

INSTRUCTIONS FOR CHEEK AND SUBMALAR IMPLANTS

WHAT TO EXPECT POSTOPERATIVELY:

It is important that you are prepared for your postoperative recovery period after surgery. The day of surgery, for instance, you might feel sleepy from the anesthesia. Most likely, you will have no discomfort due to the long-acting local anesthetic that was used. When this wears off, most patients experience very little postoperative discomfort. Any pain or discomfort is usually easily alleviated by analgesic pills and cool compresses. Pain requiring more than mild to moderate analgesics in pill form is extremely rare.

REPORT TO THE OFFICE IMMEDIATELY:

- * Any **excessive** pain.
- * Any **rise** in body temperature over 100 degrees.
- * Any **excessive** bleeding.

DRESSING:

Tape or stretch bandaids is applied over your cheeks, with some temporary supportive external stitches tied over a cotton bolster, to further stabilize the cheek implant and reduce the amount of swelling. In some cases, an elastic supportive "mask" dressing is used to apply gentle pressure over the midface region. This has velcro straps and can be removed

and reapplied at will. The dressing is removed in our office on the third day after surgery. During this time the area should be kept dry. You may gently wash your face once the tape is removed.

SWELLING AND BRUISING:

A minimal to moderate amount of swelling can be expected around the cheeks, but bruising is extremely rare. A good part of the initial swelling can be significantly reduced by actively using ice compresses for the first 72 hours after surgery. After the dressing is removed, your cheeks will appear larger and more rounded than the final shape. You must be patient for at least 3 to 4 weeks until your new, enhanced appearance becomes apparent. After 4 to 6 weeks, the amount of swelling is minimal. Once the swelling resolves, the implants will settle and adhere to the underlying structures. At this point, they will feel like your own bone structure.

ASYMMETRY:

There are no two sides of the face that are exactly alike. It is the purpose of implant surgery to enhance ones appearance and try to even out some of this asymmetry, **but**

it does not make a face completely symmetrical. Whenever any surgery is performed on both sides of the face, one should expect a certain amount of asymmetry to remain, even though efforts at reducing the asymmetry are made at the time of surgery. Swelling naturally occurs and resolves faster on one side of the face than the other. This is due to the differences of the blood and lymphatic drainage between the two sides.

WHAT TO DO AFTER SURGERY

PREPARING COOL COMPRESSES:

The use of icy cool compresses to the eye and facial areas not covered with bandages will help to resolve swelling and bruising. Soak and wring out gauze pads and place these over your eyes and face as much as possible while you are awake (i.e. 10 min. on & 5 min. off). ***Ice bags should never be placed directly against the skin, as the area may be numb due to local anesthetic and swelling.*** Frozen peas placed in a plastic bag can also be used very effectively.

HOW TO RECLINE OR SLEEP:

Sleeping with your head elevated on 2 or 3 soft pillows is recommended for several weeks following surgery. This will reduce swelling and consequently the feelings of discomfort caused by swelling. The implant or implants should not be pushed in any way or slept on for seven to ten days. For the first six weeks following surgery, you should be very careful not to bump or rest your hands on your cheeks.

EATING & DIET:

The night after surgery you should only have clear liquids, such as Seven-Up. The second day, you can have lukewarm soup or broth and follow a relatively soft diet for three to five days. Hard foods such as corn-on-the-cob, apples, etc., should be avoided for at least six weeks.

SHOWERS AND BATHING:

If bolsters are present beneath the bandages, showers should be avoided until they are removed, usually within 3 days following surgery. However, a luke-warm bath can be taken, observing the necessary precautions to avoid getting the bolsters and bandages wet. After the removal of the bolsters, you may shower and wash your face gently with a mild soap.

SHAVING:

When there are bolsters present, men should avoid shaving over this area until the stitches are removed and soreness and swelling resolve. After removal of the stitches, you can continue your normal shaving routine.

THINGS TO AVOID TO MINIMIZE SWELLING AND SPEED HEALING:

- (1) **AVOID EXCESSIVE BENDING AND HEAVY LIFTING** for at least 2 weeks after surgery to minimize swelling and avoid bleeding. ***Sunbathing, saunas,***

and extremely hot showers can also contribute to swelling and should be avoided for 2 to 3 months following your surgery.

