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## The VITAL FACIAL, NECK & EYE SURGERY POST-OP SELF CARE GUIDE and PRE-CHECK LIST

**Procedures Covered:** Rhytidectomy • SMAS Facelift • Deep Plane / Volumizing / Natural Elevation Facelift • Limited-Incision Rhytidectomy • Mini Lift • MACS Lift • Quick-Recovery Lift • Buccal Fat Excision • Malar / Submalar Augmentation • Cheek Implants / Cheek Enhancement • Platysmaplasty & Cervicoplasty • Neck Lift • Platysmaplasty: Neck Band Tightening • Submental Liposuction: Double Chin Melt / Jawline Sculpting • Genioplasty: Chin Augmentation / Profile Harmonization • Blepharoplasty: Eyelid Lift • Upper Blepharoplasty: Eye-Opening Surgery / Hooded Eyelid Fix • Lower Blepharoplasty / Under-Eye Bag Removal / Tear Trough Smoothing • Frontal Rhytidectomy: Brow Lift / Forehead Lift / Keyhole Brow Lift / Cat-Eye Lift • Rhinoplasty / Nose Reshaping / Piezo Nose Sculpting • Subnasal Lip Lift / Permanent Lip Plump

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Congratulations on taking this transformative step. Your surgeon has performed an extraordinary procedure, and the weeks ahead are your opportunity to protect and maximize every bit of that result. Facial, neck, and eye surgeries are among the most visible and delicate procedures in all of plastic surgery -- and excellent outcomes begin with excellent recovery. This guide walks you through the self-care steps that reduce complications, preserve your results, and help you heal with confidence. Follow it closely, lean on your support system, and trust the process your surgical team designed for you.

### SECTION 1: MEDICATION MANAGEMENT & PRE-SURGERY ORGANIZATION

The most important recovery preparation happens before surgery. Post-anesthesia and opioid medication impair memory, judgment, and coordination. A well-prepared medication system means you never have to think -- you simply follow what has already been set up for you.

#### Before Surgery -- Set Up Your Recovery Station

- Fill all prescriptions before your surgery date and organize them on a labeled tray at your recovery spot. Write the medication name, dose, and schedule time on each container.
  - Create a medication log: a simple chart with columns for medication name, prescribed dose, frequency, and a checkbox for each scheduled time. Use a printed sheet or a notes app.
  - Set individual phone alarms for every dose time. Label each alarm with the medication name so there is no guesswork post-anesthesia.
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- Place a straw cup and filled water bottle at your recovery station before leaving for surgery. Even slight head lowering to drink from a standard glass creates pressure at facial incision sites in the first 48 hours.
- Stock these in advance: prescription pain medication, stool softeners, prescribed antibiotics, anti-nausea medication if prescribed, and surgeon-approved OTC pain relievers for the transition phase.
- Stop all blood-thinning agents -- aspirin, ibuprofen, NSAIDs, vitamin E, fish oil, St. John's Wort, garlic supplements, green tea extracts, and alcohol -- at the interval your surgeon specifies, typically 2-4 weeks before surgery. These significantly increase hematoma risk after facial procedures.
- Arrange for a responsible adult to drive you to surgery and remain with you for the first 24 hours. You will not be permitted to leave the surgical facility alone.

### **Pain Medication -- Take It On Schedule**

- Take pain medication on schedule, not only when pain becomes unbearable. Staying ahead of pain is essential -- uncontrolled pain triggers muscle guarding and tension that stresses facial and neck incisions.
- If muscle relaxers are prescribed, take them as directed. Neck band procedures and deep plane facelift patients in particular benefit from muscle relaxant support in the first 48-72 hours.
- Transition to over-the-counter acetaminophen or other surgeon-approved OTC options as soon as your surgeon advises. Never use aspirin or ibuprofen unless explicitly approved.
- Never combine opioid medications with alcohol, sedatives, or sleep aids without explicit surgical team approval.
- If your prescribed dose is not managing pain adequately, call your surgeon's office -- do not self-adjust dosage without guidance.

### **Bowel Preparation -- Begin Day One, Not Day Three**

- Start stool softeners the evening of surgery or the morning after. Do not wait for constipation to develop. Straining elevates intracranial and facial pressure -- directly undesirable after any facial surgical procedure.
- Take stool softeners daily for every day you remain on opioid pain medication.
- Drink a minimum of 64 ounces of water daily through a straw to keep hydration high without head lowering or excess swallowing effort.
- A warm glass of water or prune juice in the morning stimulates the gastrocolic reflex and encourages motility.
- If no bowel movement by day 3, contact your surgical team before attempting any intervention.

### >> FAMILY HELPER TIPS

- Set backup medication alarms on your own phone, coordinated with the patient's alarms, so both systems are active.
- Keep the medication log and place a checkmark at every dose -- this eliminates confusion about whether a dose was already taken.
- Prepare snacks or small meals timed around the medication schedule. Soft foods require minimal jaw movement, which is important after facelift and chin procedures.
- Monitor bowel status daily. Note each day whether a bowel movement occurred and flag day 3 without one to the surgical team.
- Pre-fill the water bottle with a straw and keep it within arm's reach. In the first 48 hours, most facial surgery patients cannot safely tip their head back or lower their head forward without increasing facial swelling.

## SECTION 2: COMMON COMPLICATIONS & YOUR SELF-CARE PLAN

Your surgeon has done everything possible in the operating room to set you up for a beautiful outcome. The following 20 complications are known risks after facial, neck, and eye procedures -- but most are highly preventable with disciplined self-care. Complications for facial procedures appear first, neck procedures second, and eye procedures last. Review each one, understand the warning signs, and commit to the care steps below.

### FACIAL SURGERY COMPLICATIONS

#### 1. Hematoma (Internal Bleeding Under the Incision)

**Most common after:** Rhytidectomy, SMAS Facelift, Deep Plane Facelift, Mini Lift, MACS Lift, Brow Lift, Blepharoplasty, Neck Lift

A hematoma forms when a small blood vessel continues bleeding under the skin after surgery. It is the single most common serious complication of facelift surgery -- occurring in approximately 1-3% of female patients and up to 8% of male patients due to differences in facial vascularity. It typically develops in the first 6-24 hours at home. Caught early, drainage is straightforward. Caught late, it can cause skin necrosis, permanent discoloration, and contour deformities. Elevated blood pressure is the most significant and modifiable risk factor.

#### Your Self-Care Actions:

- Rest completely and keep your head elevated at 30-45 degrees continuously for the first 48 hours -- both while awake and sleeping. Never lie flat.
- Manage blood pressure proactively. If you have hypertension or take blood pressure medication, take it exactly as prescribed. A blood pressure spike post-anesthesia is a leading trigger of post-facelift hematoma.
- Avoid all known blood-thinning substances for the full post-op restriction period: no aspirin, ibuprofen, fish oil, vitamin E, herbal supplements, or alcohol.
- Avoid straining, heavy exertion, or any activity that raises your heart rate or blood pressure significantly for at least 2 weeks.
- Do not blow your nose forcefully after rhinoplasty. Sneezing should be released through the open mouth to prevent pressure buildup.

- Doctor Trick: Set a bruise and swelling check every 4 hours for the first 48 hours. Compare both sides of the face. Sudden unilateral tightening, rapid swelling on one side only, or escalating pain after a period of comfort are the cardinal early warning signs of hematoma.

