

**Protocols/Guidelines for BLEPHAROPLASTY
POST-OPERATIVE INSTRUCTIONS FOR PATIENTS**

Although Blepharoplasty is a relatively straightforward procedure for a skilled and experienced surgeon, the patient also needs to cooperate in order to ensure a successful outcome. The following instructions must be taken very seriously, they will help you to recover from surgery without incident.

1 I accept that I will not be able to fly until the sutures are removed from the incision line. INITIAL.....

2 I understand that I must not engage in any of the following activities: contact sports, skiing, riding, cycling, snowboarding, motorcycling, sky diving or any sport that involves the wearing of goggles, for a minimum of four weeks after surgery. INITIAL.....

3 I understand that I must not engage in any energetic activity such as aerobics, zumba, jogging or any activity which involves bending the head forward excessively, as this can cause damage to the suture line. INITIAL.....

4 I agree not to rub the eye area INITIAL.....

5 I accept that there will be some swelling and possibly bruising, especially with lower blepharoplasty. INITIAL.....

6 I understand that I should not intake excessive amounts of alcohol whilst recovering from surgery. INITIAL.....

7 I understand that it is not advisable to sit in direct sunshine whilst recovering from surgery. INITIAL.....

8 I accept the fact that the sutures will be in situ and will be visible for 7 to 10 days (possibly longer) and that I cannot wear eye makeup for this period. I understand that I must adjust my work and social calendar to accommodate this. INITIAL.....

9 I understand that I must NOT use eye creams or oils or any other cosmetic products on the eye area while the sutures are in place INITIAL.....

10 I agree to take all medicines, tablets and ointments exactly as directed in Dr Khan's written prescription and instructions to me INITIAL.....

11 I agree to contact Dr Khan's rooms immediately if I am in any way worried about any aspect of my treatment or recovery. INITIAL.....

Signed.....Patient.....

Signed..... Dr Rizwana Khan

Date.....