

Facelift/Necklift

Pre and Post-Operative Booklet

SURGERY DATE: _____

Location:

- Sentara Martha Jefferson Hospital
 Sentara Martha Jefferson Outpatient Surgery Center

FOLLOW-UP APPOINTMENT: ____/____/____ at _____ am/pm

Location: Charlottesville Plastic Surgery Main Office

IMPORTANT PHONE NUMBERS

- Plastic Surgery Office: **(434) 227-5333**
- After Hours: Call **(434) 227-5333** and listen to the prompts for “after-hours on-call surgeon.”

INTRODUCTION

Welcome to Charlottesville Plastic Surgery and thank you for allowing us to be part of your healthcare team. We recognize that you are receiving a lot of new information and making important decisions regarding your health and well-being.

Please read through this packet prior to your surgery. Hopefully it will answer most of your questions about what to expect before and after the surgery, but we encourage you to make a list of any remaining questions and we will be happy to answer them. You may call or email us at any time.

- We will typically provide you with medications for pain, nausea, constipation, and an antibiotic to prevent infection. These prescriptions will be sent to your preferred pharmacy prior to your surgical date. These medications are to be taken AFTER your surgery but we suggest you fill them before the day of surgery for your convenience. If you need clarification on any of the medications or have preferences for different medications, please let us know before your surgery.
- Remember not to eat or drink anything after midnight the night before your surgery.
- You will need to arrange for someone to bring you and take you home from surgery and to stay with you the first night after surgery. You should also arrange for transportation to your first post-operative visit.

FINANCIAL POLICIES

Our Patient Care Coordinator is very knowledgeable in this area and will help in the process of price quotes and, if necessary, connect you with financial assistance programs.

▪ **PAYMENT OPTIONS FOR SELF PAY**

- On the day of your first consultation, you will be provided a financial quote which includes the surgery, anesthesia, operating room costs, and follow-up care. It does not include pathology costs or prescription medications. It does not include management of complications or revisions.
- A deposit of \$500 will be required to schedule a surgery date. This will be applied toward the total surgery costs.
- Full payment of the quote is due **2 weeks** prior to the surgery date.
- We provide a number of payment options that may be used individually or combined according to your wishes.
 - **CASH OR CHECK:** cash, cashier's check or personal check. Personal checks must be made payable to Charlottesville Plastic Surgery and received a minimum of 2 weeks before your surgery.
 - **CREDIT CARDS:** Visa, Master Card, Discover or American Express.
- **OPTIONAL FINANCING PLANS:** We will be happy to assist you with applying for financing should you so desire.

▪ **CANCELLATION POLICY**

- We understand that a situation may arise that could force you to cancel or postpone your surgery. If this should happen, please call us as soon as possible at 434-227-5333 to discuss your situation. If we do not get enough notice, your deposit may not be refunded.

PRE -OPERATIVE PLANNING

- After your pre-operative appointment, you will work closely with our Patient Care Coordinator to complete any necessary paperwork and requirements for payment.
- Have your prescriptions filled prior to the day of surgery to save time on the way home.
- Do not take medications that contain Aspirin or Ibuprofen for 2 weeks before your surgery date to reduce the risk of bleeding.
- Check with the pre-operative nurse whether you should take your regular medications on the morning of surgery. You will speak with him or her the day before surgery when you find out your surgery arrival time.
- Do not smoke for 3 weeks before your surgery as this will delay healing! Also avoid second-hand smoke and cigarette replacements such as nicotine patches or gum.
- **Arrange for someone to take you to and from the hospital and be with you during the first 24 hours after the surgery.**
- Call our office if you have any sign of illness or infection the week before the surgery.

PRE-OPERATIVE SUPPLIES

The following is a list of optional items that can help you be prepared for your surgery.