**! Contact Your Surgeon Immediately If You Notice:**

- Sudden tightening or pressure on one side of the face that appeared or worsened after initial comfort
- Rapid, asymmetric swelling -- one side dramatically more swollen than the other
- A bruise darkening rapidly on one side only
- An unexpected increase in pain after a period of relative comfort
- Feeling of fullness or firmness under a flap that was not present at discharge

**>> FAMILY HELPER TIPS**

- Check both sides of the face every 4-6 hours for the first 48 hours and photograph each check. Asymmetry in swelling, color, or firmness between sides is the most reliably detectable early hematoma sign.
- Keep the head elevated at all times during the first 48 hours. Do not allow the patient to lie flat, even for short naps.
- Minimize emotional stress and household commotion around the patient. Emotional arousal raises blood pressure and directly increases hematoma risk.

## 2. Nerve Injury (Motor or Sensory)

*Most common after: Rhytidectomy, SMAS Facelift, Deep Plane Facelift, Brow Lift, Blepharoplasty, Rhinoplasty, Neck Lift, Genioplasty, Buccal Fat Excision*

The face is served by an intricate network of motor nerves (controlling muscle movement) and sensory nerves (controlling feeling). Facial surgery always risks temporary nerve disruption -- and in rare cases, permanent injury. Temporary numbness, tingling, or weakness in the face is expected after facelift and is almost always a result of surgical swelling compressing nerves rather than permanent damage. Most temporary nerve changes resolve within weeks to months. Permanent motor nerve injury after rhytidectomy occurs in less than 1% of cases but requires prompt identification and management when it does.

### Your Self-Care Actions:

- Understand that numbness and hypersensitivity in the face, ear, and neck are expected for weeks to months after facelift. The greater auricular nerve is the most commonly affected nerve, producing numbness around the ear and lower face.
- Protect numb areas from heat, cold, and pressure. You cannot feel damage in areas of reduced sensation -- check for redness or skin irritation visually.
- Do not apply hot water, heating pads, or heated tools (hair dryers, curling irons) directly to areas of facial numbness. Thermal burns have occurred when sensation is absent.
- Doctor Trick: Begin gentle desensitization therapy for areas of hypersensitivity once your surgeon clears incisions. Light tactile stimulation with a soft cloth for 1-2 minutes daily can retrain overstimulated nerve endings over weeks.

- Report any new facial asymmetry in expression -- uneven smile, inability to close one eye fully, or drooping of one brow -- to your surgeon promptly. These suggest motor nerve involvement and warrant assessment.

**! Contact Your Surgeon's Office If You Notice:**

- New facial asymmetry in expression: uneven smile, one eye not closing fully, drooping of a brow or corner of the mouth
- Severe burning or electric shock sensations that are significantly limiting daily function
- Persistent motor weakness that shows no gradual improvement after 4-6 weeks
- Complete numbness in an area with no improvement whatsoever after 3-6 months

**>> FAMILY HELPER TIPS**

- At each check, observe the patient's facial expression symmetry: smile, brow raise, eye closure. Photograph any asymmetries and share with the surgical team.
- Protect areas of reduced sensation from heat-producing tools. Alert the patient before applying any heated item near their face during the healing period.
- Emotional support matters here. Facial nerve changes -- even temporary ones -- are psychologically distressing. Reassurance and context help manage anxiety during the recovery timeline.

### 3. Skin Flap Necrosis (Tissue Loss at Incision Edges)

*Most common after: Rhytidectomy, SMAS Facelift, Deep Plane Facelift, Mini Lift, Brow Lift, Neck Lift -- highest risk in smokers*

Skin flap necrosis occurs when areas of skin elevation during surgery temporarily lose adequate blood supply, resulting in tissue loss most commonly at the incision edges, behind the ear, and in the temporal hairline. It announces itself with skin discoloration progressing from pink to gray to dark -- often over 48-72 hours. Smoking is the most powerful and modifiable risk factor -- facelift patients who smoke have dramatically elevated necrosis rates. Caught early with targeted wound care, small areas often heal without revision.

**Your Self-Care Actions:**

- Do not smoke for a minimum of 4-6 weeks post-surgery. No exceptions for any nicotine delivery method -- cigarettes, vaping, patches, gum, or chew. Nicotine causes vasoconstriction that directly starves surgical tissue of oxygen.
- Stay well hydrated. Dehydration reduces blood volume and compromises peripheral tissue perfusion at the most vulnerable incision edges.
- Avoid cold environments, cold compresses directly on incision edges, or prolonged exposure to cold air. Vasoconstriction from cold restricts the marginal blood supply that healing skin depends on.
- Maintain head elevation continuously for the first week. Dependent edema (swelling from head lowering) increases pressure on flap blood supply.
- Doctor Trick: Ask your surgeon about arnica montana supplements or topical arnica after clearance. Arnica has clinical support for reducing bruising and supporting tissue perfusion. Always confirm with your surgeon before starting.

- Watch daily for: skin at or near the incision appearing dusky, gray, or purple; skin that does not blanch when pressed or stays white after pressure; skin that feels unusually firm or cool.

**! Contact Your Surgeon's Office Same Day If You Notice:**

- Any area of skin at the incision line appearing dusky, gray, blue-purple, or darker than surrounding tissue
- Skin that does not blanch when pressed, or that stays white after pressure is released
- A dark, firm, or hardened patch developing anywhere along the hairline, behind the ear, or at the preauricular incision
- An unexpected open area forming anywhere along any incision

**>> FAMILY HELPER TIPS**

- Inspect skin color at all incision sites daily -- especially behind the ears and along the temporal hairline -- and photograph each check.
- Keep the recovery environment warm. Cold rooms cause peripheral vasoconstriction that reduces blood flow to surgical tissue at exactly the points most at risk.
- Enforce the no-smoking rule absolutely. Even second-hand smoke in the recovery environment affects tissue perfusion.

#### 4. Seroma (Post-Surgical Fluid Pocket)

*Most common after: Rhytidectomy, SMAS Facelift, Deep Plane Facelift, Neck Lift, Brow Lift*

A seroma is a collection of clear fluid that builds in spaces created during surgery when the lymphatic system cannot keep pace with fluid production. In facial surgery, seromas most commonly form along the neck, in pre-auricular tissue planes, and under the chin after submental liposuction or platysmaplasty. Though less common than in body procedures, facial seromas can distort contour, delay healing, and require aspiration if significant.

**Your Self-Care Actions:**

- Wear your facial compression wrap or chin strap for the full duration your surgeon prescribes. Consistent, gentle compression on the surgical tissue planes is the primary seroma prevention measure.
- Limit all physical exertion and vigorous activity beyond walking for the full restriction period. Exertion increases lymphatic fluid production and disrupts healing tissue planes.
- Doctor Trick: If your surgeon approves manual lymphatic drainage (MLD) facial massage -- typically beginning around days 5-10 -- commit to the recommended frequency. MLD performed by a certified therapist accelerates lymphatic clearance and measurably reduces facial and neck swelling.
- Watch for: soft, fluctuant swelling that appears days after surgery and does not follow the expected pattern of gradually decreasing, a sensation of fluid shifting under the skin, or asymmetric fullness in the neck or preauricular area.
- Do not press on, massage, or attempt to drain a suspected seroma yourself. Contact your surgeon's office for evaluation.

### **! Contact Your Surgeon's Office If You Notice:**

- New soft, wave-like swelling appearing days after surgery that was not present at discharge
- A sensation of fluid shifting under the skin when you turn your head
- Asymmetric fullness in the neck, beneath the chin, or in front of the ear that is new or increasing

### **>> FAMILY HELPER TIPS**

- Assist with compression wrap or chin strap removal and correct replacement after bathing.
- Watch for and photograph any new or asymmetric swelling changes, particularly in the neck and submental area, and send photos to the surgeon's office for remote evaluation.
- Help log drain output if drains are in place. Seroma risk increases when drains are removed prematurely based on inaccurate output records.