(2) **AVOID THE SUN OR EXCESSIVE HEAT:** Do not expose your face to the sun for 4 to 6 weeks. Use a sunscreen when in the sun for the next 6 months following surgery.

(3) **NO ASPIRIN, NO ALCOHOLIC BEVERAGES** for 2 weeks before and after surgery. **NO CAFFEINE** for 1 week before and after surgery.

(4) **"NO SMOKING"** - It can:

(a) Have a deleterious (harmful) effect on wound healing.

(b) Smokers tend to cough more and post operative coughing can increase chances of hematoma.

(c) Smoking will also cause increased incident of Pulmonary complications.

(d) "Passive Smoke"; others in family or surrounding smoking can similarly adversely affect you.

(5) **AVOID MIRRORS.** Everyone experiences a temporary surprise when viewing a slightly bruised, swollen "stranger" in the mirror. Remember that a more attractive, youthful "you" will show through in several days.

(6) **AVOID SUDDEN MOVEMENTS** of the head to either side during the first 2 weeks. When turning, turn your shoulders too, not just your neck. This reduces any tension on the sutures.

(7) **AVOID EXCESSIVE TALKING OR CHEWING:**

Talking and excessive chewing should be limited, for the first 2 to 3 days, until tenderness and swelling start to resolve.

ANTIBIOTICS:

It is extremely important that you **finish all antibiotics** prescribed to you by our office.

CARING FOR YOUR INCISION:

When the incision is inside the mouth: The stitches will dissolve in approximately 10 days. The lower teeth should not be brushed or flossed for 1 week. Care should be taken not to pull the lower lip forward for 1 to 2 weeks. Salt water rinses should be used frequently for the first week. (Use one teaspoon of salt to eight ounces of water and swish around the inside of your mouth to help cleanse the stitch line). Mouthwash can be used after two days, but should be limited to 2 to 3 rinses per day to avoid irritating the incision site.

DENTAL WORK:

Routine dental work should be delayed for up to 6-8 weeks following surgery and always preceded by prophylactic antibiotic treatment. This includes regular cleaning visits as well.

MOISTURIZERS AND MAKEUP:

To prevent dryness and itching, facial moisturizers can be used approximately 5 to 7 days after surgery. A good **moisturizer** can be applied to the skin at night. Make-up can be used to camouflage bruising, as long as it does not cover incision lines. Our office staff can suggest several skin care products.

A WORD ABOUT MOOD SWINGS!

Although mood changes are more common following face lift surgery, it can occur during the first several days to weeks after any surgery. Typically, periods of excitement and elation alternate with depression and fatigue. Weakness is a compromising state, especially for "HIGH-ENERGY" people that are used to a busy schedule. ***It is quite normal to experience a slightly weak, tired feeling anywhere from a few days to 2-3 weeks following surgery.*** On the average, you should allow two weeks recovery time before socializing or working.

RESUMPTION OF ACTIVITIES:

Most patients tell us they feel better than expected following their surgery and are able to return to work and social activities within 5 to 7 days. Light exercise can be resumed after 4 weeks. We recommend, however, that regular exercise and workouts at the gym should be suspended for the first 4 to 6 weeks to minimize any risk of increased swelling, infections or injury to the operative site. Swimming, tennis, heavy weight lifting or running long distances should be delayed for at least 8 weeks. Remember that activities will increase your swelling. In most cases, you will feel a slight "pressure sensation" in and around your face if you "over do it". This is your "cue" to stop and then resume the next day at a slightly lower intensity.

AIR TRAVEL:

You may travel by air between 5-7 days following your surgery. However, you should expect to experience some temporary swelling and pressure sensations in your face during the flight. This is normal and should not alarm you.

WHEN IS SURGERY NOT RECOMMENDED?

