





Post-Operative Instructions Following Buccal Fat Surgery

Clinic Phone Number: (801)449-9990

1. Post-operative care:

• <u>Immediately after your surgery-</u> Go to <u>www.MobleyMD.com/care</u>. There are post-op care video(s) for you to watch.

2. How you should expect to feel after surgery:

- Procedures can make you feel groggy for up to 48 hours after surgery. This can cause nausea and sometimes vomiting. Keep yourself hydrated with water, 7-up, Gatorade, or other sports drinks. Eat a bland diet (saltine crackers and broth for starters).
- After surgery you will have some pain and discomfort due to the surgery, which is to be expected and should be controlled with pain medications (Tylenol or prescription pain medications only).
- Escalating, severe pain is not typical and should be addressed.
- Swelling is common after facial surgery. Swelling usually peaks at day 3, and subsides after that. It is not uncommon for some minor swelling to last 2-5 weeks after surgery. Each patient is different in their healing process.
- When resting, elevate your head above your heart to help decrease swelling for the first 3 days after surgery. A pillow or two is all that is needed. *Sleeping sitting up is not necessary.

3. Wound Care:

- One of the key things after buccal fat removal is to avoid "sharp, fine granular foods". For example, couscous would be a very poor food choice. Tortilla chips would also be a poor choice. In contrast; fine, smooth foods such as a well-blended smoothie or mashed potatoes can be examples of good food choices.
- Apply ice packs to the outside of your cheeks. Everyone will swell after a procedure but patients who are most diligent in

- their icing the first 48 hours after a procedure will tend to be less swollen.
- Use common sense, and, if the skin is getting too cold, remove the compresses for approximately 20 minutes before resuming cooling.
- You only need to continue this process for the waking hours.
- After every meal you will want to do an oral swish and spit. For the first 5 days after surgery, dilute aprox. 1 ounce of mouthwash into a cup of water. Swish this around your mouth, after every meal, and spit. The goal here is to prevent any fine particles of food getting stuck in the incisions inside the mouth (this could lead to infection).
- After the 5th day, switch the mouth cleansing solution to lukewarm salt water. Again, swish and spit after every meal and continue this until 10 days post –procedure.

4. Pain Management:

- Dr. Mobley will prescribe you a narcotic pain medication to help control your pain after surgery. They will explain in detail how and when to use them. If you have any allergies or issues (nausea, itching, or sensitivities) with a certain pain medication, please let them know in advance, so they are able to give you a more compatible pain medication prescription.
- 5. Tylenol is the ONLY over the counter pain medication you are able to take after surgery for seven days.
- 6. Common side effects of narcotics include:
 - Constipation: Take stool softeners (MiraLax,) increase fluids and walk more.
 - Nausea: Decrease narcotics, use a suppository, and take medication with food.
 - Loss of appetite: This will improve over time and once you stop taking the narcotic.
 - Sleepiness: This will improve once you stop taking the narcotics.
 - You should **NEVER** drive or consume alcohol while taking narcotic pain medication.

7. Activity/Exercise:

- Following your surgery, <u>NO</u> strenuous activity or exercise should be performed for the first week.
- Light mobility is encouraged and is vital to your recovery. Take short, frequent walks around your house to decrease the chances of any complications, avoid developing a leg blood clot, and maintain good circulation.
- Do not lie in bed for extended periods of time.
- One week following surgery you can begin to increase your activity by 15% each day. By the 14th day following surgery you should be back to your normal activities.

8. Return to work:

• In most cases you will be able to return to work within a week from your surgery. Each patient is different in their healing process so this can be discussed at one of your post-op appointments. A return to work form can be given to you at that time.

ON-CALL POLICY

Dr. Mobley is in solo private practice. This arrangement ensures many benefits for patients, such as a very customized office surgical experience. Every effort is made to be available to patients as much as is humanly and reasonably possible but no one doctor could himself be available to every patient 24 hours a day, 365 days per year. Dr. Mobley maintains several on-call relationships with doctors in the valley including Scott Haupt, MD, John Bitner, MD, Scott Thompson, MD, Lucy Barr, MD and Rick Aoki, MD. Dr. Mobley is also a member of St. Marks Hospital where fellow Facial Plastic Surgeon Dr. Randal Swenson is affiliated. Dr. Mobley is also a clinical adjunct Asst. Professor of Surgery at the University of Utah Hospital and has a close relationship with P. Daniel Ward, MD.

If you were to experience a serious concern after business hours or on the weekend, you should first try contacting Dr. Mobley. In most cases, he will be able to assist you via his cell phone but if he is out of town and you need to be seen in person, it is very likely that one of the doctors mentioned above would be available to assist in your care. The after hours "emergency" number is 801-989-7407. After that, your options would include going to the emergency rooms of St. Mark's Hospital, or the University of Utah Hospital, all of which should have an otolaryngologist and/or a plastic/facial plastic surgeon on call who can provide proper emergency / urgent medical care. If your home is more than a few hours from Salt Lake City, you may wish to contact a local ENT surgeon or facial/plastic surgeon rather than traveling to Salt Lake City.

IN THE CASE OF A LIFE-THREATENING EMERGENCY, YOU SHOULD PROCEED DIRECTLY TO THE NEAREST EMERGENCY ROOM RATHER THAN TRYING TO CONTACT DR. MOBLEY OR ANY OF HIS ASSOCIATES AND THEREBY DELAYING TREATMENT.

With over a decade of experience, Dr. Mobley has found that true on-call emergencies are fortunately few and far between. The purpose of this policy is to inform you that every effort will be made to connect you with Dr. Mobley in the rare event of a true on-call emergency. If Dr. Mobley is unavailable, you should have confidence knowing that there are several different options for you to pursue, including seeking care in an emergency room. The chances of any one patient needing this care are quite small but in healthcare there is no such thing as zero risk, so we provide this information to you with full transparency.