## **5. Surgical Site Infection**

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*Most common after: All Facial, Neck, and Eye Procedures*

Infection after facial surgery is uncommon but serious -- the proximity of facial incisions to the mouth, nose, and ear canals creates a higher ambient bacterial environment than body procedures. An infection near a chin implant or cheek implant can require temporary implant removal. Near the eye, an infection can threaten vision. Sterile technique and vigilance are your best defenses through every dressing change and wound interaction.

### **Your Self-Care Actions:**

- Wash hands thoroughly with soap and water for at least 20 seconds before touching any incision, dressing, or drain -- every time, without exception.
- Clean incisions as directed by your surgeon using saline solution and sterile gauze only. Pat -- never rub -- and pat completely dry after any water contact. Moisture promotes bacterial growth, particularly in skin folds and at the hairline.
- Change dressings on the exact schedule your surgeon specified using fresh, sterile materials every time.
- No submersion in any water until your surgeon explicitly clears you. Shower only as directed, keeping water and steam away from facial incisions.
- Complete your full antibiotic course exactly as prescribed. Do not stop when you feel well. Antibiotic prophylaxis for chin and cheek implant patients may extend longer -- follow your specific protocol precisely.
- Doctor Trick: After surgeon approval, a thin layer of plain petroleum jelly over closed incisions acts as a moisture barrier and has been shown to reduce both scarring and infection risk. Never apply antibiotic ointments unless specifically prescribed.
- Doctor Trick: Keep fresh pillowcases on your recovery pillow every 2-3 days. Wash clothing that contacts healing incisions daily. Bacterial colonization of fabric in contact with healing wounds is a preventable infection source.

### **! Contact Your Surgeon's Office Promptly If You Notice:**

- Spreading redness radiating outward from any incision (larger than a half-inch in any direction)
- Increased warmth, hard firmness, or unusual tenderness at or around any incision
- Discharge that changes: thicker, colored (yellow, green), or foul-smelling
- Fever above 101 degrees F -- take temperature twice daily for the first two weeks
- Red streaking visible in the skin surrounding any incision

### **>> FAMILY HELPER TIPS**

- Assist with dressing changes using clean gloves when available. Two-person technique maintains sterility.
- Take temperature readings morning and evening and log the results. An upward trend over 24-48 hours is often more significant than a single reading.
- Photograph incisions at each dressing change for baseline comparison and remote surgical team triage.

## **6. Hypertrophic Scarring & Contour Deformities**

*Most common after: Rhytidectomy, SMAS Facelift, Neck Lift, Brow Lift, Blepharoplasty, Rhinoplasty, Lip Lift*

Hypertrophic scars are raised, thickened, red scars that form when the body produces excess collagen during healing. They remain within the incision boundaries (unlike keloids) and typically appear 4-12 weeks after surgery. Contour deformities -- lumps, depressions, uneven tissue distribution -- can develop from irregular healing, excessive scar tissue, or disrupted fat compartments. Both conditions are more common in patients who experience infection, wound dehiscence, or who resume physical activity too soon. Most improve significantly with early, consistent scar therapy.

### **Your Self-Care Actions:**

- Begin scar management therapy as soon as your surgeon clears incisions -- typically at weeks 3-4. Early and consistent application is clinically superior to late intervention. Silicone gel sheeting and silicone-based scar gels are the gold standard, with the strongest evidence base.
- Apply high-SPF, broad-spectrum sunscreen to all exposed healed incisions every day. UV exposure causes permanent hyperpigmentation of maturing scars that no topical product can reverse. This protection must continue for a minimum of 12 months.
- Doctor Trick: Massage healed incisions with gentle circular motions for 2-3 minutes twice daily once your surgeon clears you for scar massage (typically 4-6 weeks post-op). Scar massage breaks up underlying adhesions, improves circulation, and reduces hypertrophic scar thickness over time.
- Follow all activity restrictions precisely. Tension across incisions during healing -- from reaching, turning, or exertion -- is a direct driver of widened, raised scars.
- If you have a history of hypertrophic scarring or keloids, inform your surgeon before surgery. Prophylactic silicone sheeting from the earliest possible date and follow-up with your surgical team is especially important for these patients.

**! Contact Your Surgeon's Office If You Notice:**

- A scar that is progressively thickening, raising, or expanding rather than flattening over weeks
- Visible lumps, depressions, or surface irregularities that are new or worsening after the first 4 weeks
- A scar that is becoming increasingly red, itchy, or tender weeks after it initially appeared to be healing

**>> FAMILY HELPER TIPS**

- Set daily reminders for scar gel application and gentle scar massage. Compliance with scar therapy is the single largest driver of long-term scar outcome.
- Apply sunscreen to healed incision areas when the patient will be outdoors. This continues for 12 months post-surgery.
- Photograph incisions weekly to document progression. These photos are valuable at follow-up appointments and help motivate continued compliance with scar therapy.

## 7. Incisional Alopecia (Hair Loss Along Incision Lines)

*Most common after: Rhytidectomy, SMAS Facelift, Deep Plane Facelift, Brow Lift, Forehead Lift*

Incisional alopecia is hair loss along or near the surgical incision -- most commonly at the temporal hairline and preauricular areas after facelift, and at the hairline after brow lift. It results from disruption of hair follicles during incision or from tension on scalp tissue during closure. Telogen effluvium -- a diffuse temporary shedding triggered by surgical stress -- can also produce broader hair thinning 2-4 months after surgery. Most hair loss is temporary and recovers within 3-6 months. Permanent follicle loss is less common but possible.

**Your Self-Care Actions:**

- Avoid any thermal styling tools -- blow dryers, flat irons, curling irons -- near incision lines until your surgeon explicitly clears you. Heat applied to healing scalp tissue damages recovering follicles.
- Delay hair coloring, perming, or chemical treatments for a minimum of 5-6 weeks post-surgery, or as directed by your surgeon. Chemical agents can disrupt incision healing and worsen follicular recovery.
- Wash hair gently using a fragrance-free, sulfate-free shampoo and cool water. Apply gentle pressure only -- never scrub or scratch along incision lines.
- Doctor Trick: Ask your surgeon about low-level laser therapy (LLLT) devices for the scalp -- these are FDA-cleared for promoting hair regrowth and have evidence for post-surgical alopecia recovery when begun at the appropriate healing stage.
- Minimize tension on the scalp. Avoid tight ponytails, braids, headbands, or any hairstyle that pulls at the scalp near incision sites during the first 3 months.

**! Contact Your Surgeon's Office If You Notice:**

- A widening bare patch along the incision line that is expanding rather than showing re-growth
- No early signs of hair regrowth (new fine hairs) in an alopecia patch after 3-4 months
- Ongoing scalp inflammation, crusting, or tenderness at the site of hair loss

### >> FAMILY HELPER TIPS

- Assist with gentle hair washing for the first week. Most patients cannot safely position their head over a sink or manage water temperature near incisions solo in the early recovery period.
- Keep hair styling tools away from incision areas until surgeon clearance. Remind the patient before any heat styling session.
- Note and photograph any areas of hair thinning beginning around weeks 6-8. Post-operative telogen effluvium typically peaks between months 2-4.

## 8. Marginal Mandibular Nerve Injury

**Most common after:** *Rhytidectomy, SMAS Facelift, Deep Plane Facelift, Neck Lift, Genioplasty, Submental Liposuction*

The marginal mandibular nerve is a branch of the facial nerve (CN VII) that controls movement of the lower lip and chin. Injury -- most commonly temporary -- results in asymmetric lip depression during smiling, drooping of the corner of the mouth, or difficulty fully depressing the lower lip. It occurs most often during neck and lower face procedures due to this nerve's anatomic course along the inferior border of the mandible. Temporary injury is far more common than permanent injury and typically resolves within weeks to months as post-surgical swelling subsides.

