



POST-OPERATIVE INFORMATION





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# 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 fruit & vegetables and drink plenty of water.

## WHAT TO EXPECT

- You will likely feel light-headed or nauseous 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 nauseous 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. These drugs wouldn't be prescribed but you can generally take paracetamol every 4 hours and ibuprofen every 6 hours.
- You might be restless or lack sleep; we do not recommend sleeping medication unless you receive this from your GP.
- The pain relief medication given can cause an upset stomach, 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 vomiting frequently, please stop taking the pain medication immediately 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; these are a known risk of surgery for any procedures where the skin is stretched 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 to call our Nursing Team urgently or 999 if the bleeding is consistent. Often a pale pink or yellow fluid can ooze from the wound, this is normal and not an area of concern on its own.

- 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 may 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 nothing 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, unless advised otherwise. 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 please reach out to our nursing team.
- Avoid smoking for at least 4 weeks post-op (until fully healed is best). Make sure you drink lots of water and avoid alcohol where possible (for at least 2 weeks post-op).
- We do not routinely recommend taking Arnica tablets, unless your surgeon advises to do so.
- If at any time you are concerned, contact us on the below numbers – ask us first before seeking non-urgent NHS attention as your aftercare is already covered with us and your surgeon; of course if you are in immediate danger dial 999.
- Rest is incredibly important for your recovery and healing. Please avoid heavy lifting, including lifting children or household items, for example hoovers. please also avoid lifting arms. please speak to your nursing team for procedure specific advice and guidance on how to mobilise safely and do not exercise for the first 6 weeks; we do not advise any vigorous movements. We would advise avoiding upper arm exercises / heavy lifting and strenuous activity for 12 weeks post-op. Mobilising during early stages of recovery is beneficial and can help reduce your risk of complications. Whilst you may feel well following surgery it is important to not follow your normal fitness routine. We would advise to discuss returning to normal exercise levels with your nurse at your first wound care appointment as this will be dependant upon your healing and procedure. Moderation is important and you should always listen to your body.
- 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 hole 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; we advise after 10 days is usually fine. we would advise to check with your insurers. Before driving please ensure you can safely perform all maneuvers in the car.
- If you notice an issue, your incision opens, or dressings fall off please do not handle the wound and instead reach out to our nursing team for support and guidance.
- Our nursing team will help advise on a hygiene and self care routine - including how and when to begin using certain products such as moisturisers / body wash.
- 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 resume sexual activity when you feel well enough to do so; we do not recommend anything too vigorous in the first 6 weeks and we advise to avoid any activity that may interfere with the healing of your incisions.
- Our team will call you following surgery to check on how you are feeling post-operatively. You are usually seen for a face to face appointment around day 7. This nurse appointment usually lasts 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, offer reassurance and answer any questions.
- Our surgeons like to see their patients at 3-6 months after surgery to assess healing. Please contact our team to organise your surgeon review. If you wish to see your surgeon prior to this, please request this with your PCC and they will be happy to discuss.

## TRAVEL ADVICE POST-SURGERY

### **Flying Guidance:**

Patients must avoid all flights (including short haul & domestic) for 4 weeks after discharge due to an increased risk of deep vein thrombosis (DVT), which may be doubled during this period.

Patients over the age of 40, those with a history of DVT or pulmonary embolism (PE), or those taking the oral contraceptive pill, are advised to wear graded compression stockings when flying for up to 2 months post-surgery.

Air travel is not permitted on the day of surgery.

Prior to travel, patients should receive guidance on:

- Maintaining adequate hydration
- Performing in-flight mobility exercises
- Walking regularly during the flight
- Booking an aisle seat to allow for easier movement

Patients must wear TED stockings for the entire duration of any flight.

The need for Clexane should be considered on a case-by-case basis.

*Note: This may incur an additional cost to the patient.*

### **Long Journeys by Car/Bus/Train Guidance:**

Additionally, patients should avoid prolonged immobility (4+ hours) in confined spaces for 4 weeks before and after surgery, as this significantly increases the risk of DVT. Please make sure you plan in adequate stops for movement when travelling for longer periods of times.

## 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 50+ 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. Please check with your nurse at wound care appointments for your surgeon's preferred scar management treatment and products.

## 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 uncommon but is a known risk 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 with 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 endeavor to arrange your post-operative appointments at your nearest Enhance facility. However this may not always be possible and you may be required to travel to an alternative Enhance facility.

To ensure continuity of care please advise our team if you are considering visiting or contacting your GP with regards to your surgery. Please refer to your T&Cs with regards to treatments sought outside of Enhance.

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.

