

## **Post-Surgical Dermabrasion Instructions**

**Clinic Phone Number: (801)449-9990**

### 1. **Post-operative care:**

**Immediately after your surgery-** Go to [www.MobleyMD.com/care](http://www.MobleyMD.com/care). There are post-op care video(s) for you to watch. Begin this care when you are told to do so by Dr. Mobley- most often the first night.

### 2. **How you should expect to feel after surgery:**

- You will likely have a thick layer of emollient on top of the dermabraded areas.
- Procedures can make you feel groggy for up to 48 hours afterwards. This can cause nausea and sometimes vomiting. Watch the video entitled, “*Post op info and info for longer surgeries*” on MobleyMD.com/ care. It will go over thoroughly how to best handle a queasy stomach after surgery.
- It is normal to have significant swelling the night and morning after the procedure. 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.
- The dermabraded area will feel swollen, numb and look slightly pink. When resting, elevate your head above your heart to help decrease swelling for the first 3 days after surgery. One additional pillow for the first few nights should be enough; sleeping while sitting straight up is not necessary.

### 3. **Pain Management:**

- Dr. Mobley will prescribe you a narcotic pain medication to help control your pain after surgery. He 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 him know in advance, so we will be 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 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.

#### 4. 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 14<sup>th</sup> day following surgery you should be back to your normal activities.

#### 5. Caring for your dermabraded skin:

- **Think of the dermabraded skin as when you were a kid and you scraped your elbow on the street.** As kids, we allowed the elbow to scab over. The “depth” of skin injury from a dermabrasion is very similar to a skinned elbow..but the big difference is that we are going to keep a layer of Aquaphor on the skin around the clock for the first 7-10 days to “force” new skin to grow over the dermabraded area (a process called re-epithelialization) without allowing the dermabraded skin to dry out and form a scab.
- **Clean the skin frequently with gentle soap and water and re-apply often a generous smear of Aquaphor ointment.** Often the Aquaphor will heat up and sort of “melt” off of the skin. If this occurs, place a piece of Saran Wrap over the area on top of the Aquaphor. That will help hold the Aquaphor in place over the dermabraded skin. Placing the Aquaphor in the refrigerator can be refreshing and soothing to your skin.

- Your main job for the next 7-10 days is to frequently clean the dermabraded skin and **keep the skin in either a red to pink state**. Yellow drainage and crusting can occur and it should be removed immediately. Refer to the following chart:

***Dermabraded skin can have a spectrum of different appearances:***

<b>BAD</b>	→	→	→	<b>GOOD</b>
Actual scab	Hard yellow crusts	Small amount of yellow drainage	Red with pinpoint bleeding	Shiny & pink

- Around day 10 you are able to decrease the amount of times you clean the dermabraded skin to twice a day, morning and night. At this point you are able just to use your regular skin moisturizer. Cetaphil is gentle and often a good choice. The skin will still look pink and will start to return to its regular skin color. You're able to use "physician grade" cover up. Our staff office has researched these products extensively and we recommend Jane Iredale and Elta-MD products. They come in all skin shades and have hypoallergenic sunscreen integrated into them. Our staff will be happy to work with you to find the products that provide you with the optimal cover up. It may take up to 3 months for the redness to fade away.
- At day 10, start using **sun block with a minimum SPF of 30**. This should be used daily, for the best possible results. We will recommend physician-quality sunscreens based on your skin type. You are able to purchase the sunscreen from our clinic.

**6. Return to work:**

- In most cases you will be able to return to work within a few days to one 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.

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.

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