enhance
MEDICAL GROUP

POST-OPERATIVE INFORMATION

enhance
MEDICAL GROUP

CONTENTS

POST-OPERATIVE INFORMATION

YOUR SURGERY

Thank you for choosing us as your trusted cosmetic surgery provider - we hope you had an enjoyable experience with Enhance and we hope you have a very speedy recovery.

We have popped a few helpful hints and useful information below to support you during the next few days before your appointment for your wound care review.

FOLLOWING YOUR PROCEDURE YOU MUST:

- Take care when socialising as you are vulnerable to catching respiratory germs after the anaesthetic and at risk of being knocked or shoved which could cause injury.
- Inform the hospital if you become unwell.
- Eat plenty of fresh vegetables and drink plenty water

WHAT TO EXPECT

- You will likely feel light-headed or sick following any general anaesthetic, we suggest eating little and often
- You will have received pain medication during the day which also may make you feel sick or tired, this is normal
- You will have been given medication to take as and when required after surgery; if you do not feel any discomfort then please do not take the pain relief medication, only antibiotics (if given) are required to be taken. Follow your prescription but you can generally take paracetamol every 4 hours and ibuprofen every 6 hours.
- You might be restless or lack sleep; we cannot recommend sleeping medication unless you receive this from your GP.
- The pain relief medication given can cause an upset tummy, excessive bloating and sometimes feelings of nausea and vomiting; this is normal, we advise a very light diet in the first few days after surgery and plenty of water to ensure you are getting fluid into your system. This bloating can last up to 4 weeks following surgery.
- If you find you are being sick often, please stop taking the pain medication and wait an hour to see if this subsides.
- You have had an operation, so discomfort, pain and stinging is normal; this can persist intermittently for up to 6 weeks; listen to your body and take plenty of rest.
- Stretchmarks are normal with many surgical procedures; if the skin is stretched they are a risk and will fade with time.
- Post-operative bleeding can happen; dried blood and spotting are not to be a concern. If you notice large volumes of blood which is fresh and red, we advise you dial 999. Often a pale pink or yellow fluid can ooze from the wound, this is normal and not an area of concern.

- During the healing period your incisions will go through phases of healing; they might appear dark in colour, lumpy or irregular, they might itch (as might your whole surgical area) these are all normal phases of wound healing.
- You may notice gurgling, bubbling sensations or sharp nerve sensations when the nerves are healing; these are normal and not to worry about – if you do have concerns you can contact our team – the contact details are at the bottom of this document.

WHAT TO DO

- If you have been given a garment, this needs to be worn for up to 6 weeks (please see additional surgeon information if your individual surgeons instructions are different); this is not to be removed without instruction or without you having your own (self-purchased) spare to replace this with.
- Do not change your bra in the first 7 days, unless our medical team advises otherwise. Also do not take off your compression bra within the first 7 days to have a 'sneak peak'- please ensure your bra is kept on for these 7 days - after this, you can change it when you like. Simply follow the instructions on your bra label for cleaning.
- If you are provided with a Breast Band, these are to be worn 24/7 for your first week. Following this, they should be worn during the day only during the second week and removed at night when sleeping. We advise saving the band in case swelling returns and it also can come in handy when reintroducing exercise.
- Any dressings, nose splints or garments given need to be left in place for your first week until you are seen by the nurse, which is usually between 7-10 days.
- Have a shallow bath or shower your non-operated body parts to keep you feeling fresh – You can shower properly once our nurse tells you it's ok to and your wounds are healed, and not before.
- Please do not get your dressings wet, if they happen to get wet, cover them immediately with a new dressing and keep the wounds clean and dry.
- Rest plenty, avoid smoking and alcohol until after your recovery period (usually 2-4 weeks after your surgery)
- We do not routinely recommend taking Arnica Tablets; unless you surgeon advises to do so.
- If at any time you are concerned, contact us on the below numbers – ask us first before seeking NHS attention as your aftercare is already covered with us and your surgeon; of course if you are in immediate danger dial 999.
- Rest and do not exercise for the first 6 weeks; we do not advise any vigorous movements including heaving lifting of children or household items either. We would advise avoiding upper arm exercises / heavy lifting and strenuous activity for 12 weeks post-op. Walking is fine and a great form of movement. If you have had breast surgery, we recommend not lifting your arms repeatedly above your head for the first 2 weeks.
- Please do not fully submerge or swim / use a jacuzzi for 6 weeks post-op (and only as long as you are fully healed).
- Rollercoasters / extreme sports should only be performed at your own risk of complications and we would advise not undertaking these before your surgeon review if you decide to do so.

- If you had a nipple piercing(s) before your procedure, please do not put the piercing(s) back in until one of our nurses has advised to do so at your wound care appointments (the swelling can cause the piercing whole to increase in size if put in too early).
- If you would like to pierce the surgical area (including nipple piercings) please wait until after your surgeon review.
- Driving is up to the patient; this is your insurance. Before driving ensure you can safely perform all actions in the car; we advise after 10 days is usually fine.
- If you notice an issue or your incision opens or dressings fall off please do not handle the wound, cover it immediately and contact your clinic. If you have a cover dressing this is not an emergency and will wait until the clinic is open.
- Once you have seen your nurse for your first appointment, you can often shower; we recommend non-perfumed products for the first 6 weeks and nothing direct on the incisions.
- For most procedures you will be required to sleep propped on pillows at a 25-45 degree angle, this aids comfort and circulation. Do not worry if you naturally roll to a different position in the night, just readjust and sleep when you can. We do not recommend side or front lying in the first 6 weeks unless your surgeon advises otherwise.
- You can continue sexual intercourse when you feel comfortable to do so; we do not recommend anything to rigorous in the first 6 weeks and we do not expect excessive touching of the surgical area in the first 3 month.
- Your first check-up might be a phone call; check with your advisor before making a journey to the appointment. You are usually seen for a face to face appointment around day 7. This nurse appointment lasts usually 10-20 minutes and involves a wound check, dressing change or removal, photographs and treatment if required. The nurse will advise you at this appointment about specific information regarding showering and can reassure you of any early concerns.
- You will not see your surgeon before 3 months unless we feel this is clinically needed; time and patience are vital. Please contact us directly to organise your 3-6 month surgeon review.

FLYING / TRAVELLING ABROAD

It is advised that you are able to fly short haul 2 weeks following the procedure and you can fly long haul 6 weeks post-operative. Please always check with the clinical team. Please use the TED stockings or compression flight socks if you are flying recently after your operation and especially if it is a long flight (more than 3 hours).

PRODUCTS

It is strongly advised that you do not use perfumed products, make-up, fake tan or oils on your incisions until fully healed and even after this to approach with caution. It is advised to protect the incisions after 12 weeks from sunlight following surgery using >35 SPF. Please do not use a sun bed until 6 weeks – scars must remain covered for 12 weeks whilst using the sun bed. You can use bio-oil and other scar healing gels 6 weeks after your wounds have healed.

BRAS & COMPRESSION GARMENTS

Please wear and sleep in your compression garment for 6 weeks for a Breast Enlargement and around 8 weeks for a Breast Lift; after this as long as your incisions are healed you can get measured and start to wear normal non-wired bras (many providers will provide online measuring services when purchasing new bras). At 12 weeks you can then begin to wear normal wired bras. You can continue to sleep in your compression bra if you wish. Please follow this information unless you have been given further details and instructions from your surgeon on the day of your surgery or in your discharge pack.

NEED FOR FURTHER SURGERY

Asymmetry is something which is uncommon but is known relating to all surgery completed bilaterally (both sides); size and shape will have been discussed with the surgeon to give an idea of final result but please be aware that this is always subjective. Hormone imbalances, weight gain, changes in exercise routine and the use of certain drugs can lead to further changes in the body and tissues. This may result in the desire for further surgery and your surgeon may offer free of charge further surgery if they feel they have not achieved a result which would meet the expectations set to you in your initial consultation. A nominal theatre reservation fee will be payable to secure a further surgery date, normal terms and conditions will apply to further surgery and rescheduling.

ATTENDING APPOINTMENTS

To ensure you do not breach your terms and conditions or your warranty; you are encouraged to attend all appointments offered by us for your wound care following surgery. We offer these at some consult clinics and operating sites, and you may be expected to travel to attend the nearest convenient location. We accept no liability for appointments unattended or wound care which is obtained from outside the company such as your GP. We want to get you the best result from your surgery, your satisfaction is very important to us.

If you have any clinical / nursing questions after your surgery the below numbers will help:

To speak with a nurse or book clinical appointments in all locations during 8am – 6pm Monday to Friday you can call:

0208 563 8111 London Hammersmith Hospital
0800 808 5630 Joseph House

IF YOU HAVE AN EMERGENCY and wish to speak with a nurse outside of the above hours, or on a weekend, you can call 07879490124.

****THIS LINE IS FOR EMERGENCIES ONLY****

Alternatively, you can always call or email your advisor if you have a non-clinical query such as implant questions, warranty, and further surgery etc.

We look forward to seeing you at your first check-up & please do take care

This procedure is a cosmetic procedure and so assessment of the results involves an element of subjectivity. Therefore, it is important to understand that while you have been advised by your surgeon as to the probable results, this should in no way be interpreted as a guarantee.

VENOUS THROMBOEMBOLISM

WHAT IS VENOUS THROMBOEMBOLISM (VTE)?

A clot within a blood vessel is called a thrombus and the process by which it forms is known as thrombosis. It can be damaging as it might block the flow of blood. Also, part of the clot may break away and block a blood vessel further along, this will restrict the blood supply to important organs; this is often referred to as Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE). The risk from dying from VTE due to hospitalisation is over 1000 times greater than as a consequence of air travel. Venous thromboembolism (VTE) is a significant cause of preventable hospital death in the UK. Therefore effectively managing the risk of VTE has become a national priority.

WHAT THE NICE GUIDANCE SUGGESTS

NICE guidance suggests all patients and/or their families or carers are offered written and verbal information on:

The risks and possible consequences of VTE

The importance of VTE prophylaxis and its possible side effects

The correct use of VTE prophylaxis

How patients can reduce their risk of VTE

WHAT IS DEEP VEIN THROMBOSIS?

Deep vein thrombosis (DVT) is a blood clot in a vein. Blood clots in veins most often occur in the legs but can occur elsewhere in the body, including the arms.

WHAT IS A PULMONARY EMBOLISM?

Pulmonary Embolism occurs when a foreign body, usually a blood clot, blocks the supply of blood to the lungs. This is a serious condition, which can often is life threatening for all age groups. A Pulmonary Embolism develops when the blood clot travels from your leg up into your lungs.

HOW CAN I REDUCE MY RISKS?

Encouraging shared decision-making between patients and healthcare professionals will reduce VTE risk. Empowering patients with regards to VTE and prophylactic measures will enable individual management regimes, where patients are involved in decision making and reducing their own risk.

- Correct medicines are important and when these are administered and stopped is also key
- Wearing compression stockings when provided is important
- Following the advice of the medical professionals is vital

WHAT ARE THE SYMPTOMS OF DVT?

In some cases of deep vein thrombosis (DVT) there may be no symptoms, but possible symptoms can include:

- pain, swelling and tenderness in one of your legs (usually your calf)
- a heavy ache in the affected area
- warm skin to touch in the area of the clot
- redness of your skin, particularly at the back of your leg, below the knee

WHAT ARE THE SYMPTOMS OF A PE?

It can be difficult to recognize the signs and symptoms of a pulmonary embolism because they can vary between individuals. The following symptoms may occur in the order they are listed:

- chest pain – a sharp, stabbing pain that may be worse when breathing in
- shortness of breath – which may come on suddenly or develop gradually
- anxiety
- coughing – which is usually dry, but may include coughing up blood or mucus that contains blood
- sweating
- feeling light-headed or dizzy
- passing out

IF YOU EXPERIENCE THESE SYMPTOMS SEEK URGENT MEDICAL ATTENTION

WHAT MEDICINES ARE USED?

