Member
AMERICAN SOCIETY OF PLASTIC SURGEONS

KIRWAN
PLASTIC SURGERY

THE AMERICAN SOCIETY AESTHETIC PLASTIC SURGERY

BLEPHAROPLASTY INSTRUCTIONS

Instructions for Eyelid Surgery

PRE-OPERATIVE INSTRUCTIONS

1. Do not take any aspirin products or NSAIDs (such as Motrin, Advil, Aleve) or Vitamin E for 3 weeks prior to or after surgery. These medications thin the blood, causing you to bleed and bruise more. You may take Tylenol for pain. See our separate list of medications to be avoided.

2. Do not smoke for three weeks before or after surgery.

3. Do not drink alcohol for three weeks before or after surgery.

4. DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT OR THROUGH THE MORNING OF YOUR SURGERY. No Exceptions.

5. Please wear a top that fastens in the front with buttons or a zip and pull-on pants on the day of surgery. Sweats work well. Wear flat, slip-on shoes - no high heels and no sandals or flip-flops.

6. Please do not wear make-up, hairspray, jewelry, panty hose, or contact lenses. Please remove all piercings including body piercings.

7. Shower and shampoo with anti-bacterial soap on your day of surgery. Do not apply body creams, lotions, oils or any kind of deodorant.

POST-OPERATIVE INSTRUCTIONS

1. Your surgery will take approximately one to one-and-a-half hours. After surgery you will go to the recovery room until you have recovered sufficiently to be discharged.

2. Someone must drive you home after surgery. If your procedure was performed under general anesthesia, you will need an adult to remain with you for 24 hours. You will need to be driven to the follow-up appointment the next day.

3. After surgery, pressure bandages will be applied to the eyes to help reduce the bruising and swelling. They will be removed after 30 minutes. Most of the bruising and swelling will be gone by the end of 2 weeks. The lower eyelids are swollen for longer than the upper eyelids. All sutures are removed by 4-5 days. Small tapes on the upper eyelid incisions will come off in the shower after about 7 days. Supportive tapes are applied to the lower eyelids as necessary.

4. It is very important that you keep your eyelids clean by removing any crusts on the eyelids or eyelashes. Before surgery, please purchase Q-tips and saline eye-wash. Use a saline-soaked Q-tip to clean eyes at least twice a day and more if needed. Do not let your eyelids get stuck together.

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5. Make sure that you use the antibiotic eye drops in each eye, two drops three times a day. You can apply the drops into the inside corner of the eye when lying flat and then open and close your eyes to let the drops roll into your eyes.

6. You will be instructed to do eyelid exercises after surgery to reduce swelling and increase mobility. These instructions will be given to you by Dr Kirwan on the day after surgery.

7. Please keep your head elevated as much as possible for 48 hours after surgery to reduce swelling. Apply cold saline packs or frozen peas or corn in a 'baggie' over a damp gauze.

8. Do not put your head below your heart. Do not do any strenuous activity or housework. Do not strain during a bowel movement. Do not take pain medication on an empty stomach since it may cause vomiting. All these factors will raise your blood pressure and may cause bleeding around the eye. If you have bleeding welling up into the eye or swelling of the upper eyelid, apply a cold pack and firm pressure for twenty minutes.

9. You may resume wearing eye make-up after one week.

10. You will receive instructions for scar management at your follow-up visits.

11. If you have any questions, please call the Connecticut office at 203-838-8844.

12. Watch carefully for excessive redness, swelling, bleeding, discharge, fever, or pain not relieved by medication. If any of these symptoms occur please contact our office immediately.

You have the option to sign this Agreement electronically or sign a paper copy of this Agreement. By signing electronically using any device, means or action, you consent to the legally binding terms and conditions of this Agreement. You further agree that your signature on this Agreement (hereafter referred to as your 'E-Signature') is as valid as if you signed this Agreement in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature, and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and Laurence Kirwan, MD, FRCS, FACS. You are also confirming that you are authorized to enter into this Agreement in your behalf. You understand that by selecting the 'Decline' button you have the option to have this Agreement made available to you in paper form for hand signing.

You acknowledge that you have access to an account with an internet service provider, and you are able to view or download a copy of the this Agreement by accessing your secure TouchMD account at https://patient.touchmd.com/ (requires the latest web browser), or by using the myTouchMD app (requires the latest iOS or Android version). You understand that a paper copy of this Agreement can also be obtained by contacting Laurence Kirwan, MD, FRCS, FACS at drkirwan@drkirwan.com or by calling 203-838-8844.