**Clinical /Nursing queries** Between 9am – 5:30pm Monday to Friday you can call:

**0208 563 8111** - London Hammersmith Hospital  
**0800 808 5630** - Joseph House Contact Centre  
**0121 389 0582** - Joseph House Hospital

If you are unable to get through to one of our contact numbers, please do not hesitate to contact any non-emergency alternative number irrespective of specific location. Our dedicated call centre has multiple call handlers available who are able to assist all patients with transferring calls or messages to the required clinic/member of staff.

**07879 490124 - EMERGENCY (out of above hours)**

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 involve 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 of 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 is a key priority for Enhance.

## 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 often is life threatening for all age groups. A Pulmonary Embolism develops when the blood clot travels from the leg up into the lungs.

## HOW CAN I REDUCE MY RISKS?

Ensure you take all medication prescribed to you by our team, wear your compression stockings according to your discharge advice and follow the advice of our medical team regarding mobilisation.

## 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 CONTACT OUR TEAM IMMEDIATELY**

## 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 MEDICATION SIDE EFFECTS?

Some side-effects of medicines may be serious while others may only be a mild inconvenience. 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. Prior to your surgery 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 our facilities include 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 follow post-operative guidance and advice to minimise your risks.

# 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. Haematomas 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.

Haematomas usually dissolve (they are reabsorbed by the body) and go away without surgical intervention; however they can be treated, and can typically be treated surgically if they do not resolve. In some cases, particularly with a larger haematoma, they can migrate to nearby areas of the body due to the effects of gravity.

## WHY DO THEY OCCUR?

Surgical haematomas can happen if the vessels continue to bleed post-operatively; this can be the smallest bleed which leaks causing 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 by resting and wearing the compression bra / garment is essential to try to prevent a haematoma.

## HOW CAN I AVOID THEM?

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

In major procedures, the clinical team might prescribe an anticoagulant to prevent DVT but there is a potential 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 collection of blood will be drained using a small incision and / or a drain device. This intervention requires the patient to be nil by mouth and have a chaperone after the procedure. An evacuation of a haematoma is not a major procedure and does not require an overnight stay in hospital.

In the unlikely event that a patient requires a blood transfusion they will be transferred to an NHS facility for such treatment and monitoring.

## WHAT ARE THE LONG-TERM EFFECTS OF A HAEMATOMA?

Haematomas 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.

## HOW IS A SEROMA DIFFERENT?

A seroma is a known surgical risk and common occurrence after breast surgery where fluid, consisting of lymph and serous fluid, can collect under the skin, often in the armpit or chest area. It's usually harmless and the body often reabsorbs the fluid naturally over time. However, if it becomes uncomfortable or restricts movement, it can be drained by a medical professional. Large volumes can result in a higher risk of infection or can be detrimental to the surgical outcome if not treated.

## 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 a 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, the drain dislodges or is removed accidentally please contact our nursing team.
- The amount drained should be checked every 24 hours. Our nursing team will call you to check your drain readings - we would advise that these readings should be done by yourself usually around 8-10am each morning so that we have an accurate reading over 24 hours. If you suddenly have a large output of fluid please contact our nursing team.

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

Please contact our nursing team who will arrange an urgent review. If you are required to visit our facility this may not be held at your nearest clinic and you may be required to travel to an open clinic or to one of our hospitals for surgical intervention.

**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**

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.

**Clinical /Nursing queries** Between 9am – 5:30pm Monday to Friday you can call:

**0208 563 8111** - London Hammersmith Hospital

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If you are unable to get through to one of our contact numbers, please do not hesitate to contact any non-emergency alternative number irrespective of specific location.

Our dedicated call centre has multiple call handlers available who are able to assist all patients with transferring call or messages to the required clinic/member of staff.

**07879 490124 - EMERGENCY (out of above hours)**

# 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 analgesics 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, to manage your pain.

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

### PAIN SCALE



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

- 0 – No pain
- 5 – Moderate pain
- 10 – Worst possible pain / worst pain you have ever felt

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.

## 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 medications 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, itching or other symptoms. Treatments are available to reduce these effects.

## 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-inflammatories 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 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.

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# ANTIBIOTIC INFORMATION:

## 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 person taking them.

Antibiotics can be used to treat infections from simple skin rashes to life threatening conditions, such as 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.

## 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.

## 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 the 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 antibiotics 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 nausea, bloated and having diarrhoea or loose bowel movements.