Anticoagulant medicines prevent a blood clot from getting bigger. They can also help stop part of the blood clot from breaking off and becoming lodged in another part of your bloodstream (an embolism). Although they are often referred to as “blood-thinning” medicines, anticoagulants do not actually thin the blood. They alter chemicals within it, which prevents clots forming so easily. Two different types of anticoagulants are used to prevent / treat DVT:

- heparin
- warfarin

ARE THERE ANY MEDICINE SIDE EFFECTS?

Some side-effects of medicines may be serious while others may only be a mild inconvenience. Very occasionally, certain side-effects can be beneficial. Reactions to a medicine are very individual to each patient and are therefore difficult to measure. It is difficult to predict which side-effects you will have from taking a particular medicine, or whether you will have any side-effects at all. The important thing is to tell your prescriber or pharmacist if you are having problems with your medicine.

WHAT CAN I EXPECT WHEN I AM IN HOSPITAL?

Because it is difficult to predict whether you will have a blood clot, simple treatment to prevent a blood clot developing in the first place is now regarded as the best and most cost effective medical practice. You will have a risk assessment performed to assess your risk for DVT and you will be provided with information regarding the choice of treatment for preventing a DVT this may include daily injections (containing Clexane / Warfarin) and support compression stockings, you will also be encouraged to mobilise as soon as possible as this encourages blood flow. Usual treatment in HPH includes stockings and air-boots in theatre, Clexane injection before / during surgery and then a second dose within 12-24 hours postoperatively. Further doses might be prescribed for patients undergoing abdominoplasty surgery.

WHEN I GET HOME

Your clinical team will decide with you when to stop any anticoagulant treatment you have been taking. Some patients will need to continue taking the medication once they have gone home but we will discuss this with you before you are discharged from hospital. Remember to keep as active as you can as being immobile increases the risk of developing blood clots.

HAEMATOMA AND SEROMA POST OPERATIVE INFORMATION

WHAT IS A HAEMATOMA?

Haematoma refers to a collection of blood outside of the blood vessels, which gathers in body tissues or cavities. Haematoma's are most commonly apparent as bruising to the skin, or with visible swelling and a change in anatomical shape. They are caused by internal bleeding into the extracellular space following trauma - this can include accidents, falls and surgery.

Haematomas under the surface of the skin can manifest as un-raised bruising or as hardened lumps. These lumps are blood sacs which aim to keep internal bleeding localised and to a minimum but can result in large areas of swelling and can feel warm to touch.

Haematoma's usually dissolve (they are reabsorbed by the body) and go away without surgical intervention; in these cases conservative treatment can include , and can typically be treated surgically if they do not. In some cases, particularly with a larger haematoma, they can migrate to nearby areas of the body due to the effects of gravity.

Bruising from haematoma can sometimes be painful, but smaller bruises do not usually pose a health risk. Larger haematoma that do not fade over time could require further surgery. Bruising is normal following surgery, the key when considering a haematoma is to look at the bruising, with the skin temperature, swelling and localised pain collectively to reach a diagnosis and make a treatment plan.

WHY DO THEY OCCUR?

Surgical haematoma's can happen if the vessels continue to bleed post-operatively; this can be the smallest bleed which leaks causing the swelling / haematoma. Haematoma's are common risks associated with elective surgery; while excessive movement and lack of rest doesn't cause the haematoma, it can make the bleeding worse or less likely to heal conservatively. Following the surgeon advice and resting and wearing the compression bra / garment is essential to try to prevent a haematoma.

HOW CAN I AVOID THEM?

We strongly advise you do not take any aspirin or anti-inflammatory medications for ten days before or after surgery, as this may increase the risk of bleeding. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding. We also always advise patients to stop their hormone replacement therapy / contraceptive pill 4 weeks pre-surgery under the guidance of their GP as this too can increase the risk of post-operative haematoma.

Rest, wear the bra / garment as instructed, observe your body for changes and attend appointments as scheduled. Haematoma following surgery is often a known risk and cannot be avoided but can be easily treated once diagnosed. A well-managed haematoma is not life threatening.

Unfortunately, in major procedures, the clinical team might prescribe an anticoagulant to prevent DVT but there is then a risk that this increases the risk of post-operative bleeding including haematoma.

WHAT ARE THE TREATMENT OPTIONS?

Conservative – this is where the clinical staff will monitor the haematoma with a view that it is small enough to subside and be reabsorbed into the body; in these cases, the clinical team might recommend more compression or cool compression to the area.

Surgical intervention – this is an option when the clinical team feel the haematoma will not subside on its own; if this happens, the team will schedule the patient in for a return to theatre, where the patient will receive anaesthetic and the blood will be drained using a small incision and / or a drain device. This intervention requires the patient to be nil by mouth and a chaperone after the procedure. A haematoma is not a major procedure and does not require an overnight stay in hospital.

It is also a known on-going risk that should a patient lose blood via a haematoma, that they might require a blood transfusion which they would be transferred to an NHS facility for such treatment and monitoring.

WHAT ARE THE LONG-TERM EFFECTS OF A HAEMATOMA?

Haematoma may contribute to capsular contracture, infection or other problems depending on the procedure performed; for breasts, it can cause pocket displacement. For facial procedures it can result in localised swelling, blurred vision for example.

HOW IS A SEROMA DIFFERENT?

Seroma- Fluid may accumulate around the operation site or around an implant following surgery, trauma or vigorous exercise. Additional treatment may be necessary to drain fluid accumulation around breast implants or sites of recent surgery. This may contribute to infection, capsular contracture, or need for implant removal or further surgery. A seroma is different to a haematoma because it is not a collection of blood; it is often a collection of nutrients from the body (serous fluid / straw like colour) which are often formed and sent to a wound site to allow for optimum healing. Sometimes after surgery, or if a patient does not rest (often in cases of abdominoplasty) this fluid is over generated and sent to the wound area – when it gets there, the wound cannot use it all and the fluid sits stagnant and can often appear swollen or is often referred to a likeness of a water bed. Seroma, like haematoma has the same treatment options; small amounts can be left alone and treated conservatively, large volumes must be removed using aspiration or draining method as leaving the fluid there in excess can result in higher risk of infection or be a detriment to the surgical outcome.

DRAINS

Surgical drains, often ready-vac are used post-surgery to help remove fluid away from surgical wounds. We insert the drains during surgery and can leave these in for up to 7 days if we feel this is required. The morning after surgery, we often ask patients to return to hospital to have their drain checked, if this has drained less than 30mls, the drains can often be removed. If a patient is sent home with the drains, they are provided with instructions which are as follows

- The drains must not be left sat on a floor or raised above the wound site; the best position is for the drain to be just below the incision of the wound site so gravity and suction can work effectively.
- If a drain removes over 150mls in short period of time, it is likely there is a reason for investigation and the clinical team will arrange treatment with the patient- Do not touch the drain, the port or the closures; if any dressings come off, simply put one on with clean hands and contact your nurse. If the drain dislodges or comes out or is pulled out by accident, we ask the patient to contact clinic immediately.
- The amount drained should be checked every hour by the patient; if the drain removes more than 60mls of fluid in an hour, we ask that the patient calls their nurse or clinic for advice.

WHAT SHOULD YOU DO IF YOU THINK YOU HAVE A HAEMATOMA OR SEROMA?

Contact your clinic and ask to see a nurse; your aftercare is essential, and your warranty relies on compliance with appointments. As per your terms and conditions, you might be required to travel to an open clinic or back to hospital for surgical intervention, we ask patients to put their health and safety first in all situations.

If your surgeon has provided additional information please do read and follow their instructions.

We hope you have a very speedy recovery

From Enhance Medical Group & Our Team x

Useful Contact Numbers:

0208 563 8111 London Hammersmith Hospital
0800 808 5630 Joseph House

IF YOU HAVE AN EMERGENCY and wish to speak with a nurse outside of the above hours, or on a weekend, you can call 07879490124.

****THIS LINE IS FOR EMERGENCIES ONLY****

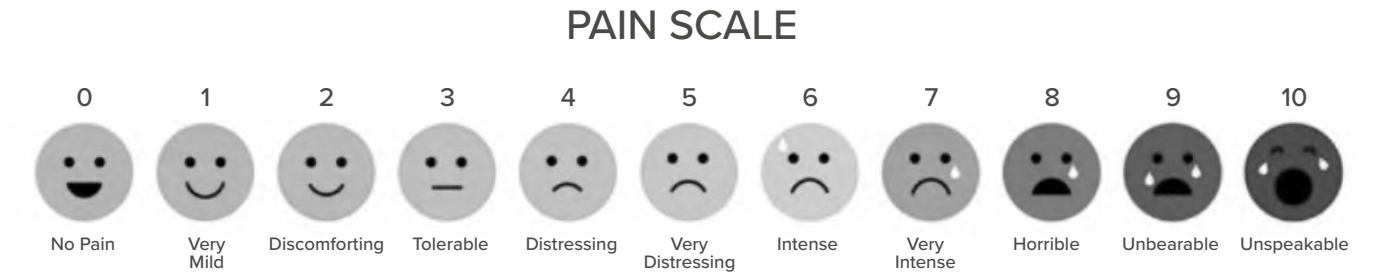
Alternatively, you can always call or email your advisor if you have a non-clinical query such as implant questions, warranty, and further surgery etc.

PAIN RELIEF AFTER SURGERY

AIMS

Some discomfort or pain is to be expected after surgery. This will depend on the site and nature of the operation and will vary from person to person, but will reduce as healing takes place. During an operation pain killing drugs will be given so that when you wake up from the anaesthetic in the recovery area you should be comfortable. However if you need any additional pain killers at this stage, let the recovery nurse know, and the best option will be provided.
Because of wide personal variation pain cannot be predicted according to the operation and it needs to be assessed individually, this requires us to focus on patient centred care and for the patient to have every chance to tell us if they are in pain.

PAIN ASSESSMENT



To help asses your pain you will be asked to score to score your pain on a scale of 0 to 10.

0 – No Pain
5 – Moderate Pain
10 – Worst possible pain.

Your nursing team will ask you to describe your pain using this tool, if you feel this is not descriptive enough, other methods will be used. The tool is only one part of the assessment, the nurse will be observing your movement, behaviour and responses as well as your physiological parameters such as your heart rate and blood pressure as an indicator.

PAIN RELIEF – OPTIONS

Pain killing medication forms the basis of most pain control. Before surgery, anaesthetists and medical staff will explain the most appropriate methods, which may include local anaesthetics given whilst you are asleep.

COMMON PAIN MEDICATIONS

1 Mild – Paracetamol
2 Moderate – Paracetamol + Codeine or Tramadol
3 Severe – Paracetamol + Codeine + Morphine

In addition you may benefit from Anti-inflammatory pain killers such as Diclofenac or Ibuprofen if you are able to take them.

PAIN RELIEF – HOW?

Pain killers can be given by:

- Mouth – to be swallowed
- Under the tongue – to dissolve
- Injection – into a muscle or under the skin
- Injection – into a vein
- Suppository – into the rectum

SIDE EFFECTS

Most painkillers and anaesthetics produce side effects. These are mostly minor, but many include sickness and vomiting, headache, dizziness, skin itching or other symptoms. Treatments are available to reduce these effects.

LOCAL ANAESTHETICS

Some operations can be performed whilst you remain awake using a local anaesthetic to numb the affected area, without the need for a general anaesthetic. Local anaesthetics are also often given during operations whilst you are asleep under a general anaesthetic. These may be injected into the operation wound area to provide better pain relief or they may be injected as a nerve block to numb a wider area.

GOING HOME

You may need to take mild or moderate painkillers for a few days after returning home. You will be expected to arrange these yourself in advance by providing over the counter pain killers (typically Paracetamol and an anti-inflammatory such as Ibuprofen), the hospital will send you home with codeine for up to 5 days only. If you require more after this, you would be required to either return to the hospital for a pain assessment or obtain some from your GP.

QUESTIONS

If you have further questions please ask a member of staff who will direct you to the most appropriate medical or nursing personnel.

