

Brow Lift Instructions

Preoperative

- No food or liquid intake after midnight prior to surgery.
- Do not wear jewelry, make-up, nail polish or bring valuables.
- Bring carrying case for eyeglasses or contact lenses. Remove all piercings.
- No aspirin or aspirin containing compounds for at least 2 weeks prior to and after surgery. Please refer to medication list for medicines and foods to avoid. Stop all herbal preparations.
- Shower the night before and the morning of surgery with Dial or other antibacterial soap and wash hair for at least ten minutes with Phisoderm soap, Betadine scrub, or Dial soap.
- Wear loose comfortable clothing with flat/ low heeled shoes.
- Fill all prescriptions within 3 days and bring them with you on your surgery date.
- Arrange for transportation to and from the Kole Plastic Surgery Center.
- Preoperative medications may be taken with a small sip of water if cleared by the anesthesia dept.
- Arrive at the surgery center 1/2 hour before surgery start time.
- Lab tests need to be drawn and faxed to this office no later than:_____.

Post operative

- After dismissal from the surgery center, return home and go directly to bed
- Keep incisions clean at all times. Remove any clots or crusts from incisions by gently soaking with a saline moistened gauze and wiping clean with a Q-tip.
- Diet may consist of liquids or regular food as desired and as tolerated. Avoid alcohol intake.
- Take pain medicine and antibiotics as prescribed.
- Do not wear contact lenses, color, dye, or perm your hair until cleared by Dr Kole.
- No strenuous activity for a minimum of two weeks post operatively.
- Return to your surgeon for all follow up visits as directed.
- Contact Dr Kole for any unusual or special problems (excessive pain, swelling or bleeding)
- Call to confirm appointment for first post operative visit.

Call us if:

- Fever over 101 degrees, rash or shaking chills
- Persistent nausea or vomiting 24 hours after surgery
- Excessive swelling or bleeding on dressings
- Increase in pain after 72 hours after surgery
- Redness around or discharge from incisions

If you have any questions or problems, call the office anytime at (215) 354-1010

I have received this instruction sheet, understand the information presented and agree to carry out the instructions as described above

Patient signature_____ Date_____ Surgeon_____