- **Prescription medications-** fill before surgery date
- **Tylenol, Ibuprofen-** These will be the primary pain medications once you are off the prescription pain medications
- **Multivitamins-** suggested to take 2 weeks before and after your surgery to promote healing
- **Vitamin C-** 500mg 2x day can help your healing. Start 2 weeks before surgery
- **Straws (bendy type)-** will help you drink more fluids to stay hydrated after surgery
- **Ice packs/frozen peas-** can decrease pain, particularly on upper chest and sides
- **Chapstick**
- **Wet wipes/baby wipes for your skin-** you will be restricted to sponge bathing after surgery and these will be nice to have
- **Bacitracin Ointment-** to be used on incisions after the first follow-up appointment
- **Gauze pads (4x4 size)-** these can be found in the pharmacy and may be useful after the first follow-up visit. Look for the non-sterile multi-packs as they are less expensive.
- **Gentle Foods-** light food is best the first day or two after surgery so as not to upset the stomach. Ideas include crackers, soups, juice and clear soda, light soups, pudding, applesauce, yogurt, toast. Once your appetite returns, you can eat what sounds good.
- **Pillows and a comfortable place to rest after surgery-** a recliner is helpful for getting up and down but any comfortable space is fine. You will not be sleeping on your side or stomach afterwards so having multiple pillows to arrange around you will help keep you comfortable.
- **Button-up shirts-** These will be easiest to get in and out of for the first week after surgery. Bring one with you the day of surgery to go home in.

THE DAY OF SURGERY

- Do not eat or drink anything after midnight the night before surgery
- Shower with antibacterial soap and brush your teeth the morning of surgery!
- Do not apply moisturizers or wear makeup
- Remove any jewelry and/or piercings and leave them at home
- Bring loose comfortable clothes for after surgery including button-up shirt and soft pants.
- Arrive at hospital at the designated time and check in at the front desk
- You will be taught how to care for your drains, if applicable, in recovery. We have also included instructions at the end of this packet.
- You must have someone with you the day of surgery to drive you home and take care of you the first night after surgery at a minimum.

EXPERIENCE AT THE HOSPITAL ON DAY OF SURGERY

Going to the operating room is not a normal experience for most of us. Your surgeon and all of the professional staff caring for you recognize the natural anxiety with which most patients approach this step in the process of achieving their goals. We believe a description of the surgery experience will be helpful.

- When you arrive at the surgery center, you will check in at the front desk. From there you will be escorted to the pre-op room. You will be asked to change into a gown. A nurse will start an IV and review your health history. You will meet with the anesthesiologist who will review your anesthesia plan then you will meet with your surgeon and review the plan for surgery and any questions you might have.
- You will then go to the operating room where the staff will do everything they can to make you feel secure. You will lie down on a padded operating table with warm blankets and the nurse and the anesthesiologist will connect you to state-of-the-art monitoring equipment. You will breath oxygen through a mask as medicines that will make you drowsy flow through the IV tubing and into a vein in your arm.
- When your surgery has been completed, you will be moved to the recovery room. During this period, a recovery room nurse will take care of you and remain with you at all times. If you have pain, she will give you medication through your IV. Your stay in the recovery room will last 30-60 minutes after surgery.
- Once you are more alert, you will be transferred from the recovery room back to the room you started in. Your family and friends will be able to visit you here. Your nursing staff will teach you and your family or friends about your drains, if any. You will learn how to “strip” the drains, empty the drains and record your drainage output. When you feel comfortable enough, you will be able to go home with your arranged driver.

THE FIRST 24 HOURS AFTER SURGERY

- Keep your head elevated to decrease swelling. You can rest in a recliner or put extra pillows on your bed to keep your head up.
- Measure and empty JP drains about every 12 hours, if applicable. Example: 8am and 8pm. Try to do this at the same time each day.
- Activity Restrictions: No lifting, bending, strenuous activity. You may get dizzy walking around, so make sure to move slowly and be ready to sit down.
- Eat soft, easy to chew and digest foods.
- Do not be worried if you have some asymmetry with your smile or chewing following the surgery. It is a common after effect of the local anesthetic
- Call our office or the hospital operator if you have ANY concerns after surgery; specifically increased bleeding or drainage, uncontrolled pain, fever, rashes, uncontrolled vomiting, or other problems.