If you have any clinical / nursing questions after your surgery the below numbers will help:
To speak with a nurse or book clinical appointments in all locations during
8am – 6pm Monday to Friday you can call:

0208 563 8111 London Hammersmith Hospital
0800 808 5630 Joseph House

IF YOU HAVE AN EMERGENCY and wish to speak with a nurse outside of the above hours, or on a weekend, you can call 07879490124.

****THIS LINE IS FOR EMERGENCIES ONLY****

ANTIBIOTIC INFORMATION:

ANTIBIOTIC RESISTANCE

To combat the rising tide of antibiotic resistance health organisations around the world are trying to reduce antibiotic use, especially for mild self limiting infections. They have NO effect on viruses such as the common cold. Resistance is when a strain of bacteria no longer responds to treatment with one or more types of antibiotics. Bacteria change (mutate) and over time may become antibiotic resistant. This occurs naturally but human consumption of antibiotics accelerates this process. Antibiotics also destroy beneficial bacteria that live in and on our bodies that act with the body to protect against harmful bugs in the environment.

The overuse of antibiotics in recent years has played a major part in antibiotic resistance. It has led to the emergence of "super bugs", strains of bacteria that have developed resistance to many

different types of antibiotic such as methicillin resistant **Staphylococcus aureus** (MRSA) and Carbapenemase-producing enterobacteria (CPE).

Antibiotic resistant infections are difficult to treat and are an increasing cause of disability and death across the world. If we do not use antibiotics sparingly and only for the correct reasons then resistance will continue to rise and the problems of resistance will only get worse.

WHAT ARE ANTIBIOTICS AND HOW DO THEY WORK?

Antibiotics are medicines used to treat infections due to bugs such as bacteria and fungi. They are designed to cause the maximum of harm to bugs and the least harm to the human taking them
Antibiotics can be used to treat infections from simple skin rashes to life threatening blood poisoning and pneumonia. They have NO effect on viruses such as the common cold though specific anti-viral agents are occasionally used to treat influenza in those with underlying illnesses and in the very young.
Using antibiotics unnecessarily will increase the risk of antibiotic resistance developing. Once resistant, that antibiotic becomes useless in the treatment of that infection and others like it. Even if ineffective against an infection, antibiotics may still cause avoidable side effects such as diarrhoea and rashes.

HOW DO I TAKE MY ANTIBIOTICS?

Always take antibiotics as directed on the packet, the accompanying patient information leaflet that comes with the medicine or as instructed by your Doctor, Nurse or Pharmacist.

Orally: Oral antibiotics come as tablets, capsules or a liquid solution

Topical: Creams, ointments, sprays or drops. These are often used to treat skin, ear or eye infections.

Injections (intravenous): These are usually given as an injection or a drip. They are designed to get the antibiotic to site of the infection quickly or where the ideal antibiotic cannot be given by mouth.

DO I HAVE TO FINISH THE COURSE, CAN I SAVE ANY SPARE ANTIBIOTIC FOR NEXT TIME?

It is essential that you complete the entire course of an antibiotic even if you feel better, unless advised not to by a healthcare professional. Stopping an antibiotic part way through a course may lead to the bacteria becoming resistant or the infection returning (relapse). Ensure any extra or unused antibiotic is returned to your local Pharmacist for disposal. Do not be tempted to save antibiotics for use next time as next time this may not be a suitable antibiotic and may be harmful. If a further infection occurs, go and see your local health provider/pharmacist for assessment.

WHAT TO DO IF YOU MISS A DOSE

If you forget to take a dose of antibiotic, take it as soon as you remember and continue to take the course as prescribed unless it is nearly time for the next dose in which case skip the missed dose and continue with the doses as before.

ACCIDENTLY TAKING AN EXTRA DOSE

Accidently taking an extra dose of your antibiotics is unlikely to do you any harm however it can increase the risk of side effects such as stomach pains and nausea. If you accidently take extra doses of your antibiotic and are worried or experiencing severe side effects, talk to your care provider/pharmacist or call NHS 111.

SIDE EFFECTS

All medications can cause side effects, if taken as directed most people do not experience any. Serious effects are rare. The most common antibiotic side effects are feeling sick, bloated and having diarrhoea or loose motions.
Around one in 15 people have an allergic reaction to antibiotics, especially penicillins and cephalosporins. In very rare circumstances this can lead to a serious reaction such as swelling and shortness of breath (anaphylaxis). This must be considered an emergency, call an ambulance on 999.

CONSIDERATIONS AND INTERACTIONS

Some antibiotics are not suitable for people with certain medical conditions or women who are pregnant or breastfeeding. You should only ever take antibiotics that are prescribed for you. Never "borrow" them from a friend or family member or take any antibiotics left over from previous treatments.

Some antibiotics can also react with other medications such as the oral contraceptive pill or alcohol. Discuss this with your doctor or pharmacist and read the information leaflet that you are given with the medication.

FREQUENTLY REQUESTED POST-OPERATIVE TOPICS

PAIN	Pain is normal, we usually advise that if pain is the only symptom, then this is normal and can be managed using the prescribed pain relief as well as repositioning and warm / cold compress. The out of hours nurse cannot prescribe anything stronger or advise on different medication. Pain for up to 6 weeks is normal. We advise you contact the emergency nurse only if the pain is accompanied with a new swelling / severely enlarged breast or area, indicating new complication which also is hot to touch or might also be leaking a straw like fluid. In these instances, the out of hours nurse will advise if you need to seek immediate attention via your local NHS or if you can be seen the following day in clinic.
TAPE	We appreciate the tape is uncomfortable, it is used to prevent swelling and reduce infection. The tape can cause some irritation and cause your skin to look red; this is normal. The out of hours nurse will not give permission for tape to be removed, this can only be done in clinic by a nurse, in person. If the tape is concerning you, we advise you call your clinic in normal hours and arrange an appointment with your nurse.
SWELLING / BRUISING	Swelling is normal, if you have had limbs or breasts operated on, it is important not to compare them. Your left will heal different to your right and vice versa. We only ask you to call the emergency nurse if you have new severe swelling which is accompanied by pain and the area is hot to touch or any leaking straw-like coloured fluid. Bruising is normal, if you call the emergency nurse with new bruising, they can only advise you to call the next day to book an appointment with your nurse. If the bruising is new and hurts to touch, the nurse might recommend you attend your local NHS facility or travel to our clinic the next day.
SEX / FITNESS	The emergency nurse will not offer any advice on when a patient can partake in sexual activity or fitness. The patient must read the post-operative instructions provided and wait until they have seen their surgeon.
EXPELLING SUTURES OR HOLES APPEARING	We always advise that if a patient is concerned about their wound, they should use a clean dressing to cover this and call their clinic the next morning to schedule to see a nurse.
STINGING / RED INFLAMED INCISIONS / WORRIED ABOUT INFECTION	We always advise that if a patient is concerned about their wound, they should use a clean dressing to cover this and call their clinic the next morning to schedule to see a nurse. Incisions being red or changing in colour is normal and can happen for up to 2 years post-op.

MARKS ON THE DRESSINGS / BRA	Theatre uses orange dressings and pink solution; these can show through on dressings and this is not a sign of concern. This is normal, if worried, the patient is advised to call their usual clinic and arrange an appointment.
MORE ANALGESIA	The emergency nurse will not prescribe medicine or make it available. Once discharged from hospital, we will not provide more analgesia, the codeine given is for 3-5 days, once this is used we will not issue more because it can irritate your stomach and be addictive. If you require pain assessment you are required to contact your clinic in normal hours and speak to your nurse or speak to your GP.
THE BREAST BAND IS DIGGING IN	The breast band is used to constrict and prevent fluid moving and spreading during the inflammation stage; if it is tight, it is because it is working. We do not advise loosening this, but patients can wear the band over a t-shirt if this helps so to stop it rubbing on your skin.
BRA IS TOO TIGHT	The bra is in place also to prevent swelling and allow the implants to be held in place as the body heals. It is meant to be tight, the emergency nurse will not give permission for a bra or band to be removed or loosened. Patients can use warm or cold compress and take plenty of rest to avoid additional swelling and discomfort.
CHANGING WOUND CARE APPOINTMENTS	The emergency nurse does not have access to the diaries, to reschedule appointments, it is important to contact your clinic to arrange this.
ONE SIDE IS HEALING DIFFERENT TO THE OTHER	This is normal, they will not heal in a synchronised manner; they will fluctuate and change daily, it is best not to compare.
I TOOK MY DRESSINGS OFF, WHAT SHOULD I DO	Dressings must not be removed in any instance in the first 7 days, or beyond this if a nurse has advised it so. If a dressing comes off, the patient needs to cover the wound with another dressing and contact their local clinic the next day and arrange to be seen locally. The emergency nurse cannot offer appointments or face to face contact out of hours.

IMPLANT POST-OPERATIVE INFORMATION

WHAT TO EXPECT DURING YOUR IMPLANT HEALING JOURNEY:

WEEKS 1-3:

Your breasts may appear square or cone-like with enlarged or swollen nipples. Your implants will sit high on the chest wall and your skin may feel tight and shiny; they will not sit even and will heal and different stages. At this point, the pocket is very tight as there is internal swelling and the pocket is contracting. The reason for this is because your implant is a foreign body, the natural reaction is to contract and try to almost squeeze the implant out. Imagine putting lots of tissue into your hand and then closing your hand around it as firmly as possible.

WEEKS 4-5:

Your implants will begin to settle and your body realises, the implants are not going to go anywhere; at this point the contraction relaxes; imagine now you are slowly opening your hand and allowing the tissue to expand slowly – causing a release and allowing the implant to return to its' original size and settle into the pocket. Again, this will happen different to each breast, they will not always do this evenly.

WEEK 6+:

The initial upper fullness of your breasts will decrease and lower fullness of the breasts will take shape. At this point, the muscle has relaxed, the pocket has opened and settled and the implant can be its full size in the natural pocket created; imagining your hand is now open and the tissue has opened up to its less squashed state.

UP TO 1 YEAR:

Generally, implants have settled into their new natural shape.

This is why for the first 1 weeks we will not return the patient to see the surgeon just because they don't like the shape. The surgeon will only get involved for complications in healing.. it's also important that the patient knows this is all normal and it hopefully explains how the implants initially look smaller but then appear to 'grow'

BREAST REDUCTION INFORMATION

WHAT TO EXPECT DURING YOUR REDUCTION HEALING JOURNEY:

WEEKS 1-3:

Your first weeks is where you will feel your most delicate and we would advise to have someone with you to help you at this stage in your recovery so you can rest. It is crucial to take everything slowly and to rest to assist with your recovery. Swelling, discomfort and pain are to be expected and we would advise to follow your prescribed pain medication or apply ice packs. Your breasts may not appear how you would like them to – we would advise to expect them to look square or cone-like with enlarged or swollen nipples, rippling can also be present. Your skin may feel tight and shiny; they will not sit even and will heal and different stages. You may have bruising and itching around the incision sites – please do not itch as this can be detrimental to scar formation. You will be able to take gentle walks but nothing more strenuous that this. Please do not lift your arms above your head for 2 weeks post-op. Nutrition is vital for your recovery – please eat a balanced diet rich in vitamins to help speed up the recovery period.

WEEKS 4-5:

At this stage you may feel less discomfort and should be able to return to everyday activities. It is important to still rest when necessary and follow your post operative and garment guidance. Your incisions may appear raised, red or bumpy and this is normal for your recovery timeframe.

WEEK 6+:

You should start to see a reduction in some swelling and as long as fully healed can look to implement light exercise – please do not perform any excessive exercise or heavy lifting. You can also look to begin to use scarring products as per your surgeons guidance. You should begin to feel the benefits of a breast reduction as if a weight has been lifted off your shoulders.

UP TO 1 YEAR:

It can take up to a year to see your final results or for your breasts to even out. By this stage your scarring should appear less red or bumpy. Your breast tissue will become softer and your incisions will appear smoother. You will be wearing normal bras also at this stage and it is important to continue to wear bras for support and for the longevity of your results due to the affects of gravity.

