

 **Dr. Jaclyn A Klimczak, MD** 
Facial Plastic Surgery

POSTOPERATIVE CARE OF BROWLIFTS

Please follow these instructions carefully. Your final result will depend upon how well you care for the treated areas.

WEEK 1

- **DO:** Clean around the surgical staples located in the hair-bearing incisions with witch hazel on a Q-Tip 4-6 times daily. **Hydrogen peroxide can cause the hair to turn orange**
- **DO:** Apply a small amount of Bacitracin ointment to the suture skin lines following cleaning. It is okay if ointment gets in the hair, however it makes the hair greasy
- **DO:** Shower on the first postoperative day, but limit to one shower. Allow warm water ONLY, without soap or shampoo, to run through the hair. Some hair will be noted in the rinse at this time. Do NOT be concerned, hair is not falling out
- **DO:** On the second postoperative day, shower twice daily. Clean the hair and scalp with Johnson's Baby Shampoo only. Continue the showers twice daily until all the crusts are gone, usually two weeks.
- **DO:** Elevate the head of the bed to 30-40 degrees for two weeks to help minimize swelling. Use pillows, a wedge cushion, or a recliner. **Sleep on your back** not on your side or stomach.
- **DO:** apply facial cold compresses over the eyes daily for 2 days following surgery. It is not uncommon for the eyes to get swollen after a browlift.
- **DO:** wash face with lukewarm water only
- **DO:** wear eyeglasses if necessary
- **DO:** wear contacts, if necessary, unless eyelid surgery was also performed. If eyelid surgery was performed, wait 10 days before wearing contacts
- **DO:** wear a wig, if desired, as long as it does not irritate the staples or sutures



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.....**DO NOT**.....

- **DO NOT:** use any hair sprays or conditioners for the first 2 weeks. No hair a permanent dye or coloring for 5 weeks.

DO NOT: Apply makeup to the incisions unless directed by your surgeon

- **DO NOT:** use a curling iron, wand or straightener for 4 weeks. The scalp will be numb after the procedure and you will be at risk for burning your scalp
- **DO NOT:** engage in any exercise for 2 weeks.
- **DO NOT:** do not shave or pluck any hairs for the first week

WEEK 2

- **DO:** wash hair at salon, if desired blow dry on low heat setting only
- **DO:** continue cleaning, as described in week one, if crusts along incisions are still present
- **DO:** use water based hypoallergenic makeup that you have used in the past if skin is smooth and free of crust.
- **MEN:** shave with electric razor only, not directly over incisions or crusted areas

WEEK 3

- **DO:** use a vegetable color rinse (Roux) in hair if desired
- **DO:** restart Retin-A use at this time if applicable
- **DO:** continue cleaning, as described in week one, if crusts along incisions are still present
- **DO:** use water based hypoallergenic makeup that you have used in the past if skin is smooth and free of crust.



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- **MEN:** shave with electric razor only, not directly over incisions or crusted areas

WEEK 5

- **DO:** use oil based makeup if desired
- **DO:** can restart using a curling iron, wand, or hair straightener. Be careful not to burn your scalp or forehead as these areas can still be numb

WEEK 6

- **DO:** color hair and obtain permanent if desired

REMINDER:

1. Bruising and swelling usually persists for approximately 2 weeks, but in some individuals may take several weeks to completely subside
2. As the swelling subsides, so should the conditions associated with it. Numbness typically persists for 3-6 months
3. Any slack you see in the future will result from loss of elasticity, a result of the continuation of the aging process

PLEASE REPORT TO THE CLINIC OR CALL IF YOU ARE EXPERIENCING ANY OF THE FOLLOWING SYMPTOMS:

1. Temperature elevation
2. Sudden swelling or discoloration
3. Excessive Bleeding
4. Discharge from the wound edges or other evidence of infection
5. Development of any drug reaction
6. Severe Pain not responding to pain medications



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Finally, please contact us at should you have any questions at the following number:

Telephone: (561) 939-0900

I certify that I have been given a copy of these instructions

Patient name: _____

Relationship to patient: _____

Patient Signature: _____

Date: _____ **Time:** _____

Witness: _____

Date: _____ **Time:** _____