Cheek and submalar implant surgery are very safe procedures when performed by a competent surgeon in a well equipped facility. However, certain uncontrolled health problems, such as uncontrolled blood pressure, diabetes, or severe heart, lung, kidney, and liver disorders contraindicate elective aesthetic surgery. Patients on anticoagulation medication are also not good candidates. Your initial medical screening and a physical examination will ensure that you will have no health problems that will contraindicate or complicate the surgery.

COMPLICATIONS

With all surgical procedures, there exists the remote possibility of complications.

Complications involving facial implant surgery are unusual and most resolve with simple treatment, the passage of time, or sometimes further surgery. Although we have an extremely low incidence of complications, the more common recognized risks and complications are listed below for your information.

- 1) **Implant displacement, movement, malposition, or incorrect size:**
These are all usually correctable by minor revision surgery.
- 2) **Infection:**
This is treated by additional antibiotics. Very few cases of infection require removal of the implant. If removal is necessary, a 6 to 12 week period is required to allow the area to heal before an implant can be replaced.
- 3) **Bleeding:**
If you avoid aspirin and aspirin-containing products for 2 weeks before and after surgery and your preoperative bleeding and clotting tests are normal, this complication is rare. When it occurs, excessive bruising is noted. If the extent of bleeding is minimal, it will resolve with time. If more significant bleeding is encountered, it will require temporary surgical drainage.
- 4) **Seroma:**
This is a collection of fluid that can build up around any implant. This is commonly found with breast implants and uncommonly found with facial implants. There may be a slight increased incidence with revision surgery. If it does occur, it is usually easily and quickly resolved with one or more needle aspirations (removal) of the fluid and in some cases the application of kenalog.
- 5) **Stiffness of facial movements:**
This is usually due to the route of insertion and associated swelling of the tissues around the facial muscles. This type of residual swelling is normal and will resolve usually within a few weeks. Difficulty in smiling or using facial muscles can be anticipated for a few weeks. This is normal. It is more a feeling of ***stiffness rather than reduced motion***. As the surrounding tissues become accustomed to the presence of the implant, everything starts to feel normal again.
- 6) **Implant extrusion (protrusion) through the incision site:**
This is very rare and usually the result of an injury. In over a thousand midfacial implant cases, we have never had an implant extrude without extenuating circumstances unrelated to the surgery, such as a result of an injury or infection.
- 7) **Implant erosion into bone:**

This was more common with older, harder implants. There is probably some sinking and settling of all implants into the chin bone with time due to the fixation process. Sometimes this is seen by a dentist on x-ray. This has been shown over time to be a self-limiting process with no deleterious effect. Unless extensive due to unusual causes, this rarely presents a serious problem. If so, removal would be required.

8) **Change or absence of sensation:**

Rarely, facial muscle function to the forehead, cheek or upper lip can be temporarily hampered by stretching or pressure of surgery. This may show up as reduced or absence of sensation or asymmetry in facial movement. This is usually temporary and returns in several weeks to months. Although in our practice, permanent nerve dysfunction has never occurred, it has been reported in uncommon circumstances within the surgical literature.

9) **Scar:**

It is quite uncommon for the incision inside the mouth to become thick. If this does occur, it can be treated by freezing the area and injecting it with dilute cortisone. Scar revision surgery is rarely if ever indicated.

10) **Palpable implant edges:**

With the newer computer-designed facial implants, the contour of the implant may be palpable, but rarely can it be seen. Correction is not required unless this situation is extremely bothersome and should not be performed until the implant has settled.

A NOTE TO OUR PATIENTS:

It is extremely important that each patient read the informational booklet on facial contouring and midfacial implants. This information will provide you with a general understanding of the procedure, what you should expect from the procedure, and the factors that will affect the outcome of your surgery.

Although extremely rare, if implants do need to be removed, (less than 1% in over 2000 implant cases performed by Dr. Binder), they can easily be slipped out of their pockets, modified or replaced and reinserted with a relatively minor secondary procedure. This is primarily due to the advantages provided by the silicone elastomer implant material. Six to nine months, however, is usually required for adequate healing to take place before making any definitive decisions. It may take some months before resolution of swelling and molding of the overlying tissues to achieve the finest form. Overall, the degree of patient satisfaction is great and demand for removal is extremely rare.