

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

FACELIFT 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 a Gatorade, clear Juices, or water. Do not drink anything very cold or hot, room temperature is best.
3. Take medications as prescribed. If you are taking pain medication that makes you feel drowsy, have someone else give you your medications at the proper time intervals. Under such circumstances, you could forget and take them too often.
4. There will be slight oozing of blood during the first 24 hours. You may use ice compresses as needed for swelling. If you have drainage tubes, please follow those instructions.
5. Do not remove your dressings until instructed by Dr. Cole. When it is o.k. to remove dressings, you may take a shower. Do not take baths or submerge your head in a tub. You may wash and condition your hair by gently massaging. **Avoid pulling on hair.** Do not apply chemicals to your hair i.e. permanent, color, ect.. for approximately 4-6 weeks.
6. Swelling and bruising is normal and complete recovery from this may take several weeks. No lifting, aerobics, running, ect.. until authorized by Dr. Cole. Hold your head still as much as possible. Move with your torso when you turn and not your head.
7. Elevate your upper body with pillows or sit in a recliner chair.
8. No Aspirin or aspirin containing products for 72 hours post-operatively unless authorized by Dr. Cole.

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:** _____