

# PERK

PLASTIC SURGERY  
BEVERLY HILLS



## POST-OP | *Mohs Reconstruction/Forehead Flap*

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### **“What will I see when I look into a mirror?”**

**Stage 1 (Flap inset):** You will have a flap extending from the forehead, attached by a stalk and onto your nose. The undersurface of the flap will be covered by a piece of skin or xeroform dressing. IT WILL BE OOZING. Please wipe the area clean with damp gauze. The flap will be sutured on to the nose. Please apply bacitracin to the incision lines for 2 days. After two days, please apply aquaphor to the incision lines.

**Stage 2 (Flap division):** You will have sutures by your brows and on your nose. The sutures by your brow may be covered by steristrips and clear tegaderm. If it is covered by steri strips, please leave the dressing alone until seen in the office. Please apply bacitracin to the uncovered incision lines for 2 days. After two days, please apply aquaphor to the incision lines.

### **“When can I shower or take a bath?”**

You can shower 24 hours after surgery. Don't let the water hit your face. Wash your face with a damp washcloth.

### **“What can I do after surgery?”**

You should “take it easy” the day of surgery and gradually increase your activity as you feel more comfortable. Avoid heavy exercise also during this time and only gradually return to your normal routine. No strenuous exercise or heavy lifting for 4 weeks. You can resume all of your normal activities about four weeks after surgery.

### **“When can I drive?”**

You should never drive if you are still taking any pain medication other than Tylenol.

### **“When will I be able to return to work?”**

Depending on the type of work you do, you should be able to return to your job as soon as you are comfortable.

### **“How much pain will I have?”**

The most discomfort that you will have lasts 2-3 days, sometimes a little longer. As you feel more comfortable, your need for medication will be less. It is common to wake up with a headache as well as nausea. Please take the anti-nausea medication if you feel nauseous.

### **“What should I eat after surgery?”**

A light diet is best for the day of surgery. Begin by taking liquids slowly and progress to soups or jello. You may start a regular diet, high in protein, the next day.

## “What medications should I use?”

*Pain medication:* I will prescribe a pain medication for you. Follow the directions on the bottle for their use. The pain medication will make you feel drowsy. Have someone assist you in your home and do not attempt to drive while you are taking the pain medication. A few days after surgery most women will find that Tylenol will take care of the discomfort. Do not use aspirin for five days after the surgery. It is best to take pain medication with crackers, jello, etc. If you have no pain, do not take the medication. Alcohol and pain medication should not be taken together.

*Antibiotic:* You will be given an antibiotic.

*Stool softener:* Narcotic pain medications can sometimes cause constipation. An over-the-counter stool softener (Colace) is recommended if you are prone to this.

Prune juice mixed with 7-Up (half and half) for mild constipation

If severely constipated use Miralax first as it is a mild but effective laxative, Phillips Milk of Magnesia, and fleet enemas (regular or oil retention) as a last resort.

*Anti-nausea medication:* Some nausea is normal in the first 24-48 hours following surgery. If you are nauseated, please take the anti-nausea medication.

## “Can I drink alcohol?”

Do not drink alcohol while taking narcotic pain medication after your surgery.

## “When will I be seen in the office after surgery?”

You will normally be seen in the office within one week of your surgery.

## “Should I apply anything to the incisions to help make it scar better?”

We will give you instructions on how to improve the scar appearance

## “How will I know if I am having a problem?”

I NEED TO KNOW ABOUT THESE PROBLEMS IMMEDIATELY:

These are the complications that will require a change in your post-operative care:

**Hematoma** (blood collecting under your incisions) can occur within a few days of your surgery. The warning signs are:

- Severe pain that does not respond to medication
  - Significant swelling
  - Excessive or growing bruising

**Infection** is rare. It is normal to have a very small amount of drainage from your incisions for one to 2 days. Signs of infection are:

- Increased temperature
- Increasing drainage from the incisions
- Increasing redness around the incisions

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**Leg swelling** with or without associated pain may indicate a problem with the vein circulation in your leg(s). Although some swelling is to be expected due to your surgery, intravenous fluids given to you during the surgery and your decreased level of activity, this swelling is normally mild, painless and affects both legs evenly. If you have a large amount of leg swelling (either one or both legs) or if you experience pain in your legs contact the office immediately.

**Breathing problems** after surgery are rare but can be a serious complication. If you develop any chest and/or back pain or the feeling of being short of breath you must contact my office or be seen in the nearest emergency medical facility without delay.

**Medication reactions** may occur with the drugs prescribed for you. If you develop a skin rash, itching, vomiting, or diarrhea, stop taking your medication and contact my office.