THE DAY AFTER SURGERY

- Your first follow-up visit will be the day after your surgery.
 - Bring your drain output log with you to your follow-up appointment
 - We will likely remove all bandages and drains
 - We will replace a new head wrap
- The following day (2 days after surgery), you will remove the new dressing and you may shower and wash your hair. You do not need to reapply a new bandage at this point. After the shower, you will apply bacitracin just in front of and behind the ears for one week.
- Activity restrictions:
 - Continue to sleep with your head elevated (avoid lying on your cheeks or with your head entirely flat)

ONE WEEK AFTER SURGERY

- You will have a second post-op visit at which time all of your stitches will be removed.
 - You may apply lotions and makeup to your skin
 - You may resume driving after 1 week as long as you are no longer using narcotics.
 - You may return to light duty/desk jobs after 2 weeks if you are recovering well
- Try to avoid ibuprofen or aspirin for 3 days after the surgery as this can lead to more bleeding. After 3 days, however, we encourage you to start taking these medications and weaning off the other pain pills.

THREE WEEKS AFTER SURGERY

- You will have your 3rd post op visit. We will have you begin gentle lymphatic and scar massage.
- OK to start exercising
- You will still have numbness and some tingling as your nerves recover.

ADDITIONAL RESTRICTIONS, FOLLOW-UP

- You may have your hair colored and/or styled after 6 weeks as long as you are well healed
- We typically will schedule a follow-up at 3 months and again at 1 year post surgery at which time we take post-op photographs

WHAT TO EXPECT WHILE YOU HEAL

<p>Normal Symptoms</p>	<ul style="list-style-type: none"> ▪ SWELLING AND BRUISING: Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection. ▪ DISCOMFORT AND PAIN: Mild to moderate discomfort or pain is normal after any surgery. Our goal is to minimize your discomfort using oral pain medication. This will not eliminate all pain, but it should allow you to perform basic daily activities like walking. If the pain becomes severe and is not relieved by pain medication, please call us at (434) 227-5333. ▪ CRUSTING ALONG THE INCISION LINES: We usually treat this with antibiotic ointment. ▪ NUMBNESS: Small sensory nerves to the skin surface are cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns--usually within 2 or 3 months as the nerve endings heal spontaneously. However, there may always be some degree of numbness or impaired sensation in the surgical area. ▪ ITCHING: Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massages are frequently helpful. These symptoms are common during the recovery period. ▪ REDNESS OF SCARS: All new scars are red, dark pink, or purple. Scars on the face usually fade within 3 to 6 months. Scars may take a year or longer to fade completely. Avoid direct sun exposure to the surgical area.
<p>Contact Your Physician's Office</p>	<ul style="list-style-type: none"> ▪ Fever over 100.4 F ▪ Pain not controlled by current prescription medications ▪ Uncontrolled nausea and vomiting ▪ Increased bleeding or drainage from the surgical site ▪ Severe swelling, bruising or increasing redness

SOME CONSIDERATIONS AS YOU HEAL

- **FAMILY & FRIENDS**
 - Support from family and friends is very helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your result to be. Please trust in our knowledge and experience when we discuss your progress with you.
- **DEPRESSION**
 - Quite frequently patients experience a brief period of "let-down" or depression after surgery. Some may subconsciously have expected to feel and look better "instantly," even though they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understanding that this is a "natural" phase of the healing process may help you to cope with this emotional state.
- **HEALING**
 - Everyone heals at their own pace. It is important to listen to your body and allow yourself to heal. Also, follow the advice of your surgical team and don't hesitate to ask questions! The guidelines in this packet are just that—guidelines—and they may need to be adjusted and individualized to your personal healing.
- **FOLLOWING INSTRUCTIONS**
 - Another major factor in the course of healing is whether you follow the instructions given verbally by your surgeon and in this booklet. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything which may interfere with recovery. It is imperative that you recognize that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise. Please ask if you have questions or need clarification!
- **COMPLICATIONS**
 - Complications are rare, but unfortunately happen from time to time despite our best efforts. If and when they do occur, we are there to help you get through it. The vast majority of complications result in a delay in the normal healing process but do not affect the final result. Please trust is to help you get through it.