### Your Self-Care Actions:

- Understand that asymmetric lower lip movement in the first 1-4 weeks after lower facelift, neck lift, or chin surgery is most commonly swelling-induced nerve compression, not permanent injury.
- Report any lower facial asymmetry to your surgeon at your first post-op visit rather than waiting. Early documentation and monitoring is more clinically useful than delayed reporting.
- Avoid activities that strain the lower facial musculature: chewing hard foods, laughing forcefully, or any exertion that strains jaw or neck muscles, during the first 2 weeks.
- Doctor Trick: Ask your surgeon about referral to a facial physical therapist for neuromuscular facial exercises if marginal mandibular nerve weakness persists beyond 6 weeks. Targeted neuromuscular retraining can accelerate recovery and compensate for persistent weakness.
- Soft foods for the first 1-2 weeks protect both incisions and recovering nerve function in procedures involving the lower face and chin.

### ! Contact Your Surgeon's Office If You Notice:

- Visible asymmetry in the lower lip -- one side depresses less than the other when smiling or speaking
- Drooping of one corner of the mouth that was not present at discharge
- Inability to fully lower the lower lip or pucker the lips symmetrically
- Lower facial weakness that is worsening rather than gradually improving over weeks

### >> FAMILY HELPER TIPS

- Observe the patient's lower lip and smile symmetry at each check during the first week. Photograph any asymmetry and document the date of onset.
- Prepare soft, easy-to-chew recovery meals for the first 2 weeks. Soups, yogurt, scrambled eggs, and smoothies protect both lower face incisions and recovering motor nerves.
- Offer reassurance: temporary marginal mandibular weakness is frightening but resolves in the vast majority of patients within 2-3 months.

## NECK SURGERY COMPLICATIONS

### 9. "Cobra Neck" Deformity & Contour Irregularities

*Most common after:* Neck Lift, Platysmaplasty, Submental Liposuction, Cervicoplasty, SMAS Facelift with Neck Work

Cobra neck deformity is a contour irregularity resulting from over-resection of submental fat or aggressive platysmal banding correction, leaving a central band or depression between the submandibular glands that resembles a cobra hood. It can also result from excessive lateral neck tightening without adequate central submental support. Contour irregularities from uneven liposuction or asymmetric platysmal tightening present as visible lumps, depressions, or uneven bands under the chin and along the anterior neck.

#### Your Self-Care Actions:

- Wear your chin strap or neck compression wrap exactly as directed for the full prescribed duration. Consistent, even compression supports the tissue adherence to the underlying anatomy as it heals.
- Avoid any exercises or movements that recruit the platysma or neck muscles forcefully -- no heavy exertion, no turning the head sharply, no chin-to-chest stretches -- until cleared by your surgeon.
- Sleep with the head elevated and avoid sleeping on your side or stomach during the first 3 weeks. Lateral head pressure can displace healing tissue before it has adhered.
- Doctor Trick: At 4-6 weeks post-op, gentle manual lymphatic drainage of the neck performed by a certified therapist can reduce residual firmness and improve early contour. Ask your surgeon if this is appropriate for your procedure.
- Understand that significant swelling in the first 4-8 weeks after neck lift and submental procedures routinely masks the true final contour. Many apparent irregularities at 6 weeks self-resolve by 3-6 months as swelling fully resolves.

#### ! Contact Your Surgeon's Office If You Notice:

- A visible central band, cord, or depression between the chin and the neck that was not present at discharge
- Visible lumps, asymmetric fullness, or depressions in the neck or submental area that are worsening over time
- An appearance after 3-4 months of healing that suggests persistent contour irregularity rather than resolving swelling

### >> FAMILY HELPER TIPS

- Assist with compression wrap positioning after every bathing session. Consistent, correctly positioned compression is critical for contour outcomes in the first weeks.
- Remind the patient to keep head movements gentle and avoid sudden neck rotations or exertion during the restriction period.
- Take weekly photos in the same position and lighting to document contour progress accurately over the healing arc.

## 10. Mentalis Muscle Dysfunction

*Most common after: Genioplasty, Chin Augmentation, Chin Implant Placement, Submental Liposuction*

The mentalis muscle originates from the chin bone and controls lower lip pout, chin protrusion, and lower lip elevation. Any procedure involving the chin -- genioplasty, chin implant placement, or significant submental work -- risks disrupting the mentalis's origin, resulting in lower lip incompetence, difficulty swallowing, chin dimpling, or "witch's chin" appearance (downward-pointing soft tissue). Most mentalis dysfunction after properly performed chin procedures is temporary, resolving as swelling decreases and the muscle re-establishes its normal tension over 2-3 months.

### Your Self-Care Actions:

- Stick to soft foods for a minimum of 2 weeks after any chin procedure. Chewing requires significant mentalis and depressor labii inferioris activation -- protecting these muscles during healing reduces tension on the surgical repair.
- Avoid movements that require maximal chin muscle recruitment: drinking through a straw is allowed, but avoid biting into hard foods, making exaggerated lip movements, or placing any mechanical stress on the chin area.
- Maintain chin compression or supportive taping as directed by your surgeon. Post-genio-*plasty* taping protocols support the mentalis muscle re-adherence to the chin surface.
- Doctor Trick: Ask about referral to a facial physical therapist for targeted mentalis muscle retraining if lower lip incompetence or chin projection issues persist beyond 8 weeks. Neuromuscular exercises are effective at rebuilding mentalis function when performed under appropriate guidance.
- Report any drooling, difficulty with lower lip seal when drinking, or unusual chin dimpling to your surgeon at your follow-up appointment -- these should not be dismissed as trivial.

### **! Contact Your Surgeon's Office If You Notice:**

- Difficulty keeping the lower lip sealed against the upper lip (lip incompetence)
- Persistent drooling or inability to hold liquids in the mouth
- Visible chin dimpling or a downward-pointing soft tissue mass under the chin
- Lower lip position that appears lower or more everted than it was before surgery

### >> FAMILY HELPER TIPS

- Prepare exclusively soft, easy-to-chew foods for the first 2 weeks. Avoid all hard, chewy, or sticky foods that require mentalis and jaw recruitment.
- Observe lip symmetry and completeness of lower lip closure at daily checks.
- Support the patient emotionally during any temporary functional changes -- being unable to drink without difficulty or smile symmetrically, even temporarily, can be significantly distressing.

## 11. Submental Suture Spitting & Internal Fibrosis

*Most common after: Platysmaplasty, Neck Lift, Submental Liposuction, Cervicoplasty, SMAS Facelift with Platysmaplasty*

Suture spitting occurs when a buried suture gradually works its way to the skin surface, creating a small opening, tender bump, or thread visible under the skin. It is a well-recognized consequence of permanent or long-lasting absorbable sutures used in platysmal repair and neck contouring. Internal fibrosis -- the formation of organized scar tissue bands within the neck after platysmaplasty -- can create visible cords, vertical banding, or firmness in the neck that persists beyond the expected swelling timeline. Both are manageable and neither represents surgical failure.

### Your Self-Care Actions:

- Inspect the submental and neck incision area daily during dressing changes. A small pimple-like bump, thread visible just under the skin, or a tiny opening at or near the incision that was not previously present may indicate suture spitting.
- Do not attempt to pull, clip, or remove any visible suture yourself. Improper removal can introduce infection and disrupt the underlying repair.
- Keep the area clean and moist if a suture is spitting: apply petroleum jelly and cover with a non-stick dressing until you can reach your surgeon's office.
- Doctor Trick: Gentle neck massage with a firm but non-aggressive technique -- once cleared by your surgeon at 4-6 weeks -- can reduce internal fibrosis formation and improve long-term softness and mobility of healing neck tissue.
- Report any visible bands, cords, or firmness in the neck that is new or worsening after the expected swelling timeline to your surgeon. Early intervention with targeted massage, ultrasound therapy, or injection has better outcomes than delayed treatment.