BREAST REDUCTION RISKS:

Bruising and swelling - usually lasts 7-21 days

Pain - should subside after 7-14 days. Pain relief will be prescribed and administered as required to ease any discomfort you may have.

Bleeding (haematoma) - is very rare; the body can re absorb small amounts of blood. For larger bleeds surgical intervention may be required.

Infection - Antibiotics may be used throughout surgery OR following surgery to help reduce the risk of the area becoming infected these are given as precaution and are not to be assumed that infection is present.

Seroma (build-up of fluid) - the body can reabsorb a small amount of fluid. If there is a larger amount there could be a need for surgical intervention.

DVT or PE (Deep Vein thrombosis or Pulmonary Embolism) - this is rare but serious complication of surgery and anaesthesia, where a blood clot forms in the veins, usually the legs and may move to the lungs interfering with their normal function resulting in possible life threatening consequences. Taking oral contraceptive pills can increase the risk – it is advisable to stop taking the "pill" 2 weeks prior to surgery but you can discuss this with your surgeon.

Change in sensation to breasts – Few patients report increased or decreased sensitivity in the nipples and surrounding breast tissues which usually settle down in a few weeks however can last longer and in some cases may be permanent.The reason for this is that separating the nipple/tissues from the breast tissue during surgery disturbs the superficial nerves. Following surgery, patients can feel mild tingles to a sudden sharp pain which is normal following this procedure due to nerve interference. On some occasions patients that have had this procedure may not be able to breast feed due to the involvement of the glands during this procedure.

Pregnancy/effects on breast feeding children – it is common that due to the location of the incisions and the removal of breast tissue and glands and the separation of the nipples from the milk ducts that it may not be possible to breast feed following this procedure; you are encouraged to discuss this with your surgeon.

BREAST REDUCTION POST OP INFORMATION:

Wound care – it is extremely important that your wound is checked 4-10 days post op by a nurse. This is to check sutures and remove any if required and ensure wound is healing. There may be some fluid leakage initially following surgery so do not be alarmed as this is normal, however anything pronounced should be brought to the attention of the clinic. Smoking and poor diet can affect wound healing.

Fat Necrosis (Death of Fatty Tissue) - A few days after surgery a clear liquid with a yellow or brownish colour may drain from the wound; this may be due to fat necrosis. The blood supply to fat is always poor and many events around the time of surgery can interfere with this. The inadequate blood supply causes some cells to die and release particles of fat; these drain to the surface. The remaining tissue may become hard or calcified. Fat necrosis is uncommon. The larger the breast the more likelihood that fat necrosis may develop. We advise that you see your surgeon if you ever notice a new lump so that it can be checked.

Keeping your wound dry – please do not get the incisions wet for 7 days post op; you can wash around the area and often shower, if area does get wet just pat dry with clean towel.

Location and variable nature of scar – Surgical scars are permanent. Scar location will depend on the incision site.The rate and extent to which the scars heal and fade are variable and differ from individual to individual. Very rarely, a scar does not heal as expected (see keloid scaring within leaflet).

Products – it is strongly advised that you do not use perfumed products, make-up or oils on your incisions until fully healed and even after this to approach with caution. It is advised to protect the incisions from sunlight following surgery using >35 SPF.

Necrosis / Keloid Scarring – In rare cases there have been hypertrophic (Keloid) scarring and necrotic (dead) tissue. Attending routine appointments will help prevent any issues with the incision sites. Routine appointments include but are not restricted to; an appointment with the nurse between day 4 to day 10 and then an appointment with your surgeon at week 6 to week 10. Some surgeons will want to see you sooner and the clinic can arrange this.

Bra – You will need to wear a sports bra for 4-8 weeks post operatively as instructed by your surgeon and no lace bras or underwire bras are advised to be worn for 8 weeks following surgery.

Flying – It is advised that you are able to fly short haul 2 weeks following the procedure and you can fly long haul 4-6 weeks post-operative.

Exercise – You may start to attend the gym around 6 weeks post op following surgeon review. This includes heavy lifting (such as children). It is strongly advised that you start as a beginner again and with caution so not to cause adverse effects. If you feel unusual or uncomfortable please stop and discuss this with your surgeon.

Sex – It is advised that you refrain from sex for 2 weeks after surgery while your body heals. When returning to the activity, it is advised you take care when lying down and do not allow anyone to handle the breasts in the first 6 weeks.

Constipation – If you notice that you are constipated (this may be due to the painkillers you have taken) a mild laxative will help if eating cereal, fresh fruit, vegetables, drinking warm drinks and gentle mobilizing does not. We recommend that you have a mild laxative in your home for this reason. Lactulose or any over the counter preparation available in your local pharmacy will help. The pharmacist will always be able to advise you.

Need for further surgery – Asymmetry is something which is uncommon but is known relating to all surgery completed bilaterally (both sides); size and shape will have been discussed with the surgeon to give an idea of final result but please be aware that this is always subjective.

Hormone imbalances, weight gain, changes in exercise routine and the use of certain drugs can lead to further changes in the body and tissues. This may result in the desire for further surgery or your surgeon offering free of charge revision surgery if they feel they have not achieved a result which would meet the expectations set to you in your initial consultation.

Enhance Emergency Nurse – Enhance offers 24 hour accessibility to a qualified nurse, specialist to cosmetic surgery. During office hours you will be given a clinic number to use to speak to a nurse and for out of hours you will be provided with an emergency number; this is only to be used if you feel you require emergency medical attention or if you have a query that will not wait until the following day.

Attending Appointments – It is very important that you attend your post operative appointments with all Enhance medical professionals as they are booked for you; it is also equally important to ensure you follow all instructions provided to you to ensure you have the best opportunity to achieve the result desired by you and your surgeon. Failure to follow this guidance may compromise your result and your surgeon may decide they are unable to carry out revision surgery in these instances.

This procedure is a cosmetic procedure and so assessment of the results involves an element of subjectivity. Therefore it is important to understand that while you have been advised by your surgeon as to the probable results, this should in no way be interpreted as a guarantee.

In line with Enhance Terms and Conditions, **the patient is expected to adhere to the advice provided by the surgeon and Enhance clinical team at all times**. Should the patient decide to deviate from this or seek support, further surgery or treatment or opinion from another professional independent to Enhance this may waver their aftercare and terminate their contract with Enhance.

RHINOPLASTY POST-OPERATIVE INFORMATION

WHAT TO EXPECT DURING YOUR RHINOPLASTY HEALING JOURNEY:

WEEKS 1-3:

You are very early days in your recovery, you may have dressings and will attend woundcare appointments to check your healing, incisions and remove dressings / splits / sutures. Some oozing is common from the nostrils in the first 2-3 days and also at the back of the throat. Some bruising under the eyes and cheek is normal at this stage and normally resolves within 10-14 days. You may experience pain and we would advise to manage this with paracetamol or ibuprofen. You will be able to eat and drink normally and feel relatively active and well in yourself. Your nose will appear swollen and you will not be able to see your final result yet – your breathing may also be affected as it is congested. You should sleep propped up for around 7-10 days and avoid sleeping face down.

WEEKS 4-5:

At this stage you may feel less discomfort and should be able to return to everyday activities. It is important to still rest when necessary and follow your post operative and garment guidance. Your swelling will be going down and bruising will dissipate. Breathing through your nose should return to normal.

WEEK 6-12+:

You should start to see a reduction in some swelling and as long as fully healed can look to implement light exercise – please do not perform any excessive exercise or heavy lifting. Your sensation in your nose should begin to appear again. Changes will begin to appear slowly and you will start to see your final result.

UP TO 1 YEAR:

It can take up to a year to see your final results. By this stage your swelling should be less, however swelling over a year post-op is still very normal. You will be able to return to all normal activities and should be able to enjoy your results.

RHINOPLASTY RISKS:

Bruising and swelling - usually lasts 1 – 12 WEEKS.

Pain - should subside after 7-21 days

Bleeding (haematoma) - is very rare; the body can re absorb small amounts of blood. For larger bleeds surgical intervention may be required.

Infection - Antibiotics may be used throughout surgery OR following surgery to help reduce the risk of the area becoming infected these are given as precaution and are not to be assumed that infection is present.

DVT or PE (Deep Vein thrombosis or Pulmonary Embolism) - this is rare but serious complication of surgery and anaesthesia, where a blood clot forms in the veins, usually the legs and may move to the lungs interfering with their normal function resulting in possible life threatening consequences. Taking oral contraceptive pills can increase the risk – it is advisable to stop taking the “pill” 2 weeks prior to surgery but you can discuss this with your surgeon.

Difficulty in Breathing – It is quite common for there to be some difficulty with breathing through the nose during the first week or so. When the swelling disappears this normally resolves. However, occasionally the difficulty persists and can be permanent.

Leakage – The surgeon will infiltrate the area around the nose with a saline solution. You may notice some (blood stained) leakage in the immediate post-operative period. This leakage is entirely normal and passes in a day or so.

Location and variable nature of scar – Surgical scars are permanent. Scar location will depend on the incision site.The rate and extent to which scars heal and fade are variable and differ from individual to individual. If the procedure is closed then the scars will be completely hidden inside the nose. In an open procedure there will be a small scar on the base of the nose between the nostrils. This is usually not noticeable upon normal observation. Very rarely, a scar does not heal in the normal way and results in a red broad elevated scar extending further beyond the boundary of the initial scar; this is known as hypertrophic scarring.

Rejection/Movement of Grafts – Whilst rare, the introduction of any foreign material, such as a graft, into the body carries with it the risk of rejection. Whilst unlikely, it is possible for the graft to move. If this should occur a further procedure may be required. It is also possible for the graft to be visible under the skin. If cartilage grafts are required, it may be necessary to obtain cartilage from the ear producing an extra scar behind the ear.

Toxic Shock Syndrome – This is very rare, occurring in only 0.016% (1 in ten thousand) of Rhinoplasty surgeries.However, if it does occur, the mortality rate is about 11%. Symptoms include fever, vomiting, diarrhoea, and a sunburn like rash.

Nasal Splint Irritation – Usually patients may experience some irritation to the skin under the nasal splint. Rarely this may lead to a permanent mark.

Necrosis / Keloid Scarring – In rare cases there have been hypertrophic (Keloid) scarring and necrotic (dead) tissue.

Attending routine appointments will help prevent any issues with the incision sites. Routine appointments include but are not restricted to; an appointment with the nurse between day 4 to day 10 and then an appointment with your surgeon at week 6 to week 10. Some surgeons will want to see you sooner and the clinic can arrange this.

RHINOPLASTY POST-OPERATIVE INFORMATION:

Change in sensation to the nose – Few patients report increased or decreased sensitivity in the nasal area which usually settles down in a few weeks however can last longer and in some cases may be permanent.

Wound care – it is extremely important that your wound is checked at 7-10 days post op by a nurse, this is to monitor healing and remove some sutures if required and to remove the cast if required and deemed ready, you may also require an appointment at day 14 to remove further sutures and check for further healing progress. The nurse will follow specific instructions from your surgeon at all times. It is vital that you follow your nurse and surgeon instructions and DO NOT pick, poke, prod your nose with anything and do not blow and try to avoid aggressive sneezing. It is also important not to try to remove your own sutures or splint as per below further instructions.

Keeping your wound dry – please do not get the incisions wet for 7 days post op; you can wash around the area and often shower.

Splint – if a splint is placed on your nose, this MUST NOT be tampered with at any point; the nurse will remove this under strict surgeon instruction. This splint is very important as part of your care and the result which will be achieved, if you remove your own splint or attempt this, your result can be compromised and your surgeon may not agree to undertake revision surgery if you are not happy with your results following this action.

Products – it is strongly advised that you do not use perfumed products, make-up or oils on your incisions until fully healed and even after this to approach with caution. Incisions are to be covered with an SPF >35 when in direct sunlight.

Flying – It is advised that you are able to fly short haul 2 weeks following the procedure and you can fly long haul 4 weeks post operative; please discuss with your surgeon before booking any flights.