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

|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PAIN</b>                                                                       | <p>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.</p> <p>We advise you contact the emergency line 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.</p> |
| <b>TAPE</b>                                                                       | <p>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.</p>                                                                                                                                                                                                                                                                                                     |
| <b>SWELLING /<br/>BRUISING</b>                                                    | <p>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.</p>                                                                                  |
| <b>SEX / FITNESS</b>                                                              | <p>Our nursing team can offer individual guidance based on your healing and recovery. Please see sections above for further details.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>EXPELLING<br/>SUTURES OR HOLES<br/>APPEARING</b>                               | <p>We always advise that if a patient is concerned about their wound, they should call our team at their earliest convenience to schedule to see a nurse or receive guidance.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>STINGING/<br/>RED INFLAMED<br/>INCISIONS /<br/>WORRIED ABOUT<br/>INFECTION</b> | <p>We always advise that if a patient is concerned about their wound, they should call our team at their earliest convenience to schedule to see a nurse or receive guidance.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|                                                   |                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MARKS ON THE DRESSINGS / BRA</b>               | <p>Theatre uses orange dressings and pink solution; these can show through on dressings and this is not a sign of concern.</p> <p>This is normal, if worried, the patient is advised to call their usual clinic and arrange an appointment.</p>                                                                                              |
| <b>MORE ANALGESIA</b>                             | <p>Our nursing team are not prescribers but can reach out to your surgeon or anaesthetist if further analgesia is required. Please contact our team if you are struggling with pain management.</p>                                                                                                                                          |
| <b>THE BREAST BAND IS DIGGING IN</b>              | <p>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.</p>                                              |
| <b>BRA IS TOO TIGHT</b>                           | <p>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, however if the bra is causing extreme discomfort please reach out to our team.</p> <p>Patients can use warm or cold compress and take plenty of rest to avoid additional swelling and discomfort.</p> |
| <b>CHANGING WOUND CARE APPOINTMENTS</b>           | <p>Please contact your PCC to reschedule or for new appointments.</p>                                                                                                                                                                                                                                                                        |
| <b>ONE SIDE IS HEALING DIFFERENT TO THE OTHER</b> | <p>This is normal, they will not heal in a synchronised manner; they will fluctuate and change daily, it is best not to compare.</p>                                                                                                                                                                                                         |
| <b>I TOOK MY DRESSINGS OFF, WHAT SHOULD I DO</b>  | <p>Dressings must not be removed in any instance in the first 7 days, or beyond this if a nurse has advised. If a dressing comes off, please call our team at your earliest convenience to schedule to see a nurse or receive guidance.</p>                                                                                                  |

# 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 at 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. This may happen at different times for 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; imagine your hand is now open and the tissue has opened up to its less squashed state.

### 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 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 than 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, as long as your incisions are fully healed you 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 negatively 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 scarring 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 50+ 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** – Patients must avoid all flights (including short haul & domestic) for 4 weeks after discharge due to an increased risk of deep vein thrombosis (DVT), which may be doubled during this period.

**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** – You can resume sexual activity when you feel well enough to do so; we do not recommend anything too vigorous in the first 6 weeks and we advise to avoid any activity that may interfere with the healing of your incisions.

**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 present to some degree in all breasts and this can persist after surgery; size and shape will have been discussed with the surgeon to give an idea of final result but please be aware that this is not a guarantee as every patient heals differently.

**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 void T&Cs.



# 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 your sinuses will be 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 a more reliable result of your surgery.

### 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, but residual swelling up to a year.

**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 oral contraceptive 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 can be 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 post-operatively; 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 50+ 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-operatively. This excludes heavy lifting and contact sports, which can be resumed usually between 6 month – 1 year with great caution.

**Sex** – You can resume sexual activity when you feel well enough to do so; we do not recommend anything too vigorous in the first 6 weeks and we advise to avoid any activity that may interfere with the healing of your incisions.

**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 9-12 months - please use 50+ SPF
- Swimming for 4 – 6 weeks

**Need for further surgery** – Your desired result will have been discussed with the surgeon to give an idea of final result but please be aware that this is not a guarantee as every patient heals differently.

**Enhance Emergency Nurse** – Enhance offers 24 hour accessibility to our nursing team. 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 non-emergency treatment or opinion from another professional independent to Enhance this may void T&Cs.

# 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 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 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. 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 our team 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 (Tissue Death)** – Necrosis is rare, but more 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 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 oral contraceptive 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 can be 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 our nursing team. 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 your incisions wet for 7 days post-operatively; 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 50+ SPF (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-operatively. It is very important to use this garment to aid healing and try preventing seromas and excess swelling. The surgeon will advise further on time length for this garment to be worn.