### ! Contact Your Surgeon's Office If You Notice:

- A small bump, thread, or opening at or near the submental or neck incision
- A visible or palpable band or cord under the chin or along the anterior neck that is new or worsening
- Firmness or tightness in the neck that is not following the expected arc of gradual softening over weeks
- Any incision opening that is not closing on its own within a few days

### >> FAMILY HELPER TIPS

- Inspect the neck and submental incision area at daily dressing changes and photograph any suture spitting sites.
- Do not attempt to remove or manipulate any visible suture. Stabilize with petroleum jelly and a non-stick dressing and contact the surgeon's office.
- Help the patient perform surgeon-cleared neck massage once approved -- many patients cannot adequately apply the correct technique to their own neck solo.

## 12. Wound Dehiscence (Incision Separation)

*Most common after: Rhytidectomy, SMAS Facelift, Neck Lift, Brow Lift, Rhinoplasty, Lip Lift, Blepharoplasty*

Wound dehiscence -- partial or complete separation of a surgical incision before healing is complete -- is most common at points of tension in weeks 1-3 of recovery. In facial surgery, the highest-risk sites are the preauricular and postauricular incisions (facelift), the hairline (brow lift), the subnasal junction (lip lift), and the eyelid crease (blepharoplasty). Most cases happen because there was no one present to stop an ill-timed head movement, excessive facial expression, or physical activity.

### Your Self-Care Actions:

- Follow all activity restrictions exactly. No exertion, bending, reaching overhead, or heavy lifting during the restriction period. Facial and neck incisions experience tension from all these activities.
- Minimize intense facial expressions for the first 2 weeks -- no exaggerated smiling, laughing, or grimacing. Extreme facial movement creates tension across cheek, perioral, and hairline incisions.
- Avoid any activity that significantly raises blood pressure or intracranial pressure: straining during bowel movements, heavy coughing, vomiting, or vigorous exercise. Manage all of these proactively.
- Protect the lip lift incision site meticulously: eat only soft foods, avoid wide mouth opening, and protect the subnasal area from any mechanical contact for the first 3 weeks.
- Doctor Trick: For rhinoplasty patients -- never blow your nose in the first 3-4 weeks. If you must sneeze, release it through an open mouth to prevent intraoperative pressure at nasal incisions and osteotomy sites.

### ! Contact Your Surgeon's Office If You Notice:

- Any widening, separation, or new opening along any portion of any incision
- A dressing becoming wet or saturated from wound weeping that was previously dry
- A gap or visible step appearing along any suture line that was closed and smooth at discharge

### >> FAMILY HELPER TIPS

- Be physically present as a buffer for the first 3 weeks -- a verbal reminder before any reaching, exertion, or intense facial expression is more protective than a restriction list read once.
- Prepare exclusively soft foods for the first 3 weeks. Wide jaw opening and hard chewing are the primary dietary threats to lower facial and lip incisions.
- Keep children and pets away from direct facial contact with the patient during the restriction period.

## RHINOPLASTY & GENERAL COMPLICATIONS

### 13. Swelling-Induced Airway Compromise

*Most common after: Rhinoplasty, Nose Reshaping, Piezo Nose Sculpting, Lip Lift, Subnasal Procedures, Deep Plane Facelift with Significant Edema*

Post-rhinoplasty nasal obstruction from internal swelling is expected and universal for the first 1-4 weeks -- the inside of the nose swells significantly more than the outside. Most patients feel they cannot breathe through the nose at all during this period. This is normal and resolves as swelling subsides. True airway compromise -- where swelling is severe enough to cause breathing difficulty during sleep or at rest -- is less common but requires prompt identification. Patients who have had oropharyngeal work or who develop significant bilateral edema are at highest risk.

#### Your Self-Care Actions:

- Sleep with the head elevated at 30-45 degrees for the first 3-4 weeks after rhinoplasty. Head elevation reduces nasal and facial edema and maintains the upper airway in its most patent position.
- Use saline nasal spray as directed by your surgeon to keep nasal passages moist and clear of crusting. Never use decongestant nasal sprays unless explicitly prescribed.
- Do not blow your nose for 3-4 weeks. If congestion is causing discomfort, sniff gently inward -- never blow outward. Blowing after rhinoplasty can displace osteotomies and disrupt nasal tip work.
- Keep a cool mist humidifier running in your recovery room during the first 2 weeks. Humidified air reduces nasal drying, crusting, and the discomfort of obligate mouth breathing.
- Doctor Trick: Apply a thin layer of petroleum jelly just inside the nares (nasal openings) as directed. This prevents the painful drying and crusting that develops in the first week when mouth breathing is required.
- Report any sensation of throat tightening, difficulty swallowing, or inability to open the mouth normally after any facial procedure -- these are early signs of deeper tissue edema requiring prompt assessment.

#### **! Seek Emergency Care Immediately If You Experience:**

- Difficulty breathing that is significantly worsening -- not just nasal congestion but true shortness of breath
- Stridor -- a high-pitched sound with breathing that indicates upper airway narrowing
- Throat tightening, difficulty swallowing, or inability to open the mouth normally
- Oxygen saturation below 95% on a home pulse oximeter if you are monitoring at home

#### >> FAMILY HELPER TIPS

- Have a pulse oximeter at home for the first 48 hours after rhinoplasty or any procedure involving the nose, throat, or deep facial structures. Check readings at each medication check.
- Keep the head elevated at all times during the first 72 hours, including during sleep. This is the most powerful anti-edema measure available.
- Run a cool mist humidifier in the recovery room continuously for the first 2 weeks.

## 14. Anosmia / Hyposmia (Loss or Reduction of Smell)

**Most common after:** *Rhinoplasty, Nose Reshaping, Piezo Nose Sculpting* -- any procedure involving the nasal cavity

Anosmia (complete loss of smell) and hyposmia (partial reduction) can follow rhinoplasty due to post-operative swelling occluding olfactory epithelial access, disruption of the nasal airflow pattern, or -- rarely -- direct olfactory nerve impact. In the vast majority of cases, this is temporary and resolves as swelling decreases and the nasal architecture heals, typically within weeks to a few months. True permanent anosmia after rhinoplasty is uncommon. Because smell directly influences taste, many patients also report diminished food enjoyment during this period.

### Your Self-Care Actions:

- Understand that loss or significant reduction of smell in the first 2-4 weeks after rhinoplasty is expected and almost always swelling-related. The olfactory receptor neurons sit high in the nasal cavity and their access is temporarily occluded by post-surgical edema.
- Follow nasal care instructions precisely: saline spray, humidifier use, and avoiding nose blowing reduce the crusting and mucus congestion that further impairs olfactory access during healing.
- Doctor Trick: Begin structured smell retraining at 6-8 weeks if smell has not recovered. Smell retraining -- sniffing four distinct scents (typically rose, lemon, eucalyptus, clove) twice daily for 3-4 months -- has strong clinical evidence for accelerating olfactory recovery after nerve disruption or surgical trauma.
- Protect food safety during anosmia: you cannot smell smoke, gas leaks, or spoiled food. Install functioning smoke detectors, check food expiration dates carefully, and be conservative about food that cannot be visually assessed for freshness.
- Report persistent anosmia with no improvement whatsoever at 3 months to your surgeon for further evaluation.