Sleep – Ensure that you sleep propped up on pillows with your shoulders raised for the first 7 to 10 days. Ensure that you avoid sleeping sleep face down during this time.

Constipation – If you notice that you are constipated (this may be due to the painkillers you have taken) a mild laxative will help if eating cereal, fresh fruit, vegetables, drinking warm drinks and gentle mobilizing does not. We recommend that you have a mild laxative in your home for this reason. Lactulose or any over the counter preparation available in your local pharmacy will help. The pharmacist will always be able to advise you.

Exercise – You may start to attend the gym around 6 weeks post op. This excludes heavy lifting and contact sports, which can be resumed usually between 6 month – 1 year with great caution.

Sex – we recommend refraining from having sex in the first 4 weeks, as it is important there are no risks of sudden movements or contact impact.

While the nose may appear visibly healed, internally this process can exceed a year as the cartilage, tissue and bone will remain delicate and susceptible to easier injury should trauma be applied. It is strongly advised that you start as a beginner again and with caution so not to cause adverse effects. If you feel unusual or uncomfortable please stop and discuss this with your surgeon.

Resumption to normal activities - Your surgeon will advise you of specific instructions regarding resuming normal activities. However, you are strongly advised to avoid:

- Touching your nose unnecessarily for 2 weeks
- Wearing glasses – ideally wait 2 weeks and avoid for longer if possible
- Sun beds/direct sunlight for 6 – 9 months
- Swimming for 4 – 6 weeks
- Application of oil

Need for further surgery – Asymmetry is something which is uncommon but is known relating to all surgery completed bilaterally (both sides); size and shape will have been discussed with the surgeon to give an idea of final result but please be aware that this is always subjective.

Hormone imbalances, weight gain, changes in exercise routine and the use of certain drugs can lead to further changes in the body and tissues. This may result in the desire for further surgery or your surgeon offering free of charge further surgery if they feel they have not achieved a result which would meet the expectations set to you in your initial consultation. Patients that do not follow their surgeon post operative instructions as above may be excluded from revision surgery.

Enhance Emergency Nurse – Enhance offers 24 hour accessibility to a qualified nurse, specialist to cosmetic surgery. During office hours you will be given a clinic number to use to speak to a nurse and for out of hours (weekends and 6pm-9am weekdays) you will be provided with an emergency number; this is only to be used if you feel you require emergency medical attention or if you have a query that will not wait until the following day.

Attending Appointments – It is very important that you attend your post operative appointments with all Enhance medical professionals as they are booked for you; it is also equally important to ensure you follow all instructions provided to you to ensure you have the best opportunity to achieve the result desired by you and your surgeon. Failure to follow this guidance may compromise your result and your surgeon may decide they are unable to carry out revision surgery in these instances.

This procedure is a cosmetic procedure and so assessment of the results involves an element of subjectivity. Therefore it is important to understand that while you have been advised by your surgeon as to the probable results, this should in no way be interpreted as a guarantee.

In line with Enhance Terms and Conditions, **the patient is expected to adhere to the advice provided by the surgeon and Enhance clinical team at all times**. Should the patient decide to deviate from this or seek support, further surgery or treatment or opinion from another professional independent to Enhance this may waver their aftercare and terminate their contract with Enhance.

FACE LIFT POST-OPERATIVE INFORMATION

WHAT TO EXPECT DURING YOUR FACE LIFT HEALING JOURNEY:

WEEKS 1-3:

You are very early days in your recovery, you may have dressings and will attend woundcare appointments to check your healing, incisions and remove dressings / sutures. This is the beginning og your healing process and you will experience and swelling. You will be able to see an improvement despite this. You may experience pain and we would advise to manage this with paracetamol or ibuprofen. You will be able to eat and drink normally and feel relatively active and well in yourself. It is normal for you to feel tightness however this is a temporary sensation. One side of your face may heal faster than the other and this is very normal.

WEEKS 4-5:

At this stage you may feel less discomfort and should be able to return to everyday activities. It is important to still rest when necessary and follow your post operative and garment guidance. Your swelling will be going down and bruising will dissipate. Breathing through your nose should return to normal. You will find yourself feeling and looking much better than your initial recovery period.

WEEK 6-12+:

You should start to see a reduction in some swelling and as long as fully healed can look to implement light exercise – please do not perform any excessive exercise or heavy lifting. Your sensation in your face should begin to appear again. Changes will begin to appear slowly and you will start to see your final result. You may notice that you still have some pockets of swelling that persist. Your scars may appear red at this point however they will begin to fade.

UP TO 1 YEAR:

It can take up to a year to see your final results. By this stage your swelling should be less, however swelling over a year post-op is still very normal. You will be able to return to all normal activities and should be able to enjoy your results.

FACE LIFT RISKS:

Pain and discomfort – Although facial surgery is not particularly painful it can be uncomfortable until the drains and dressings have been removed. Pain (which should be minimal) and discomfort decrease rapidly within two to three days post-operatively. If any pain persists and is not relieved by the pain killers prescribed by your surgeon it is important to seek medical advice from your clinic immediately.

Bruising and swelling – Bruising and swelling may last from three to six weeks and due to gravity may descend into the neck. This is more pronounced for the first few days. The full results of the surgery may be obscured by swelling for a few months. Your face will look a little puffy and may feel rather strange and stiff initially – this will settle. Recovery depends upon your type of skin, age and healing ability.

Skin Necrosis (Death of Tissue) – Necrosis is rare, but common in smokers or those with poor circulation. Skin necrosis may occur resulting in scarring in prominent places (the cheek following face lift and the neck following neck lift). When the scar has settled it may be possible to have it surgically repaired to improve its appearance. However, the final results could not be guaranteed.

Facial Nerve Damage - Occasionally, the nerves that control the movement of the mouth and eyebrows suffer some degree of damage and may take six weeks or more to recover. Rarely some nerves fail to repair themselves resulting in loss of movement to the affected area. Permanent nerve paralysis occurs at a rate of 0.5% - 2.6% resulting in obvious asymmetry due to the pulling nature of the condition. Sensory nerve injuries are more common, with great auricular nerve injury reported in up to 7% of cases resulting in loss of sensation.

Bleeding (haematoma) - is very rare; the body can re absorb small amounts of blood. For larger bleeds surgical intervention may be required.

Infection - Antibiotics may be used throughout surgery OR following surgery to help reduce the risk of the area becoming infected these are given as precaution and are not to be assumed that infection is present.

Seroma (build-up of fluid) - the body can reabsorb a small amount of fluid. If there is a larger amount there could be a need for surgical intervention.

DVT or PE (Deep Vein thrombosis or Pulmonary Embolism) - this is rare but serious complication of surgery and anaesthesia, where a blood clot forms in the veins, usually the legs and may move to the lungs interfering with their normal function resulting in possible life threatening consequences. Taking oral contraceptive pills can increase the risk – it is advisable to stop taking the "pill" 2 weeks prior to surgery but you can discuss this with your surgeon.

Change in sensation to the face – Few patients report increased or decreased sensitivity in the facial area which usually settles down in a few weeks however can last longer and in some cases may be permanent.

Necrosis / Keloid Scarring – In rare cases there have been hypertrophic (Keloid) scarring and necrotic (dead) tissue.

Attending routine appointments will help prevent any issues with the incision sites. Routine appointments include but are not restricted to; an appointment with the nurse between day 4 to day 10 and then an appointment with your surgeon at week 6 to week 10. Some surgeons will want to see you sooner and the clinic can arrange this.

FACE LIFT POST-OPERATIVE INFORMATION

Asymmetry – Healing is not always a symmetrical process; a slight difference between the right and left sides of the face/neck is not uncommon and usually evens out with time. Absolute symmetry cannot be guaranteed. It is best to avoid constant comparison. If significant asymmetry occurs further surgery may be necessary.

Location and Variable Nature of Scar – Surgical scars are permanent. However, as the incisions are mostly in the creases around the ears they are fairly inconspicuous and only noticeable on very close observation. The scars gradually fade and become less noticeable. Very rarely, a scar does not heal in the normal way and results in a red broad elevated scar extending further beyond the boundary of the initial scar; this is known as hypertrophic scarring.

Hair loss – Hair that is lost around the incisions usually grows back within three weeks. However, on occasions it does not grow back and you may need to develop a method to conceal this.

Wound care – it is extremely important that your wound is checked at 4-10 days post op by a nurse, this is to monitor healing and remove some sutures if required, you may also require an appointment at day 14 to remove further sutures and check for further healing progress. The nurse will follow specific instructions from your surgeon at all times.

Smoking, drinking and poor diet can effect wound healing.

Keeping your wound dry – please do not get the incisions wet for 7 days post op; you can wash around the area and often shower, if area does get wet just pat dry with clean towel.

Products – it is strongly advised that you do not use perfumed products, make-up or oils on your incisions until fully healed and even after this to approach with caution. It is advised that you protect your scars using an SPF >35 (can start using after day 14) or wear sunglasses when outside.

Garments – A tight garment will be provided to you that you will need to wear up to 2 weeks post op. It is very important to use this garment to aid healing and try preventing seroma's and excess swelling. The surgeon will advise further on time length for this garment to be worn.

Flying – It is advised that you are able to fly short haul 2 weeks following the procedure and you can fly long haul 4 weeks post operative.

Exercise – You may start to attend the gym around 6 weeks post op. This includes heavy lifting (such as children). It is strongly advised that you start as a beginner again and with caution so not to cause adverse effects. If you feel unusual or uncomfortable, please stop and discuss this with your surgeon.

Sex – there is no reason to refrain from having sex, however we ask that you take care and do not do anything too adventurous in the first 4 weeks.

Constipation – If you notice that you are constipated (this may be due to the painkillers you have taken) a mild laxative will help if eating cereal, fresh fruit, vegetables, drinking warm drinks and gentle mobilizing does not. We recommend that you have a mild laxative in your home for this reason. Lactulose or any over the counter preparation available in your local pharmacy will help. The pharmacist will always be able to advise you.

Need for further surgery – Asymmetry is something which is uncommon but is known relating to all surgery completed bilaterally (both sides); size and shape will have been discussed with the surgeon to give an idea of final result but please be aware that this is always subjective.

Hormone imbalances, weight gain, changes in exercise routine and the use of certain drugs can lead to further changes in the body and tissues. This may result in the desire for further surgery or your surgeon offering free of charge further surgery if they feel they have not achieved a result which would meet the expectations set to you in your initial consultation.

Enhance Emergency Nurse – Enhance offers 24 hour accessibility to a qualified nurse, specialist to cosmetic surgery. During office hours you will be given a clinic number to use to speak to a nurse and for out of hours (weekends and 6pm-9am weekdays) you will be provided with an emergency number; this is only to be used if you feel you require emergency medical attention or if you have a query that will not wait until the following day.

Attending Appointments – It is very important that you attend your post operative appointments with all Enhance medical professionals as they are booked for you; it is also equally important to ensure you follow all instructions provided to you to ensure you have the best opportunity to achieve the result desired by you and your surgeon. Failure to follow this guidance may compromise your result and your surgeon may decide they are unable to carry out revision surgery in these instances.

This procedure is a cosmetic procedure and so assessment of the results involves an element of subjectivity. Therefore it is important to understand that while you have been advised by your surgeon as to the probable results, this should in no way be interpreted as a guarantee.

In line with Enhance Terms and Conditions, **the patient is expected to adhere to the advice provided by the surgeon and Enhance clinical team at all times**. Should the patient decide to deviate from this or seek support, further surgery or treatment or opinion from another professional independent to Enhance this may waver their aftercare and terminate their contract with Enhance.

BROW LIFT POST-OPERATIVE INFORMATION

WHAT TO EXPECT DURING YOUR BROW LIFT HEALING JOURNEY:

WEEKS 1-3:

You are very early days in your recovery, you may have dressings and will attend wound care appointments to check your healing, incisions and remove dressings / sutures. This is the beginning of your healing process and you will experience and swelling. Swelling and bruising may develop on the forehead, brows and possibly under the eyes. You will be able to see an improvement despite this. You may experience pain and we would advise to manage this with paracetamol or ibuprofen. You will be able to eat and drink normally and feel relatively active and well in yourself. It is normal for you to feel tightness however this is a temporary sensation. One side of your face may heal faster than the other and this is very normal.