**Flying** – Patients must avoid all flights (including short haul & domestic) for 4 weeks after discharge due to an increased risk of deep vein thrombosis (DVT), which may be doubled during this period.

**Exercise** – You may start to attend the gym around 6 weeks post-operatively. 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 our nursing team or surgeon.

**Sex** – You can resume sexual activity when you feel well enough to do so; we do not recommend anything too vigorous in the first 6 weeks and we advise to avoid any activity that may interfere with the healing of your incisions.

**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 mobilising 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** – Your desired result will have been discussed with the surgeon to give an idea of final result but please be aware that this is not a guarantee as every patient heals differently. If you experience sudden asymmetry please contact our team urgently.

**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 with you in your initial consultation.

**Enhance Emergency Nurse** – Enhance offers 24 hour accessibility to our nursing team, 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, non-emergency treatment or opinion from another professional independent to Enhance this may void T&Cs.



# 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 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.

### 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 up 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 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 combined contraceptive 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 negatively 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 50+ (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** – Patients must avoid all flights (including short haul & domestic) for 4 weeks after discharge due to an increased risk of deep vein thrombosis (DVT), which may be doubled during this period.

**Exercise** – You may start to attend the gym around 4 - 6 weeks post-operatively. 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** – Your desired result will have been discussed with the surgeon to give an idea of final result but please be aware that this is not a guarantee as every patient heals differently.

**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 our nursing team, 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, non-emergency treatment or opinion from another professional independent to Enhance this may void T&Cs.

# ABDOMINOPLASTY POST-OPERATIVE INFORMATION

## WHAT TO EXPECT DURING YOUR ABDOMINOPLASTY HEALING JOURNEY:

### WEEKS 1-3:

Your first few weeks 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 is 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 up 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 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 your incisions wet for 7 days after your procedure; 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 50+ 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 seromas and excess swelling.

**Flying** – Patients must avoid all flights (including short haul & domestic) for 4 weeks after discharge due to an increased risk of deep vein thrombosis (DVT), which may be doubled during this period.

**Exercise** – You may start to attend the gym around 6 weeks post procedure. 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** – Your desired result will have been discussed with the surgeon to give an idea of final result but please be aware that this is not a guarantee as every patient heals differently.

**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 with 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 mobilising 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 our nursing team, 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, non-emergency treatment or opinion from another professional independent to Enhance this may void T&Cs.

# GYNAECOMASTIA POST-OPERATIVE INFORMATION:

## WHAT TO EXPECT DURING YOUR REDUCTION HEALING JOURNEY:

### WEEKS 1-3:

Your first few weeks is when you will feel your most delicate and we would advise you 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 you 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 the incision sites – please do not scratch your incisions as this can be detrimental to scar formation. You will be able to take gentle walks but nothing more strenuous than this. Please do not lift your arms above your head for 2 weeks after your procedure. 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 you are fully healed, you 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 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 (Tissue Death)** – 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 after your procedure; 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 a 50+ SPF.

**Location and variable nature of scar** – Surgical scars can be 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 scarring 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** – Patients must avoid all flights (including short haul & domestic) for 4 weeks after discharge due to an increased risk of deep vein thrombosis (DVT), which may be doubled during this period.

**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.

**Sex** – You can resume sexual activity when you feel well enough to do so; we do not recommend anything too vigorous in the first 6 weeks and we advise to avoid any activity that may interfere with the healing of your incisions.



# 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 and ears 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.

## OTOPLASTY POST-OPERATIVE INFORMATION:

**Garments** – A tight garment will be provided to you that you will need to wear for 2-6 weeks post-operatively, 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 ears 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 can be 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 our nursing team, 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 negatively effect wound healing.**

**Keeping your wound dry** – please do not get the incisions wet for 7 days after your procedure; 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, shampoos, hair 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 a 50+ SPF.

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

**Flying** – Patients must avoid all flights (including short haul & domestic) for 4 weeks after discharge due to an increased risk of deep vein thrombosis (DVT), which may be doubled during this period.

**Exercise** – You may start to attend the gym around 4 - 6 weeks post-operatively. 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 we advise to avoid any activity that may interfere with the healing of your incisions.

**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** – Your desired result will have been discussed with the surgeon to give an idea of final result but please be aware that this is not a guarantee as every patient heals differently.

**Enhance Emergency Nurse** – Enhance offers 24 hour accessibility to our nursing team, 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, non-emergency treatment or opinion from another professional independent to Enhance this may void T&Cs.

# **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 our team immediately.

### **WHAT HAPPENS IF YOU DEVELOP SYMPTOMS?**

If the surgeon or nurse suspects that you have a surgical wound infection, our nursing team 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.



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