### ! Contact Your Surgeon's Office If You Notice:

- Complete absence of smell that shows absolutely no improvement after 6-8 weeks
- Foul-smelling odors or unusual smell perceptions (phantosmia) -- these can indicate infection or healing complications
- Significant taste changes that extend beyond the immediate post-operative swelling period without any improvement

### >> FAMILY HELPER TIPS

- Be aware that the patient cannot smell gas leaks, smoke, or food spoilage during anosmia. Take over kitchen and home safety monitoring during this period.
- Support smell retraining by assembling the four retraining scents and setting daily reminders for the retraining sessions.
- Prepare flavorful, well-seasoned foods that rely more on taste receptor stimulation than aroma -- the experience of eating is significantly impaired by smell loss, and maintaining nutrition requires extra attention.

## 15. Internal Fibrosis (Subcutaneous Scarring & Adhesion)

*Most common after: Rhytidectomy, SMAS Facelift, Deep Plane Facelift, Neck Lift, Buccal Fat Excision, Submental Liposuction*

Internal fibrosis is the formation of organized scar tissue within the deep tissues after surgery. In facial procedures, this presents as visible or palpable firmness, bands, or tightening under the skin -- particularly in the cheeks, jawline, and neck. Mild fibrosis is a normal part of healing and softens over months. Pathological fibrosis that creates visible distortion, limits facial expression, or produces persistent induration requires active management. It is most common after procedures with significant tissue elevation or manipulation.

### Your Self-Care Actions:

- Maintain gentle facial movement throughout recovery. Immobility accelerates fibrosis formation. Controlled, gentle facial expression within surgeon-approved parameters helps keep tissues mobile as they heal.
- Begin surgeon-cleared scar massage of deep facial and neck tissues at 4-6 weeks. Deep tissue massage with circular and linear motions for 2-3 minutes twice daily breaks developing adhesions and improves long-term tissue quality.
- Doctor Trick: Ask your surgeon about medical-grade ultrasound therapy for fibrotic areas. External therapeutic ultrasound disrupts organized scar tissue, improves tissue extensibility, and is routinely used after facelift and neck procedures to address persistent firmness.
- Be patient. Internal fibrosis after facial procedures can take 6-12 months to fully soften. The appearance at 3 months is not the final result. Consistent massage and movement are the most reliable accelerators of resolution.
- If fibrosis produces visible contour distortion or tethering of the skin at 6+ months despite conservative management, discuss options with your surgeon. Targeted corticosteroid injection, additional massage protocols, or minor revision can address persistent concerns.

### ! Contact Your Surgeon's Office If You Notice:

- Palpable bands, cords, or firm masses under the skin of the face or neck that are growing over time rather than softening
- Visible skin tethering, dimpling, or depressions that persist beyond 3-4 months
- Restricted facial expression or limited range of motion in the neck or lower face that is not improving with time and massage



### >> FAMILY HELPER TIPS

- Set twice-daily reminders for deep tissue massage once surgeon-cleared. Consistent compliance with massage therapy is the most important variable in fibrosis resolution.
- Accompany the patient to any lymphatic drainage or ultrasound therapy appointments to learn the technique for home support.
- Track and photograph any visible bands or areas of firmness weekly. Documenting change over time is helpful at follow-up appointments and helps distinguish normal healing from concerning progression.

## EYE SURGERY COMPLICATIONS

### 16. Supraorbital & Supratrochlear Nerve Injury

*Most common after: Brow Lift, Forehead Lift, Keyhole Brow Lift, Upper Blepharoplasty, Rhinoplasty (rare)*

The supraorbital and supratrochlear nerves are sensory branches that provide feeling to the forehead, scalp, and upper eyelid. Injury during brow lift or forehead lift procedures -- from traction, cautery, or incision proximity -- produces numbness, tingling, or hypersensitivity in the forehead, scalp behind the incision, or upper eyelid. Most cases are temporary, with spontaneous recovery over 3-12 months as nerve fibers regenerate. Permanent sensory deficit is less common but possible.

#### Your Self-Care Actions:

- Protect numb areas of the forehead and scalp from heat, cold, and pressure. The absence of sensation means you cannot reliably detect tissue damage -- check visually for redness, blanching, or skin changes.
- Never apply heated styling tools, heat packs, or cold compresses directly to areas of reduced sensation in the forehead or scalp without visual monitoring.
- Report forehead and scalp numbness at each post-operative visit and note whether there is any change. Gradual, progressive recovery of sensation over months is the expected trajectory.
- Doctor Trick: For areas of hypersensitivity rather than numbness, gentle desensitization with soft-to-progressively-firmer tactile stimulation for 1-2 minutes daily retrains overstimulated nerve endings. Begin only after surgeon clearance.
- If scalp numbness is extensive and persistent at 6 months with no improvement, ask your surgeon about nerve conduction studies and a neurology referral for further evaluation.

#### ! Contact Your Surgeon's Office If You Notice:

- Significant scalp or forehead numbness with absolutely no signs of improvement after 3-4 months
- Severe forehead hypersensitivity that is significantly limiting daily activities beyond the first 4-6 weeks
- Any sudden change in sensation pattern -- new areas of numbness appearing after initial recovery has begun

### >> FAMILY HELPER TIPS

- Visually inspect forehead and scalp areas of reduced sensation for skin changes during each dressing or incision check.
- Keep heated styling tools away from the forehead and scalp incision areas until surgeon clearance.
- Log any changes in sensation -- new areas, improving areas, or worsening areas -- at each check and report at follow-up appointments.

## 17. Lagophthalmos (Incomplete Eyelid Closure)

*Most common after: Upper Blepharoplasty, Brow Lift, Forehead Lift*

Lagophthalmos is the inability to fully close the upper eyelid after upper blepharoplasty or brow lift. It occurs when excess skin removal is too aggressive or when post-operative swelling temporarily prevents complete closure. Incomplete eyelid closure exposes the cornea to drying, abrasion, and potentially serious injury during sleep and blinking. Even a small gap during sleep -- "nocturnal lagophthalmos" -- can cause corneal exposure injury that is preventable with proper care. Most post-surgical lagophthalmos is temporary and resolves as swelling decreases.

### Your Self-Care Actions:

- Use preservative-free lubricating eye drops (artificial tears) every 1-2 hours while awake during the first 2 weeks, or more frequently if your surgeon directs. Never let the eyes become dry -- dryness in the setting of incomplete closure damages the cornea rapidly.
- Apply preservative-free lubricating eye gel or ointment at bedtime every night. Gel and ointment have longer residence time than drops and protect the cornea throughout the night if closure is incomplete.
- Check each morning whether your eyes feel dry, gritty, or irritated upon waking -- these symptoms indicate overnight corneal exposure. Report them to your surgeon promptly.
- Doctor Trick: Test your own eye closure before sleeping by gently pressing your fingertip against a closed eyelid -- if you can feel eyeball contact, your lids are not fully closed. Use moisture chamber goggles at night if this is the case.
- Avoid contact lenses, fans blowing directly at your face, air conditioning directed toward your face, and any environment that increases evaporative eye drying during the first 4-6 weeks.

### ! Contact Your Surgeon Immediately If You Notice:

- Eye pain, significant redness, or a sensation of something in the eye that persists after lubricating drop application
- Blurry vision that does not clear with lubricating drops
- Eye surface that appears hazy, whitish, or develops visible opacity
- Inability to close the eye at all, or the eye remaining open during sleep

### >> FAMILY HELPER TIPS

- Check whether the patient's eyes appear fully closed during sleep. A gap of even a millimeter between the lids during sleep is clinically significant and requires lubrication management.
- Set reminders for lubricating drop application on both the patient's and caregiver's phones -- every 1-2 hours while awake, plus before sleep.
- Stock multiple types of lubricating products: drops for daytime use, gel for hourly use if drops are insufficient, and ointment for overnight protection.

