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DR. RON SOMOGYI, MD, FRCSC · DR. CORY GOLDBERG, MD, FRCSC · DR. MICHAEL BRANDT, MD, FRCSC

PRE AND POST-TREATMENT INSTRUCTIONS

Minor Procedures Under Local Anesthetic

The following information will help make your surgery safe and uneventful. It is important that you understand it all. If you have any questions, please ask your surgeon or our team. In some cases there will be variations to these instructions, and these will be discussed with you. Please see the end of this document for general information about ongoing skin care.

NO ASPIRIN, BLOOD THINNERS, ANTI-INFLAMMATORIES OR VITAMINS

Aspirin and all ASA (acetylsalicylic acid) products are best avoided for 2 weeks before surgery, as they cause increased bleeding and bruising. Patients who have been placed on daily therapeutic Aspirin to prevent strokes and heart attacks should discuss whether to stop Aspirin with their family doctor or specialist. Aspirin-containing products include Anacin, Alka-Seltzer, Bufferin, Fiorinal, 222s and Percodan. If there is any doubt about whether a medication you are taking contains ASA, please check the label or consult a pharmacist.

Other platelet inhibitors such as Plavix work similarly to ASA and are also best discontinued, if possible. It is fine to take Tylenol (acetaminophen) products. Anti-inflammatory medications such as Advil, Naprosyn and Celebrex can promote bleeding and should also be stopped 2 weeks before surgery. All vitamins, non-proprietary supplements (such as St. John's wort) and herbal medications (such as ginger, garlic and ginkgo biloba) should also be stopped 2 weeks before surgery because of their effect on bleeding.

Surgery may not be possible for patients who have to stay on a blood thinner such as Coumadin (Warfarin). Again, please consult your family doctor or specialist about the risks of stopping this medication for a few days. It normally should be stopped five days before surgery. All the above medications can be resumed the day after surgery.

SHOWER AND SHAMPOO BEFORE SURGERY

Please have a soap and water shower (and shampoo, if you are having head or neck surgery) the night before surgery. Do not apply any skin moisturizers, perfumes, deodorants or makeup to the area(s) being operated on.

WOUND CARE WITH SKIN TAPES

After surgery, white or brown skin tapes (Steri-Strips) are often applied. You can shower over the Steri-Strips 3 days after surgery. Often a second outer dressing is placed. If this is a waterproof plastic dressing placed on top of the Steri-Strips, you can shower (quickly and gently) right away after surgery. If the outer dressing is a gauze and tape dressing, you will need to keep it dry for 3 days. In either case, the outer dressing should be removed after 3 days.

Steri-Strips on the face and neck should typically stay on for 1 week, while on other parts of the body they should stay on for 2 weeks. After this time, the Steri-Strips can simply be pulled off or left to fall off on their own. If they start to come off early, they can be reinforced or covered with over-the-counter hypoallergenic skin tape from any pharmacy.

In most cases, dissolving sutures will be used, and they will simply dissolve with continued regular washing. If non-dissolving sutures are used, you will be told when they need to be removed (approximately 7 days for the face and 14 days for the body).

WOUND CARE WITHOUT SKIN TAPES

When no skin tapes are applied to a wound, regular soap and water washes should start the following day. Wash the incision line twice a day with soap and water, then apply Polysporin ointment and a light bandage such as a Band-Aid to keep the ointment from soiling your clothes. Continue the washing and Polysporin until the stitches have fallen out or have been removed.

BLEEDING

Minor bleeding from the incision line is normal after surgery. Minor staining or pooling beneath a dressing or the skin tapes does not need attention, but if the appearance is of concern, additional skin tapes or Band-Aids can be applied over

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the original tapes. If the bleeding persists, elevate the affected area and apply firm, direct and constant pressure with a tissue for 30 minutes.

> If the bleeding does not stop, please go to the emergency room at North York General Hospital or your nearest hospital.

PAIN PILLS

There is usually very little discomfort after minor surgery. Most patients do not use any pain pills. Minor discomfort can be relieved with Extra Strength Tylenol (acetaminophen) or Advil (ibuprofen). Both can be taken together if you are experiencing greater discomfort.

BRUISING

Bruising is the typical "black and blue" appearance of tissue after any surgery. There is great variation in how much patients bruise: some bruise very little, some more. As noted in your pre-operative instructions, Aspirin, blood thinners, anti-inflammatories and vitamins can contribute to bruising and, if possible, should be stopped for two weeks before surgery. These medications can be resumed the day after surgery. Little can be done to avoid bruising. Cold gel packs, when applied in the first 12 hours, may be helpful. Ice packs are not recommended. The bruising typically subsides within two weeks, but in some patients can last longer. As it dissolves and becomes more yellowish in colour, it may appear to be "spreading". This is normal and is no cause for alarm.

ARNICA FOR BRUISING

Arnica has been shown to help decrease bruising and shorten the length of time bruising is visible. A combination of oral pellets and topical gel is recommended, but if you would prefer to use only one, the pills are likely more effective.

- The pills should be started two days before your procedure and continued for 3-5 days after your procedure.
- The gel can be started as soon as massaging it in is tolerable, and can be continued until the bruising has subsided. Storing the gel in the fridge will also provide a cooling, soothing effect on the bruised area.
- Apply the gel around the procedure area to minimize swelling and bruising. DO NOT take off the dressing, and DO NOT apply it on the actual incision until it is completely healed.

