do not remove tape. (it is o.k. if it falls off on its own) Do not take baths or submerge your head in a tub. You may shower 24 hours after your surgery. Gently blot eyelids with lukewarm water and then apply Bacitracin or Neosporin to the surgical area.
5. Do not wear make-up of **any kind** until authorized by Dr. Cole. Do not wear contact lenses until authorized by Dr. Cole.
6. No Aspirin or aspirin containing products for 72 hours post-operatively unless authorized by Dr. Cole.
7. NO driving, alcohol, or use of electrical devices for 24 hours post operatively.
8. Swelling and bruising is normal and complete recovery from this may take several weeks. No lifting, aerobics, running, ect.. Until authorized by Dr. Cole.

You can expect the following:

1. Moderate discomfort - use pain medication as prescribed.
2. Moderate to significant swelling around eyes and cheeks.
3. Very noticeable amount of black and blue discoloration around eyes.
4. Reddened, blood shot eyes.
5. Moderate bleeding from wound edges, especially the first day.
6. Eye dryness - use Natural Tears eye drops to help soothe the eyes.

If you have any questions, concerns, and/or problems call Dr. Cole

Office Phone: (586) 415-6800
After Hours answering service: (248) 544-6989

If you experience any of the following please contact Dr. Cole:

1. Severe pain not responding to the pain medication.
2. Temperature elevation over 100 degrees.
3. Marked swelling.
4. Any excessive bleeding.
5. Other questions or problems.

Post-Operative Appointment: _____

I have read and understand the above instructions.

Responsible Party/Relationship: _____

Patient's Name: _____

Witness: _____ **Date:** _____