WEEKS 4-5:

At this stage you may feel less discomfort and should be able to return to everyday activities. It is important to still rest when necessary and follow your post operative and garment guidance. Your swelling will be going down and bruising will dissipate. Breathing through your nose should return to normal. You will find yourself feeling and looking much better than your initial recovery period.

WEEK 6-12+:

You should start to see a reduction in some swelling and as long as fully healed can look to implement light exercise – please do not perform any excessive exercise or heavy lifting. Your sensation in your face should begin to appear again. Changes will begin to appear slowly and you will start to see your final result. You may notice that you still have some pockets of swelling that persist. Your scars may appear red at this point however they will begin to fade.

UP TO 1 YEAR:

It can take up to a year to see your final results. By this stage your swelling should be less, however swelling over a year post-op is still very normal. You will be able to return to all normal activities and should be able to enjoy your results.

BROW LIFT RISKS:

Bruising and swelling - usually lasts 7-21 days

Pain - should subside after 7-14 days

Bleeding (haematoma) - is very rare; the body can re absorb small amounts of blood. For larger bleeds surgical intervention may be required.

Infection - Antibiotics may be used throughout surgery OR following surgery to help reduce the risk of the area becoming infected these are given as precaution and are not to be assumed that infection is present.

Seroma (build-up of fluid) - the body can reabsorb a small amount of fluid. If there is a larger amount there could be a need for surgical intervention.

DVT or PE (Deep Vein thrombosis or Pulmonary Embolism) - this is rare but serious complication of surgery and anaesthesia, where a blood clot forms in the veins, usually the legs and may move to the lungs interfering with their normal function resulting in possible life threatening consequences. Taking oral contraceptive pills can increase the risk – it is advisable to stop taking the "pill" 2 weeks prior to surgery but you can discuss this with your surgeon.

Facial Nerve Damage – occasionally the nerves that control the movement of the eyebrows can suffer a degree of damage and this can take up to 8 weeks to recover; in very rare cases this does not repair resulting in loss of movement in some areas.

Hair loss – hair often lost around the incision site usually grows back within 3 weeks however in rare occasions this can take longer or requires intervention to stimulate growth.

Change in sensation – A few people have reported that they have a decrease in sensation following this surgery. This usually settles and can return after a few months however, there have been reports that this could be permanent.

Necrosis / Keloid Scarring – In rare cases there have been hypertrophic (Keloid) scarring and necrotic (dead) tissue. Attending routine appointments will help prevent any issues with the incision sites. Routine appointments include but are not restricted to; an appointment with the nurse between day 4 to day 10 and then an appointment with your surgeon at week 6 to week 10. Some surgeons will want to see you sooner and the clinic can arrange this.

BROW LIFT POST-OPERATIVE INFORMATION

Wound care – it is extremely important that your wound is checked at 4-7 days post op by a nurse, this is to monitor healing and remove some sutures if required, you may also require an appointment at day 14 to remove further sutures and check for further healing progress. The nurse will follow specific instructions from your surgeon at all times.

Smoking, drinking and poor diet can effect wound healing.

Keeping your wound dry – please do not get the incisions wet for 7 days post op; you can wash around the area and often shower, if area does get wet just pat dry with clean towel.

Products – it is strongly advised that you do not use perfumed products, make-up or oils on your incisions until fully healed and even after this to approach with caution. It is advised that you protect your scars using an SPF >35 (can start using after day 14) or wear sunglasses when outside.

Garments – A tight garment will be provided to you that you will need to wear for 1 -4 weeks post op. It is very important to use this garment to aid healing and try preventing seroma's and excess swelling.

Flying – It is advised that you are able to fly short haul 2 weeks following the procedure and you can fly long haul 4 weeks post operative.

Exercise – You may start to attend the gym around 4 - 6 weeks post op. This includes heavy lifting (such as children). It is strongly advised that you start as a beginner again and with caution so not to cause adverse effects. If you feel unusual or uncomfortable please stop and discuss this with your surgeon.

Need for further surgery – Asymmetry is something which is uncommon but is known relating to all surgery completed bilaterally (both sides); size and shape will have been discussed with the surgeon to give an idea of final result but please be aware that this is always subjective.

Hormone imbalances, weight gain, changes in exercise routine and the use of certain drugs can lead to further changes in the body and tissues. This may result in the desire for further surgery or your surgeon offering free of charge revision surgery if they feel they have not achieved a result which would meet the expectations set to you in your initial consultation.

Constipation – If you notice that you are constipated (this may be due to the painkillers you have taken) a mild laxative will help if eating cereal, fresh fruit, vegetables, drinking warm drinks and gentle mobilizing does not. We recommend that you have a mild laxative in your home for this reason. Lactulose or any over the counter preparation available in your local pharmacy will help. The pharmacist will always be able to advise you.

Enhance Emergency Nurse – Enhance offers 24 hour accessibility to a qualified nurse, specialist to cosmetic surgery. During office hours you will be given a clinic number to use to speak to a nurse and for out of hours (weekends and 6pm-9am weekdays) you will be provided with an emergency number; this is only to be used if you feel you require emergency medical attention or if you have a query that will not wait until the following day.

Attending Appointments – It is very important that you attend your post operative appointments with all Enhance medical professionals as they are booked for you; it is also equally important to ensure you follow all instructions provided to you to ensure you have the best opportunity to achieve the result desired by you and your surgeon. Failure to follow this guidance may compromise your result and your surgeon may decide they are unable to carry out revision surgery in these instances.

This procedure is a cosmetic procedure and so assessment of the results involves an element of subjectivity. Therefore it is important to understand that while you have been advised by your surgeon as to the probable results, this should in no way be interpreted as a guarantee.

In line with Enhance Terms and Conditions, **the patient is expected to adhere to the advice provided by the surgeon and Enhance clinical team at all times**. Should the patient decide to deviate from this or seek support, further surgery or treatment or opinion from another professional independent to Enhance this may waver their aftercare and terminate their contract with Enhance.

LIPOSUCTION POST-OPERATIVE INFORMATION

WHAT TO EXPECT DURING YOUR LIPOSUCTION HEALING JOURNEY:

WEEKS 1-3:

You are very early days in your recovery, you may have dressings and will attend wound care appointments to check your healing, incisions and remove dressings / sutures. This is the beginning of your healing process and you will experience and swelling. You will be able to see an improvement despite this. You may experience pain and we would advise to manage this with paracetamol or ibuprofen. You should keep your garment tightly on to assist with swelling and recovery. It is normal for you to feel tightness however this is a temporary sensation. It is important to rest as you recovery however walks are beneficial for your recovery.

WEEKS 4-5:

At this stage you may feel less discomfort and should be able to return to everyday activities. It is important to still rest when necessary and follow your post operative and garment guidance. Your swelling will be going down and bruising will dissipate. You will find yourself feeling and looking much better than your initial recovery period. The targeted areas are likely to show a more sculpted appearance. It is important to maintain a healthy diet to aid your recovery and results.

WEEK 6-12+:

You should start to see a reduction in some swelling and as long as fully healed can look to implement light exercise – please do not perform any excessive exercise or heavy lifting. Your sensation should begin to appear again. Changes will begin to appear slowly and you will start to see your final result. You may notice that you still have some pockets of swelling that persist. Your scars may appear red at this point however they will begin to fade. Keep forward with positive habits and healthy eating.

UP TO 1 YEAR:

It can take up to a year to see your final results. By this stage your swelling should be less, however swelling over a year post-op is still very normal. You will be able to return to all normal activities and should be able to enjoy your results.

LIPOSUCTION RISKS:

Bruising and swelling - usually lasts 1-12 weeks

Pain - should subside after 7-14 days. Pain relief will be prescribed and administered as required to ease any discomfort you may have.

Bleeding (haematoma) - is very rare; the body can re absorb small amounts of blood. For larger bleeds surgical intervention may be required.

Infection - Antibiotics may be used throughout surgery OR following surgery to help reduce the risk of the area becoming infected these are given as precaution and are not to be assumed that infection is present.

Seroma (build-up of fluid) - the body can reabsorb a small amount of fluid. If there is a larger amount there could be a need for surgical intervention.

DVT or PE (Deep Vein thrombosis or Pulmonary Embolism) - this is rare but serious complication of surgery and anaesthesia, where a blood clot forms in the veins, usually the legs and may move to the lungs interfering with their normal function resulting in possible life threatening consequences. Taking oral contraceptive pills can increase the risk – it is advisable to stop taking the "pill" 2 weeks prior to surgery but you can discuss this with your surgeon.

Changes in sensitivity - Some numbness in the treated skin and tissues can be expected which lasts for several months.In some areas you may experience increased sensitivity or some 'strange sensations'. Changes in sensitivity are common and almost always pass in time. However, it is rare for a small patch to remain numb.

Contour irregularities and unevenness to touch – Areas of irregularity under the skin can be experienced post operatively and can take some time to settle. However, residual unevenness can remain – this is rare but may need correction.

Skin elasticity – Patients with poor skin tone, or patients who undergo removal of larger fat deposits, may develop skin slackness. If this occurs, the patient may subsequently wish to consider further excision of the excess skin. It is therefore very important that patients are realistic about what may be achieved. Occasionally it may be better for the patient to consider another procedure, for example, Abdominoplasty.

Asymmetry and residual fat – In most patients some asymmetry exist pre-operatively. However, asymmetry may also develop as a result of Lipoplasty. It is important to understand that the aim is not to take away all the fat from a particular area, which would be unnatural. The objective is to create a harmony between the area operated on and the rest of the body. In adopting this approach, two potential difficulties can arise:

a. The Surgeon may not (in the patient's opinion) have taken enough fat from the original problem area. In this case, after further consultation, and if not against his/her clinical judgement, the surgeon may agree to remove more fat from this area. This procedure may be necessary.

b. It is possible that after successful Lipoplasty, the patient and surgeon will decide that fat deposits other than the area originally operated upon would also benefit through surgery. This will incur further cost.

Skin Discoloration – Rarely a greyish stripe can discolour the skin for several months; this rare complication is more commonly seen when the ankles have been treated

LIPOSUCTION POST-OPERATIVE INFORMATION

Wound care – it is extremely important that your wound is checked at 4-7 days post op by a nurse, this is to monitor healing and remove some sutures if required, you may also require an appointment at day 14 to remove further sutures and check for further healing progress. The nurse will follow specific instructions from your surgeon at all times.

Smoking, drinking and poor diet can effect wound healing.

Keeping your wound dry – please do not get the incisions wet for 7 days post op; you can wash around the area and often shower, if area does get wet just pat dry with clean towel.

Products – it is strongly advised that you do not use perfumed products, make-up or oils on your incisions until fully healed and even after this to approach with caution. It is advised that you protect your scars using an SPF >35 (can start using after day 14) or wear sunglasses when outside.

Garments – A tight garment will be provided to you that you will need to wear for 4-6 weeks post op. It is very important to use this garment to aid healing and try preventing seroma's and excess swelling.

Flying – It is advised that you are able to fly short haul 2 weeks following the procedure and you can fly long haul 4 weeks post operative.

Exercise – You may start to attend the gym around 4 - 6 weeks post op. This includes heavy lifting (such as children). It is strongly advised that you start as a beginner again and with caution so not to cause adverse effects. If you feel unusual or uncomfortable please stop and discuss this with your surgeon.

Need for further surgery – Asymmetry is something which is uncommon but is known relating to all surgery completed bilaterally (both sides); size and shape will have been discussed with the surgeon to give an idea of final result but please be aware that this is always subjective.

Hormone imbalances, weight gain, changes in exercise routine and the use of certain drugs can lead to further changes in the body and tissues. This may result in the desire for further surgery or your surgeon offering free of charge revision surgery if they feel they have not achieved a result which would meet the expectations set to you in your initial consultation.