Please DO NOT use Arnica if you are allergic to the daisy flower.

WOUND INFECTION

Wound infections are uncommon. Minor leakage of clear yellowish fluid from the stitches may occur and persist until the stitches are out. This fluid is not an infection, and is managed with soap and water washes two to three times a day, followed by Polysporin ointment and a light dressing.

> If the drainage from the wound becomes "soupy" and smells, or comes with increasing redness, pain and swelling, a deeper infection may be occurring. Do not hesitate to phone the office or see your family doctor if this happens. You will need to be seen, as you may need antibiotics.

SCAR CREAM

Once the sutures are out, a scar cream should be massaged onto the incision lines twice a day for two to three months. If any area of drainage remains, apply Polysporin ointment rather than scar cream to that area until the drainage has stopped, then apply scar cream there as well. The scar cream we recommend is available for purchase in our office.

MAKEUP

Makeup can be applied to the surgical area once the incision line is healed and there is no drainage. On the face, this is usually 7 to 10 days after surgery.

WOUND MASSAGE

As soon as you start applying scar cream, 10 to 14 days after surgery, you should also begin gentle massage of the incision lines. After another week, this gentle massage can become quite firm and vigorous, with deep rotary motions along the incision line. This firm massage helps to desensitize the scars, making them less painful, and also reduces the normal thickness and lumpiness seen in a scar after surgery. A good moisturizer or Bio-Oil can be used for this massage.

90 Eglinton Avenue East, Suite 700, Toronto, Ontario M4P 2Y3
T (416) 447-6176 · F (416) 447-5750 · FORMFACEBODY.CA
These instructions are general guidance. Your surgeon or provider may give you instructions specific to your care, and those take priority.

SCAR REDNESS AND THICKENING

All scars are initially reddish and thickened, and may be "bumpy". This is all part of the normal healing process, and they will gradually smooth out. Scars on the face and neck typically take six to nine months to mature, that is, to soften, flatten and become pale in colour. On other parts of the body, this maturation process can take nine to eighteen months. In areas where there is little tension on the wound, such as the face or neck, scars usually heal finely, but in high-stretch areas such as the back, arms or thighs, scars generally heal wider. Nothing can be done to alter this normal process.

TANNING

Fresh scars and areas that have been bruised should not be tanned for at least four months after surgery. Early tanning can cause permanent hyperpigmentation of the scar and the surrounding tissue. Normal tanning can resume after four months, but please remember that tanning causes premature skin aging and skin cancers. If surgical areas will be exposed to the sun in the first few months, please use a good quality sunblock.

SILICONE SHEETING

Some studies have suggested that silicone sheeting, available in most pharmacies and online, can improve the quality of the scar. To be effective, silicone sheeting needs to be on the skin day and night for at least six months. It is not recommended for routine use, as it appears to have little value when scars are healing normally. We do recommend it for wounds that show evidence of prolonged redness or abnormal scar maturation. This applies to fewer than 5% of patients. This will be discussed at your follow-up.

DRIVING A CAR

Do not drive if you are having any pain, as the pain may cause you to jerk the steering wheel and lose control. Do not drive if the surgery has affected your vision. Also do not drive if you have had hand surgery or are in any way restricted in your mobility, as this may compromise safe driving.

RESUMING ACTIVITIES

Please avoid exercises that may pull on the wound for two weeks after surgery. This is to prevent the incision line from breaking open. In general, light exercise can start one week after minor surgery, and after two weeks, full normal exercise is fine. Men who have incision lines in the beard area should avoid shaving over the incision line for at least one week.

SKIN CANCER FOLLOW-UP

Once someone has been diagnosed with sun-damaged skin or a skin cancer, ongoing skin checkups with a doctor are required. Please see your referring family doctor or dermatologist at regular six-month intervals, and sooner if any new skin lesions or lumps develop. They will determine what further treatment would be best for you, and we will be happy to resume your surgical care at their discretion.

ONGOING SKIN CARE

FORM Face + Body is committed to educating our patients on skin care and skin health. If you have a history of skin pigmentation, moles, precancerous lesions or skin cancers, there are now good ways to help minimize or prevent these. A good sunblock is the most important. It should be applied daily to sun-exposed areas as part of your normal morning routine. In addition, there are protective serums that can be applied daily to decrease the damage done by constant environmental exposure to sun, radiation, pollution and so on. These products not only protect the skin but also improve its quality and complexion. Finally, there are excellent medical-grade creams that can help with specific skin issues such as rough texture, uneven pigmentation and fine lines or creases. Part of your appointment can be used to review and customize a plan that is ideal for you. We hope you will take advantage of this.

QUESTIONS OR PROBLEMS

Every effort is made to provide you with a surgical experience that is safe and as comfortable as possible. Any suggestions you have that might improve the experience are much appreciated. If you have any questions, concerns or problems, please call the office at 416-447-6176.

> If there is an urgent situation and we are not immediately available, please go to the emergency department at North York General Hospital or your closest emergency department.

We hope you have a speedy recovery from your surgery.