UNDERSTANDING SURGICAL RISK

We want you to understand fully the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. All of us at Charlottesville Plastic Surgery will use our expertise and knowledge to avoid complications in so far as we are able. If a complication does occur, we will use those same skills in an attempt to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overestimated.

In general, the least serious problems occur more often and the more serious problems occur rarely. If a complication does arise, you, your surgeon, and the nursing staff will need to cooperate in order to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your final result.

All Plastic Surgery treatments and operations are performed to improve a condition, a problem or appearance. While the procedures are performed with a very high probability of success, disappointments occur and results are not always acceptable to patients or the surgeon. Secondary procedures or treatments may be indicated. Rarely, problems may occur that are permanent.

Please read through the following pages that describe potential risks. Mark any that you would like to discuss in more detail on the day of surgery as you will have a chance to ask questions to your surgeon.

<p>General Surgical Risks</p>	<ul style="list-style-type: none"> ▪ HEMATOMA: Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result. ▪ INFLAMMATION AND INFECTION: A superficial infection may require antibiotic ointment. Deeper infections are treated with antibiotics. Development of an abscess usually requires drainage. ▪ WOUND SEPARATION OR DELAYED HEALING: Any incision, during the healing phase, may separate or heal unusually slow for a number of reasons. These include inflammation, infection, wound tension, decreased circulation, smoking or excess external pressure. If delayed healing occurs, the final outcome is usually not significantly affected, but secondary revision of the scar may be indicated. ▪ SENSITIVITY OR ALLERGY TO DRESSINGS OR TAPE: Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape or sutures used during or after surgery. Such problems are unusual and are usually mild and easily treated. In extremely rare circumstances, allergic reactions can be severe and require aggressive treatment or even hospitalization. ▪ THICK, WIDE, OR DEPRESSED SCARS: Abnormal scars may occur even though we have used the most modern plastic surgery techniques. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally necessary. Some areas on the body scar more than others, and some people scar more than others do. Your own history of scarring should give you some indication of what you can expect. ▪ INJURY TO DEEPER STRUCTURES: Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare. ▪ POOR RESULTS: Asymmetry, unhappiness with the result, poor healing, etc. may occur. Minimal differences are usually acceptable. Larger differences frequently require revision.
--------------------------------------	---

<p>Serious Surgical Risks</p>	<p>Medical complications such as pulmonary embolism, DVT (blood clot), severe allergic reactions to medications, cardiac arrhythmias, heart attack, and hyperthermia are rare but serious and life threatening problems associated with surgery. Having a board-certified anesthesiologist present at your surgery reduces these risks as much as possible. Failure to disclose all pertinent medical data before surgery may cause serious problems for you and for the medical team during surgery.</p>
<p>Smoking Risks</p>	<p>Smoking may adversely affect wound healing and cause loss of skin. Smoking reduces arterial (blood) oxygen supply which is necessary for normal wound healing. Exposure to second hand smoke has also been implicated in delayed or abnormal wound healing. It is best to avoid smoking and or second hand smoke in the peri-operative period. Nicotine causes blood vessels to constrict and may interfere with normal wound healing. When blood vessels constrict there is less blood supply to the wound and therefore less oxygen for normal wound healing to take place. Avoid cigarette replacements such as the nicotine patch or nicotine gum or inhaler in the peri-operative period as these have similar effects as smoking and second hand smoke.</p>

Medications to Avoid Before and After Surgery

If you are taking any medications on this list, they should be discontinued 10-14 days prior to surgery and only Tylenol should be taken for pain. It is absolutely necessary that all other medications that you are currently taking must be specifically cleared by your doctor and nursing staff prior to surgery.

SEMI-GLUTIDE (GLP-1 Antagonist such as Ozempic, Wegovy, Rybelsis, Trulicity, etc):

If taken weekly for weight loss, you must discontinue use for 1 week prior to surgery. If taken daily for weight loss, you must discontinue use for one day prior to surgery. If taken for Type II Diabetes, please follow instructions from your PCP or other Prescriber regarding your dosage before and after surgery.