Constipation – If you notice that you are constipated (this may be due to the painkillers you have taken) a mild laxative will help if eating cereal, fresh fruit, vegetables, drinking warm drinks and gentle mobilizing does not. We recommend that you have a mild laxative in your home for this reason. Lactulose or any over the counter preparation available in your local pharmacy will help. The pharmacist will always be able to advise you.

Enhance Emergency Nurse – Enhance offers 24 hour accessibility to a qualified nurse, specialist to cosmetic surgery. During office hours you will be given a clinic number to use to speak to a nurse and for out of hours (weekends and 6pm-9am weekdays) you will be provided with an emergency number; this is only to be used if you feel you require emergency medical attention or if you have a query that will not wait until the following day.

Attending Appointments – It is very important that you attend your post operative appointments with all Enhance medical professionals as they are booked for you; it is also equally important to ensure you follow all instructions provided to you to ensure you have the best opportunity to achieve the result desired by you and your surgeon. Failure to follow this guidance may compromise your result and your surgeon may decide they are unable to carry out revision surgery in these instances.

This procedure is a cosmetic procedure and so assessment of the results involves an element of subjectivity. Therefore it is important to understand that while you have been advised by your surgeon as to the probable results, this should in no way be interpreted as a guarantee.

In line with Enhance Terms and Conditions, **the patient is expected to adhere to the advice provided by the surgeon and Enhance clinical team at all times**. Should the patient decide to deviate from this or seek support, further surgery or treatment or opinion from another professional independent to Enhance this may waver their aftercare and terminate their contract with Enhance.

ABDOMINOPLASTY POST-OPERATIVE INFORMATION

WHAT TO EXPECT DURING YOUR ABDOMINOPLASTY HEALING JOURNEY:

WEEKS 1-3:

Your first weeks post-op will involve getting plenty of rest and following your surgeons post-operative guidance to help your incision heal and reduce swelling more quickly, but it will also help to maximize your tummy tuck results. You may have a drain and will be provided with guidance on how long your surgeon requires for you to have this drain before our team will remove it for you at an appointment. This is the beginning of your healing process and you will experience pain and swelling and we would advise to manage this with paracetamol or ibuprofen. You may feel hunched over and may not be able to stand up straight. You should keep your garment tightly on to assist with swelling and recovery. It is normal for you to feel tightest however this is a temporary sensation. It is important to rest as you recovery however walks are beneficial for your recovery.

WEEKS 4-5:

At this stage you may feel less discomfort and should be able to return to everyday activities. It is important to still rest when necessary and follow your post operative and garment guidance. Your swelling will be going down and bruising will dissipate. You will find yourself feeling and looking much better than your initial recovery period. Your stomach are likely to have a more tightened appearance. It is important to maintain a healthy diet to aid your recovery and results. You should still be following your garment guidance.

WEEK 6-12+:

You should start to see a reduction in some swelling and as long as fully healed can look to implement light exercise – please do not perform any excessive exercise or heavy lifting. Your sensation should begin to appear again. Changes will begin to appear slowly and you will start to see your final result. You may notice that you still have some pockets of swelling that persist. Your scars may appear red at this point however they will begin to fade. Keep forward with positive habits and healthy eating.

UP TO 1 YEAR:

It can take up to a year to see your final results. By this stage your swelling should be less, however swelling over a year post-op is still very normal. You will be able to return to all normal activities and should be able to enjoy your results.

ABDOMINOPLASTY RISKS:

Bruising and swelling - usually lasts 1-12 weeks

Pain - should subside after 7-14 days. Pain relief will be prescribed and administered as required to ease any discomfort you may have.

Bleeding (haematoma) - is very rare; the body can re absorb small amounts of blood. For larger bleeds surgical intervention may be required.

Infection - Antibiotics may be used throughout surgery OR following surgery to help reduce the risk of the area becoming infected these are given as precaution and are not to be assumed that infection is present.

Seroma (build-up of fluid) - the body can reabsorb a small amount of fluid. If there is a larger amount there could be a need for surgical intervention.

DVT or PE (Deep Vein thrombosis or Pulmonary Embolism) - this is rare but serious complication of surgery and anaesthesia, where a blood clot forms in the veins, usually the legs and may move to the lungs interfering with their normal function resulting in possible life threatening consequences. Taking oral contraceptive pills can increase the risk – it is advisable to stop taking the "pill" 2 weeks prior to surgery but you can discuss this with your surgeon.

Changes in sensitivity - A few people have reported that they have a decrease in sensation following this surgery. This usually settles and can return after a few months however, there have been reports that this could be permanent.

Contour irregularities and unevenness to touch - Areas of irregularity under the skin can be experienced post operatively and can take some time to settle. However, residual unevenness can remain – this is rare but may need correction.

Necrosis / Keloid Scarring - In rare cases there have been hypertrophic (Keloid) scarring and necrotic (dead) tissue. Attending routine appointments will help prevent any issues with the incision sites. Routine appointments include but are not restricted to; an appointment with the nurse between day 4 to day 10 and then an appointment with your nurse and / or surgeon at week 6 to week 10. Some surgeons will want to see you sooner and the clinic can arrange this. Attending these appointments is considered a key part of your recovery and aftercare.

ABDOMINOPLASTY POST-OPERATIVE INFORMATION

Wound care – it is extremely important that your wound is checked at 7 days and possibly 14 days post op by a nurse. This is to monitor wound healing and ensure any sutures which require removing can be.

Smoking, drinking and poor diet can effect wound healing.

Keeping your wound dry – please do not get the incisions wet for 7 days post op; you can wash around the area and often shower, if area does get wet just pat dry with clean towel.

Products – it is strongly advised that you do not use perfumed products, make-up or oils on your incisions until fully healed and even after this to approach with caution. It is advised to protect the incisions from sunlight following surgery using >35 SPF.

Garments – A tight garment will be provided to you that you will need to wear for 4-6 weeks post op. It is very important to use this garment to aid healing and try preventing seroma's and excess swelling.

Flying – It is advised that you are able to fly short haul 2 weeks following the procedure and you can fly long haul 6 weeks post operative.

Exercise – You may start to attend the gym around 6 weeks post op. This includes heavy lifting (such as children). It is strongly advised that you start as a beginner again and with caution so not to cause adverse effects. If you feel unusual or uncomfortable please stop and discuss this with your surgeon.

Need for further surgery – Asymmetry is something which is uncommon but is known relating to all surgery completed bilaterally (both sides); size and shape will have been discussed with the surgeon to give an idea of final result but please be aware that this is always subjective.

Hormone imbalances, weight gain, changes in exercise routine and the use of certain drugs can lead to further changes in the body and tissues. This may result in the desire for further surgery or your surgeon offering free of charge revision surgery if they feel they have not achieved a result which would meet the expectations set to you in your initial consultation.

Constipation – If you notice that you are constipated (this may be due to the painkillers you have taken) a mild laxative will help if eating cereal, fresh fruit, vegetables, drinking warm drinks and gentle mobilizing does not. We recommend that you have a mild laxative in your home for this reason. Lactulose or any over the counter preparation available in your local pharmacy will help. The pharmacist will always be able to advise you.

Enhance Emergency Nurse – Enhance offers 24 hour accessibility to a qualified nurse, specialist to cosmetic surgery. During office hours you will be given a clinic number to use to speak to a nurse and for out of hours (weekends and 6pm-9am weekdays) you will be provided with an emergency number; this is only to be used if you feel you require emergency medical attention or if you have a query that will not wait until the following day.

Attending Appointments – It is very important that you attend your post operative appointments with all Enhance medical professionals as they are booked for you; it is also equally important to ensure you follow all instructions provided to you to ensure you have the best opportunity to achieve the result desired by you and your surgeon. Failure to follow this guidance may compromise your result and your surgeon may decide they are unable to carry out revision surgery in these instances.

This procedure is a cosmetic procedure and so assessment of the results involves an element of subjectivity. Therefore it is important to understand that while you have been advised by your surgeon as to the probable results, this should in no way be interpreted as a guarantee.

In line with Enhance Terms and Conditions, **the patient is expected to adhere to the advice provided by the surgeon and Enhance clinical team at all times**. Should the patient decide to deviate from this or seek support, further surgery or treatment or opinion from another professional independent to Enhance this may waver their aftercare and terminate their contract with Enhance.

GYNAECOMASTIA POST-OPERATIVE INFORMATION:

WHAT TO EXPECT DURING YOUR REDUCTION HEALING JOURNEY:

WEEKS 1-3:

Your first weeks is where you will feel your most delicate and we would advise to have someone with you to help you at this stage in your recovery so you can rest. It is crucial to take everything slowly and to rest to assist with your recovery. Swelling, discomfort, tightness and pain are to be expected and we would advise to follow your prescribed pain medication or apply ice packs. Your skin may feel tight and shiny and bruising may appear. You may have bruising and itching around he incision sites – please do not itch as this can be detrimental to scar formation. You will be able to take gentle walks but nothing more strenuous that this. Please do not lift your arms above your head for 2 weeks post-op. Nutrition is vital for your recovery – please eat a balanced diet rich in vitamins to help speed up the recovery period.

WEEKS 4-5:

At this stage you may feel less discomfort and should be able to return to everyday activities. It is important to still rest when necessary and follow your post operative and garment guidance. Your incisions may appear raised, red or bumpy and this is normal for your recovery timeframe.

WEEK 6+:

You should start to see a reduction in some swelling and as long as fully healed can look to implement light exercise – please do not perform any excessive exercise or heavy lifting. You can also look to begin to use scarring products as per your surgeons guidance. You should begin to see the benefits of your procedure.

UP TO 1 YEAR:

It can take up to a year to see your final results. By this stage your scarring should appear less red or bumpy. You will be able to return to all normal activities and exercise. It is important to continue to maintain a healthy and balanced diet.

GYNAECOMASTIA RISKS:

Bruising and swelling – usually lasts 7-21 days

Pain – should subside after 7-14 days.

Bleeding (haematoma) – is very rare; the body can re absorb small amounts of blood. For larger bleeds surgical intervention may be required.

Infection – Antibiotics may be used throughout surgery OR following surgery to help reduce the risk of the area becoming infected these are given as precaution and are not to be assumed that infection is present.

Seroma (build-up of fluid) – the body can reabsorb a small amount of fluid. If there is a larger amount there could be a need for surgical intervention.

DVT or PE (Deep Vein thrombosis or Pulmonary Embolism) – this is rare but serious complication of surgery and anaesthesia, where a blood clot forms in the veins, usually the legs and may move to the lungs interfering with their normal function resulting in possible life threatening consequences.

Necrosis / Keloid Scarring – In rare cases there have been hypertrophic (Keloid) scarring and necrotic (dead) tissue. Attending routine appointments will help prevent any issues with the incision sites. Routine appointments include but are not restricted to; an appointment with the nurse between day 4 to day 10 and then an appointment with your surgeon at week 6 to week 10. Some surgeons will want to see you sooner and the clinic can arrange this.

GYNAECOMASTIA POST-OPERATIVE INFORMATION:

Change in sensation to nipples – Few patients report increased or decreased sensitivity in the nipples which usually settles down in a few weeks however can last longer and in some cases may be permanent. The reason for this is that separating the nipple from the breast tissue during surgery disturbs the superficial nerves.

Wound care – it is extremely important that your wound is checked at 7 days post op by a nurse. This is to check sutures and remove any if required and ensure wound is healing. There may be some fluid leakage initially following surgery so do not be alarmed as this is normal, however anything pronounced should be brought to the attention of the clinic. Smoking and poor diet can effect wound healing.

Fat Necrosis (Death of Fatty Tissue) – A few days after surgery a clear liquid with a yellow or brownish colour may drain from the wound; this may be due to fat necrosis. The blood supply to fat is always poor and many events around the time of surgery can interfere with this. The inadequate blood supply causes some cells to die and release particles of fat; these drain to the surface. The remaining tissue may become hard or calcified. Fat necrosis is uncommon. The larger the breast initially, the more likelihood that fat necrosis may develop. We advise that you see your surgeon if you ever notice a new lump so that it can be checked.

