

Post-Operative Instructions Following Platysmaplasty Surgery

Clinic Phone Number: (801)449-9990

1. Post-operative care:

- a. **Immediately after your surgery-** Go to www.MobleyMD.com/care. There is a post-op care video(s) for you to watch. It is critical to watch the videos suggested to you and be familiar with their content. Normally **we remove the dressing 2-3 days after surgery**. Out of town patients can make special arrangements.

2. Bandage/Wound care:

- **“Milking” of the operated area- first 2 days:** In platysmaplasty surgery we often do not place a drain under the skin. Also, we also **do not want any fluid to build up under the skin** in the area operated. Dr. Mobley does leave tiny “micro gaps” between some of the skin stitches (just enough space that fluid can pass through these micro-gaps). Understanding this, you are advised to **“milk” the underside of your chin area from the Adam’s apple area up to the chin incision area**. This way, if there is any fluid under the skin it is directed to the “micro gaps” between the stitches so it is directed out of your body and out of the operated area. In the neck, any fluid “trapped” under the skin can lead to lumps or irregularities. For these reasons, we want you to **perform this “milking” every hour or so for the first 24-48 hours**.
- There is an excellent video demonstrating the “neck milking” on MobleyMD.com/care. Watch this please.
- When you come in for your post-operative appointment, the pressure dressing will be removed and replaced with a removable, elastic band. Dr. Mobley or his staff will explain

wound care at that time. **The elastic band should be kept on for 24 hours per day**, only to be removed for a brief period of time when showering.

- You are able to wash your hair once Dr. Mobley or his staff removes the original dressing.
- **Do NOT take long hot steamy showers after surgery.** Hot water can dilate blood vessels and cause bleeding. Showers should be brief and lukewarm. “Get in, get clean, get out, get your dressing back on your face” is a good adage.
- Starting the second week following surgery the elastic band can be worn only at night for the next 30 days.
- The **sutures** will be **removed** approximately **one week** after your procedure

3. **How you should expect to feel after surgery:**

- The procedure 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, 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.**
- You will have a pressure dressing that will cover your head and neck. You will have two (sometimes 3) small plastic drains that will be coming out of the dressing as well. There is a good video on MobleyMD.com/care to show you how to care for your drainage tube. These will all be **removed at the 2-3 day post-operative appointment**. If you feel claustrophobic from the dressing, please contact our office and we will be able to help with this.
- You will have swelling, which is common after facial surgery. You are able to **use ice for 20 minutes on and 20 minutes off**. Swelling usually peaks at day 3, and usually 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. An **extra**

pillow or two is usually all that is needed. Sleeping sitting up is not necessary

- Avoid unnecessary head movement or vigorous chewing for the first week after surgery. This will help minimize complications and prevent some discomfort.

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.**
- **Tylenol is the ONLY over-the-counter pain medication you are able to take after surgery for seven days. No aspirin, Alleve, or Ibuprofen. They can all cause bleeding.**
- Common side effects of narcotics include:
 - Constipation: Take a stool softener (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.

5. Activity/Exercise:

- Following your surgery, **NO 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, to avoid developing a leg blood clot, and to 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.

6. Return to work:

- In most cases you will be able to return to work **within 10-14 days** after 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.

Signature: _____ Date: _____

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 Dr. Benjamin Dunkley. Dr. Mobley is also a member of St. Marks Hospital. Dr. Mobley is also a clinical adjunct Assoc. Professor of Surgery at the University of Utah Hospital and has a close relationship with Dr. Eric Cerrati.
- 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.