## 18. Ectropion & Scleral Show

*Most common after: Lower Blepharoplasty, Under-Eye Bag Removal, Tear Trough Smoothing, Brow Lift (rare)*

Ectropion is the outward turning of the lower eyelid, exposing the inner conjunctival surface. Scleral show is an excess of white (sclera) visible between the iris and the lower lid margin -- a less severe spectrum finding. Both result from excess lower eyelid skin removal, inadequate lid support at the time of surgery, or post-operative scar contracture pulling the lid down and out. Mild scleral show from post-operative swelling is common and temporary. True ectropion is less common and requires active management to protect the eye surface.

### Your Self-Care Actions:

- Apply lubricating eye drops every 1-2 hours and lubricating eye ointment at bedtime as directed by your surgeon. Ectropion exposes the inner lid surface continuously -- keeping it moist prevents the drying and keratinization that cause long-term corneal damage.
- Doctor Trick: Surgeon-approved lower lid massage -- performed by placing a finger at the outer corner of the lower lid and gently pushing up and inward for 1-2 minutes several times daily -- supports lower lid repositioning during the healing phase. Do not attempt without your surgeon's specific instruction.
- Avoid sleeping on the side of the affected eye or in any position that places pressure on the lower eyelid. Protect the exposed conjunctival surface from mechanical contact.
- Eye drops should be preservative-free. Preserved drops used more than 4 times daily cause ocular surface toxicity and worsen ectropion-related irritation.
- Report any change in vision, increasing redness, photophobia (light sensitivity), or eye pain to your surgeon immediately -- these indicate corneal involvement that requires urgent ophthalmic evaluation.

### **! Contact Your Surgeon Immediately If You Notice:**

- Lower eyelid turning outward so that the inner (pink/red) surface is visible
- White of the eye (sclera) visible below the iris when looking straight ahead
- Excessive tearing, discharge, or eye surface irritation that is worsening
- Any change in vision -- blurring, halos, or visual field changes

### >> FAMILY HELPER TIPS

- Stock preservative-free lubricating eye drops prominently at the recovery station and set reminders for application every 1-2 hours.
- Observe the lower eyelid position daily. Any outward turning or significant scleral show that was not present at discharge should be documented and reported.
- Ensure sleeping environment protects the eye from mechanical pressure. Do not allow the patient to sleep face-down or with anything pressing against the lower eyelid area.

## ADDITIONAL POST-SURGICAL COMPLICATIONS

### 19. Opioid-Induced Constipation & Bowel Complications

*Most common after: All Facial, Neck, and Eye Procedures Using Narcotic Pain Management*

Opioid-induced constipation is nearly universal after any procedure requiring narcotic pain management and is consistently under-prepared-for. After facial procedures, straining is particularly problematic: it acutely elevates intracranial and facial vascular pressure, directly increasing hematoma risk and stressing all facial incisions. Prevention must begin on day one.

#### Your Self-Care Actions:

- Begin stool softeners the evening of surgery or morning after. Do not wait for constipation to develop. This is non-negotiable.
- Drink 64 or more ounces of water daily through a straw. Hydration is the most effective non-pharmaceutical bowel support available.
- Walk on your surgeon-prescribed schedule. Movement is a potent bowel stimulant.
- Incorporate fiber-friendly soft foods: prunes, pears, applesauce, oatmeal, warm soups.
- Doctor Trick: A warm drink consumed first thing in the morning stimulates the gastrocolic reflex and reliably encourages motility within 30-60 minutes.
- If no bowel movement by day 3, contact your surgical team before attempting any intervention. Do not strain. Do not use laxatives without surgical team approval.

### >> FAMILY HELPER TIPS

- Keep a hydration log and monitor bowel movement days. Flag day 3 without a bowel movement to the surgical team before the patient attempts any intervention.
- Prepare fiber-rich, easy-to-chew soft meals that support bowel function without requiring significant jaw movement.
- Have stool softeners ready and available from day one -- do not wait for the patient to ask.

## 20. Deep Vein Thrombosis (DVT) & Pulmonary Embolism

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**Most common after:** All Facial and Neck Procedures Under General Anesthesia -- especially Longer, Combined, or Multi-Procedure Cases

A blood clot forming in the deep veins of the leg is a known risk of any surgical procedure under general anesthesia, including facial surgery. While the absolute risk is lower for isolated facial procedures than for body contouring, it rises significantly for combined procedures, longer operative times, patients with limited post-operative mobility, and those with additional DVT risk factors. Prevention is straightforward and entirely achievable at home.

### Your Self-Care Actions:

- Walk every hour during all waking hours as soon as your surgeon clears ambulation. Even two to three slow laps around your living space qualifies.
- While resting, perform ankle pump exercises every 30 minutes: flex and point your feet 10-15 times each, then circle ankles in both directions.
- Drink a minimum of 64 oz of water daily. Dehydration thickens blood and significantly increases clot risk.
- Wear compression stockings if prescribed. Do not remove them without explicit approval.
- Never remain in one position -- seated or lying -- for more than one hour without movement.
- Take any prescribed blood thinner exactly as ordered. Do not skip doses.
- Doctor Trick: Elevate the foot of your bed 4-6 inches. Passive leg elevation during sleep assists venous return and reduces overnight blood pooling.

### **! Call 911 or Go to the ER Immediately If You Experience:**

- Asymmetric leg swelling, redness, or warmth -- especially if one calf is significantly larger than the other
- Sudden chest pain, pressure, or tightness
- Unexplained shortness of breath or difficulty breathing
- Rapid heart rate or an overwhelming sense of anxiety without clear cause

### **>> FAMILY HELPER TIPS**

- Set hourly walking reminders and walk alongside the patient for every lap.
- Each morning and evening, visually compare both calves for asymmetric swelling, redness, or warmth.
- Track daily hydration by keeping the water bottle filled and noting bottles consumed.

## 21. Surgical Drain Care (Where Applicable)

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*Applicable to: Rhytidectomy, SMAS Facelift, Deep Plane Facelift, Neck Lift, Platysmaplasty -- procedures where tissue elevation and fluid production warrant drain placement. Not all facial surgery patients will have drains.*

Surgical drains are thin, flexible tubes placed at the incision to remove post-surgical fluid before it accumulates as seroma or hematoma. Facelift patients who have drains placed typically have them removed within 24-48 hours. Proper drain management during this window is straightforward but important.

### Daily Drain Care Routine

- Wash hands thoroughly before handling any part of the drain system every time.
- Milk (strip) the drain tube before emptying: pinch firmly near the skin exit and slide toward the bulb to clear clots or debris. Repeat 2-3 times.
- Empty the bulb, note the volume and color, squeeze it flat to re-establish suction, and reseal.
- Log every emptying with date, time, total volume, and color. Output should be decreasing daily. Plateau or increase after initial decrease should be reported.
- Observe fluid progression: dark red to pink to pale yellow. Bright red blood, sudden volume increase, or foul odor should be reported promptly.
- Keep drain bulbs secured to clothing or a lanyard bag to prevent accidental pulling.

### **! Contact Your Surgeon If:**

- Output suddenly increases after several days of decrease
- The drain becomes clogged and cannot be cleared
- The exit site develops increasing redness, warmth, or unusual discharge
- The drain tube partially dislodges -- stabilize with tape and call immediately

### **>> FAMILY HELPER TIPS**

- Take primary responsibility for drain emptying during the first 24-48 hours. Most patients with facial procedures are discharged with drains already at their 24-hour removal threshold.
- Maintain the drain output log and flag any sudden output changes to the surgical team.
- Secure drain bulbs to the patient's clothing or gown to prevent tugging during sleep.

## FACIAL, NECK & EYE SURGERY RECOVERY PREPARATION CHECKLIST

Prepare these items before your surgery date so everything is in place the moment you arrive home.