Keeping your wound dry – please do not get the incisions wet for 7 days post op; you can wash around the area and often shower, if area does get wet just pat dry with clean towel.

Products – it is strongly advised that you do not use perfumed products, make-up or oils on your incisions until fully healed and even after this to approach with caution. It is advised that you protect your scars using an SPF >35 (can start using after day 14) or wear sunglasses when outside.

Location and variable nature of scar – Surgical scars are permanent. Scar location will depend on the incision site.The rate and extent to which the scars heal and fade are variable and differ from individual to individual. Very rarely, a scar does not heal as expected (see keloid scaring within leaflet).

Hormones, Drugs and Weight Gain – hormone imbalances, weight gain and the use of certain drugs lead to a further increase in breast tissue and this may result in the desire for further surgery. Avoiding drugs post-surgery and maintaining a balanced diet with exercise is advisable. Your surgeon may advise you to visit your GP to understand the cause of your breast tissue.

Garments – A tight garment will be provided to you that you will need to wear for 4-6 weeks post op. It is very important to use this garment to aid healing and try preventing seroma's and excess swelling.

Flying – It is advised that you are able to fly short haul 2 weeks following the procedure and you can fly long haul 4-6 weeks post-operative.

Exercise – You may start to attend the gym around 6 weeks post op following surgeon review. This includes heavy lifting (such as children). It is strongly advised that you start as a beginner again and with caution so not to cause adverse effects. If you feel unusual or uncomfortable please stop and discuss this with your surgeon.

Sex – we ask that you take care in the first few weeks following surgery, light activity is ok but we suggest no pressure in the first 2 weeks. And ensuring you wear any required garments at all times.

OTOPLASTY POST-OPERATIVE INFORMATION:

WHAT TO EXPECT DURING YOUR OPTOPLASTY HEALING JOURNEY:

WEEKS 1-3:

You are very early days in your recovery, you may have dressings and will attend wound care appointments to check your healing, incisions and remove dressings / sutures. This is the beginning of your healing process and you will experience and swelling. It is normal for ears to feel numb or have localised pain. You will be able to see an improvement despite this. You may experience pain and we would advise to manage this with paracetamol or ibuprofen. You will be able to eat and drink normally and feel relatively active and well in yourself. It is normal for you to feel tightness however this is a temporary sensation. One side of your face may heal faster than the other and this is very normal.

WEEKS 4-5:

At this stage you may feel less discomfort and should be able to return to everyday activities. It is important to still rest when necessary and follow your post operative and garment guidance. Your swelling will be going down and bruising will dissipate. There may be mild swelling to the ears or feel tender to touch. You will find yourself feeling and looking much better than your initial recovery period.

WEEK 6-12+:

You should start to see a reduction in some swelling and as long as fully healed can look to implement light exercise – please do not perform any excessive exercise or heavy lifting. Your sensation in your face should begin to appear again. Changes will begin to appear slowly and you will start to see your final result. You may notice that you still have some swelling. Your scars may appear red at this point however they will begin to fade.

UP TO 1 YEAR:

It can take up to a year to see your final results. By this stage your swelling should be less, however swelling over a year post-op is still very normal. You will be able to return to all normal activities and should be able to enjoy your results.

OTOPLASTY RISKS:

Bruising and swelling – usually lasts 7-21 days, it can get very colourful

Pain – should subside after 7-14 days. Pain relief will be prescribed and administered as required to ease any discomfort you may have.

Sex – there is no reason to refrain from sexual activity after surgery, so long as your ears are protected and if still required, the garments and dressings are not removed. We do not recommend any ear biting or pulling in the first 6 months.

Bleeding (haematoma) – is very rare; the body can re absorb small amounts of blood. For larger bleeds surgical intervention may be required.

Infection – Antibiotics may be used throughout surgery OR following surgery to help reduce the risk of the area becoming infected these are given as precaution and are not to be assumed that infection is present.

Distortion of the auditory or ear canal – A disturbance of the ear canal is unusual unless major change in the cochlea (outer ear) is made during surgery; if it does occur, it may affect hearing.

DVT or PE (Deep Vein thrombosis or Pulmonary Embolism) – this is rare but serious complication of surgery and anaesthesia, where a blood clot forms in the veins, usually the legs and may move to the lungs interfering with their normal function resulting in possible life threatening consequences. Taking oral contraceptive pills can increase the risk – it is advisable to stop taking the "pill" 2 weeks prior to surgery but you can discuss this with your surgeon.

Numbness – this is perfectly normal in the early days, expect all feeling to return usually in the first 3 months. Some numbness in the treated skin and tissues can be expected which lasts for several months. In some areas you may experience increased sensitivity or some 'strange sensations'. Changes in sensitivity are common and almost always pass in time. However, it is rare for a small patch to remain numb.

Hair loss – Hair that is lost around the incisions usually grows back within three weeks. However, on occasions it does not grow back and you may need to develop a method to conceal this.

Necrosis / Keloid Scarring – In rare cases there have been hypertrophic (Keloid) scarring and necrotic (dead) tissue.

Attending routine appointments will help prevent any issues with the incision sites. Routine appointments include but are not restricted to; an appointment with the nurse between day 4 to day 10 and then an appointment with your surgeon at week 6 to week 10. Some surgeons will want to see you sooner and the clinic can arrange this.

OTOPLASTY POST-OPERATIVE INFORMATION:

Garments – A tight garment will be provided to you that you will need to wear for 2-6 weeks post op, your surgeon will advise. It is very important to use this garment to aid healing and try preventing seroma's and excess swelling. You may have bandages in place covering your ears and head immediately post-operatively which can be quite restricting; these can often be reduced 48 hours post-operatively if required and the Enhance nurse can do this.

Asymmetry – Healing is not always a symmetrical process; a slight difference between the right and left sides of the face/neck is not uncommon and usually evens out with time. Absolute symmetry cannot be guaranteed. It is best to avoid constant comparison. If significant asymmetry occurs further surgical revision may be necessary.

Location and Variable Nature of Scar – Surgical scars are permanent. However, as the incisions are mostly in the creases around the ears they are fairly inconspicuous and only noticeable on very close observation. The scars gradually fade and become less noticeable. Very rarely, a scar does not heal in the normal way and results in a red broad elevated scar extending further beyond the boundary of the initial scar; this is known as hypertrophic scarring.

Wound care – it is extremely important that your wound is checked at 4-7 days post op by a nurse, this is to monitor healing and remove some sutures if required, you may also require an appointment at day 14 to remove further sutures and check for further healing progress. The nurse will follow specific instructions from your surgeon at all times. Smoking, drinking and poor diet can effect wound healing.

Keeping your wound dry – please do not get the incisions wet for 7 days post op; you can wash around the area and often shower, if area does get wet just pat dry with clean towel.

Products – it is strongly advised that you do not use perfumed products, make-up or oils on your ears or incisions until fully healed and even after this to approach with caution. It is advised that you protect your scars using an SPF >35 (can start using after day 14) or wear sunglasses when outside.

Garments – A tight garment will be provided to you that you will need to wear up to 2 weeks post op. It is very important to use this garment to aid healing and try preventing seroma's and excess swelling. The surgeon will advise further on time length for this garment to be worn.

Flying – It is advised that you are able to fly short haul 2 weeks following the procedure and you can fly long haul 4 weeks post operative.

Exercise – You may start to attend the gym around 4 - 6 weeks post op. This includes heavy lifting (such as children). It is strongly advised that you start as a beginner again and with caution so not to cause adverse effects. If you feel unusual or uncomfortable please stop and discuss this with your surgeon.

Sex – there is no reason to refrain from having sex, however we ask that you take care and do not do anything too adventurous in the first 4 weeks.

Constipation – If you notice that you are constipated (this may be due to the painkillers you have taken) a mild laxative will help if eating cereal, fresh fruit, vegetables, drinking warm drinks and gentle mobilizing does not. We recommend that you have a mild laxative in your home for this reason. Lactulose or any over the counter preparation available in your local pharmacy will help. The pharmacist will always be able to advise you.

Need for further surgery – Asymmetry is something which is uncommon but is known relating to all surgery completed bilaterally (both sides); size and shape will have been discussed with the surgeon to give an idea of final result but please be aware that this is always subjective. Hormone imbalances, weight gain, changes in exercise routine and the use of certain drugs can lead to further changes in the body and tissues. This may result in the desire for further surgery or your surgeon offering free of charge revision surgery if they feel they have not achieved a result which would meet the expectations set to you in your initial consultation.

Enhance Emergency Nurse – Enhance offers 24 hour accessibility to a qualified nurse, specialist to cosmetic surgery. During office hours you will be given a clinic number to use to speak to a nurse and for out of hours (weekends and 6pm-9am weekdays) you will be provided with an emergency number; this is only to be used if you feel you require emergency medical attention or if you have a query that will not wait until the following day.

Attending Appointments – It is very important that you attend your post operative appointments with all Enhance medical professionals as they are booked for you; it is also equally important to ensure you follow all instructions provided to you to ensure you have the best opportunity to achieve the result desired by you and your surgeon. Failure to follow this guidance may compromise your result and your surgeon may decide they are unable to carry out revision surgery in these instances.

This procedure is a cosmetic procedure and so assessment of the results involves an element of subjectivity. Therefore it is important to understand that while you have been advised by your surgeon as to the probable results, this should in no way be interpreted as a guarantee.

In line with Enhance Terms and Conditions, **the patient is expected to adhere to the advice provided by the surgeon and Enhance clinical team at all times**. Should the patient decide to deviate from this or seek support, further surgery or treatment or opinion from another professional independent to Enhance this may waver their aftercare and terminate their contract with Enhance.

ADDITIONAL PATIENT INFORMATION

SURGICAL SITE INFECTIONS

WHAT ARE SURGICAL SITE INFECTIONS?

Many micro-organisms (germs) live in and on our bodies and also in our environment. Most germs are harmless. Some are useful, for example the germs in our gut produce useful chemicals, and building up an immune system. Our bodies therefore have natural defences against the few germs that can cause harm.

The skin, our largest organ for example, prevents germs from entering our bodies. A wound infection occurs when germs enter the body through the incision / cut that the surgeon makes through your skin in order to carry out the operation. This wound infection is classed as a surgical site infection when time frames, symptoms and confirmed swabs all correlate.

WHEN DO THESE INFECTIONS DEVELOP?

A surgical site infection can develop at any time from two days after surgery until the wound has healed (usually two to three weeks after the operation). Very occasionally, an infection can still occur many months after an operation. Most surgical site infections are limited to the skin, but can spread occasionally to deeper tissues. Infections are more likely to occur after surgery on parts of the body that harbour lots of germs, such as the gut.

HOW WILL YOUR WOUND BE MONITORED? HOW CAN YOU PREVENT INFECTION?

Following your procedure you will have wound dressings in place and it is important that you follow the instructions of your surgeon / nurse about these dressings; if you are asked to leave them in place it is important you do this. If you are concerned about your wound, contact us.

Don't be tempted to remove your dressing, or touch your wound or wound drain. You could accidentally transfer germs from your hands to your wound. At your follow up appointment at the clinic the surgeon / nurse will check for any signs of infection.

SYMPTOMS OF A SURGICAL SITE INFECTION:

- The skin round your wound gets red or sore, or it feels hot and swollen
- Your wound has a green or yellow coloured discharge (pus), this may also smell
- You feel generally unwell, or you have a high temperature

If you have a problem with your wound, you should contact your clinic immediately.

WHAT HAPPENS IF YOU DEVELOP SYMPTOMS?

If the surgeon or nurse suspects that you have a surgical wound infection, the clinic staff may take a sample from the surface of your wound with a swab and send it to the laboratory for tests and may prescribe a course of antibiotics. The clinic staff may also take photographs of your wound to monitor the progress of healing.

The Surgeon and nursing staff will ensure you receive the appropriate antibiotics for the infection you have and they will ensure dressings are changed as required; they will continually document your healing process.

enhance
MEDICAL GROUP

Tel: 0808 808 5630
www.enhancemedicalgroup.com