- Prescription Fill Station:** Fill all prescriptions before surgery day and organize on a labeled tray at your recovery spot. Write the medication name, dose, and schedule time on each container. Set individual phone alarms for every dose. Having everything pre-organized means you are never searching for medications while post-anesthesia and fatigued. Pick up all prescriptions at least 2 days before surgery -- do not wait until the day before.
- Blood-Thinning Agent Cessation:** Stop aspirin, ibuprofen, NSAIDs, vitamin E, fish oil, garlic supplements, St. John's Wort, green tea extracts, and alcohol at the interval your surgeon specifies -- typically 2-4 weeks before surgery. These agents significantly elevate post-operative hematoma risk in facial procedures. Confirm every supplement you take with your surgeon -- many over-the-counter products contain hidden agents that affect bleeding. Resume only with explicit surgeon approval.
- Nicotine & Smoking Cessation:** Be completely nicotine-free -- cigarettes, vaping, patches, gum, chew -- for a minimum of 4 weeks before surgery and 4-6 weeks after. Nicotine is the single most significant modifiable risk factor for skin flap necrosis after facelift. Arrange cessation support before your surgery date if needed. Notify your surgeon truthfully about your nicotine status -- there is no judgment, only clinical risk management.
- Head-Elevation Sleeping Setup:** Prepare a wedge pillow, recliner, or stacked pillow arrangement that keeps your head and neck at 30-45 degrees during sleep. Head elevation is the most important single measure for reducing facial swelling, protecting against hematoma, and preserving early contour after any facial or neck procedure. Rhinoplasty patients must maintain this for 4-6 weeks. Have two body pillows flanking you to prevent rolling to a flat position during sleep.
- Cold Therapy Supplies:** Prepare gel ice packs or two bags of frozen peas wrapped in a soft cloth. Cold compresses applied over closed eyes and around (not on) facial incisions reduce swelling most effectively in the first 72 hours. Apply in 20-minute-on, 20-minute-off cycles. Never apply ice directly to skin or incisions. For rhinoplasty patients, ice packs rest on the cheeks -- never directly on the nose. For blepharoplasty patients, cool gel eye masks provide gentle targeted relief.
- Soft Food and Nutrition Prep:** Prepare or arrange delivery of soft, easy-to-chew, high-protein foods before surgery day. You will not be able to open your mouth wide, chew hard foods, or stand at a stove for the first 1-2 weeks after most facial procedures. Stock: yogurt, applesauce, smoothies, scrambled eggs, soft soups, pudding, mashed vegetables, protein shakes. Avoid excess sodium -- salt significantly worsens facial swelling. Avoid straws after procedures involving the lip or subnasal area unless your surgeon clears them.
- Bowel Support Supplies:** Stock stool softeners and fiber-friendly foods before surgery. Start stool softeners from day one without waiting for constipation to develop. Straining after facial surgery acutely elevates intracranial and facial pressure -- directly increasing hematoma risk and stressing incisions. This is especially important for facelift, rhinoplasty, and neck lift patients.
- Front-Opening and Loose Clothing:** Prepare a full wardrobe of button-down shirts, zip-up hoodies, or front-closure clothing for the first 2-3 weeks. You will not be able to pull clothing over your head or manipulate tight collars over facial dressings. Loose, soft fabrics that do not contact facial incisions are ideal. For neck lift patients, avoid turtlenecks, scarves, or any collar that creates pressure or friction at the neck incision for at least 4 weeks.
- Eye Care Supplies (Blepharoplasty / Brow Lift Patients):** Stock preservative-free lubricating eye drops, preservative-free lubricating eye ointment or gel for overnight use, cool gel eye masks, and UV-protective sunglasses with large coverage. After upper or lower blepharoplasty, lubricating drops

are used every 1-2 hours while awake. Ointment or gel is applied at bedtime every night to protect the cornea if eyelid closure is temporarily incomplete. Preservative-free formulations only -- preserved drops used more than 4 times daily cause ocular surface toxicity. Sunglasses also minimize squinting, which tensions eyelid incisions.

**Nasal Care Kit (Rhinoplasty Patients):** Assemble before surgery: preservative-free saline nasal spray (not medicated decongestant sprays), petroleum jelly for nare moisture, a cool mist humidifier for the recovery room, and supplies for gentle nasal cleaning as directed by your surgeon. Remember: no nose blowing for 3-4 weeks. When you feel congestion, sniff gently inward rather than blowing outward. Rhinoplasty results depend partly on the nasal tissues healing in their new architecture -- any pressure inside the nose can displace work.

**Wound Care Kit:** Stock sterile gauze pads, saline wound wash, medical tape, petroleum jelly, and clean gloves. Incision care for facial procedures is typically gentle and minimal -- usually just keeping incisions clean, dry, and moist as directed. The details vary by surgeon and procedure: always follow your specific post-operative instructions rather than generalizing from others. If drains are in place, also prepare a drain output log, measuring cup, and safety pins.

**Hair Preparation (Facelift / Brow Lift Patients):** Schedule any hair coloring, perming, or chemical treatments in the week before surgery -- you will not be able to chemically treat your hair for a minimum of 5-6 weeks post-surgery while incisions heal. Wash hair thoroughly before surgery with a fragrance-free, sulfate-free shampoo. Do not apply any styling products, hairspray, or dry shampoo before surgery. After surgery, wash hair gently with cool water and very gentle pressure -- never scrub along incision lines. Delay heat styling near temporal and hairline incisions until surgeon clearance.

**Facial Compression Wrap or Chin Strap (Facelift / Neck Lift / Chin Patients):** Confirm before surgery whether your surgeon provides a post-operative compression wrap or chin strap, or whether you need to arrange one. Compression wraps and chin straps are worn continuously for the first 1-2 weeks after facelift, neck lift, and chin procedures to control swelling, support the operated tissues, and reduce seroma risk. Purchase two if possible for laundering. These garments are clinical tools -- wear them exactly as prescribed, remove only for bathing, and reapply immediately after.

**Temperature Monitoring:** Place a digital thermometer on your nightstand and check temperature twice daily for the first two weeks. A fever above 101 degrees F warrants an immediate call to your surgeon's office. Fever is often the earliest systemic sign of infection or hematoma, and early detection makes treatment far simpler. Log each reading with date and time and note whether any upward trend is developing.

**Scar Care Products:** Ask your surgeon at your first post-op appointment when to begin scar gel or silicone sheeting -- typically once incisions have fully closed, around weeks 3-4. Consistent early application after surgeon clearance produces measurably better scar outcomes than late or inconsistent application. Apply high-SPF, broad-spectrum sunscreen to all healed incisions exposed to sunlight for a minimum of 12 months post-surgery. UV exposure causes permanent hyperpigmentation of maturing scars.

**Entertainment and Recovery Station:** Pre-load your tablet, phone, or e-reader with shows, podcasts, audiobooks, and playlists before surgery. Set up a hands-free stand or lap desk at your recovery position. Boredom is a driver of premature activity and activity restriction violations. Note that reading fine print may be uncomfortable for blepharoplasty patients in the first week due to dry eye and swelling -- plan for audio content as the primary format.

**Jewelry, Contact Lenses, and Day-Of Protocol:** Leave all jewelry at home on surgery day -- rings, earrings, body piercings, hair accessories. Remove all nail polish (a clear reading is needed for pulse oximetry monitoring). Do not wear contact lenses on surgery day -- bring glasses if needed. Do

not apply any makeup, moisturizer, hairspray, or scented skin products. Wear loose, button-front clothing and slip-on shoes to surgery. Do not eat or drink anything after midnight the night before surgery unless your anesthesiologist specifically directs otherwise.



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