Aspirin Medications to Avoid		
<ul style="list-style-type: none"> ▪ 4-Way Cold Tabs ▪ 5-Aminosalicylic Acid ▪ Acetilsalicylic Acid ▪ Adprin-B products ▪ Alka-Seltzer products ▪ Amigesic ▪ Anacin products ▪ Anexsia w/Codine ▪ Argesic-SA ▪ Arthra-G ▪ Arthriten products ▪ Arthritis Foundation products ▪ Arthritis Pain Formula ▪ Arthritis Strength BC Powder ▪ Arthropan ▪ ASA ▪ Asacol ▪ Ascriptin products ▪ Aspergum ▪ Asprimox products ▪ Axotal ▪ Azdone ▪ Azulfidine products ▪ B-A-C ▪ Backache Maximum Strength Relief ▪ Bayer Products ▪ BC Powder ▪ Bismatrol products ▪ Buffered Aspirin ▪ Bufferin products ▪ Buffetts 11 ▪ Buffex ▪ Butal/ASA/Caff ▪ Butalbital Compound ▪ Cama Arthritis Pain Reliever ▪ Carisoprodol Compound ▪ Cheracol ▪ Choline Magnesium Trisalicylate ▪ Choline Salicylate ▪ Cope ▪ Coricidin 	<ul style="list-style-type: none"> ▪ Cortisone Medications ▪ Damason-P ▪ Darvon Compound-65 ▪ Darvon/ASA ▪ Dipentum ▪ Disalcid Doan's products ▪ Dolobid ▪ Dristan ▪ Duragesic ▪ Easprin ▪ Ecotrin products ▪ Empirin products ▪ Equagesic ▪ Excedrin products ▪ Fiorgen PF ▪ Fiorinal products ▪ Gelpirin ▪ Genprin ▪ Gensan ▪ Goody's Extra Strength Headache Powders ▪ Halfprin products ▪ Isollyl Improved ▪ Kaodene ▪ Lanorinal ▪ Lortab ASA ▪ Magan ▪ Magnaprin products ▪ Magnesium Salicylate ▪ Magsal ▪ Marnal ▪ Marthritic ▪ Meprobamate ▪ Mesalamine ▪ Methocarbamol ▪ Micrainin ▪ Mobidin ▪ Mobigesic ▪ Momentum ▪ Mono-Gesic ▪ Night-Time Effervescent Cold ▪ Norgesic products ▪ Norwich products 	<ul style="list-style-type: none"> ▪ Olsalazine ▪ Orphengesic products ▪ Oxycodone ▪ Pabalate products ▪ P-A-C ▪ Pain Reliever Tabs ▪ Panasal ▪ Pentasa ▪ Pepto-Bismol ▪ Percodan products ▪ Phenaphen/Codeine #3 ▪ Pink Bismuth ▪ Propoxyphene ▪ Compound products ▪ Robaxisal Rowasa ▪ Roxeprin Saleto products ▪ Salflex ▪ Salicylate products ▪ Salsalate ▪ Salsitab ▪ Scot-Tussin Original ▪ 5-Action Sine-off ▪ Sinutab ▪ Sodium Salicylate ▪ SodoI Compound ▪ Soma Compound ▪ St. Joseph Aspirin ▪ Sulfasalazine ▪ Supac ▪ Suprax ▪ Synalgos-DC ▪ Talwin ▪ Triaminicin ▪ Tricosal ▪ Trilisate ▪ Tussanil DH ▪ Tussirex products ▪ Ursinus-Inlay ▪ Vanquish ▪ Wesprin ▪ Willow Bark products ▪ Zorprin

Medications to Avoid Before and After Surgery

<u>Ibuprofen</u> Medications to Avoid			
<ul style="list-style-type: none"> ▪ Actron ▪ Acular (ophthalmic) ▪ Advil products ▪ Aleve ▪ Anaprox products ▪ Ansaid ▪ Cataflam ▪ Clinoril ▪ Daypro ▪ Diclofenac ▪ Dimetapp Sinus ▪ Dristan Sinus ▪ Etodolac ▪ Feldene ▪ Fenoprofen ▪ Flurbiprofen ▪ Genpril ▪ Haltran 	<ul style="list-style-type: none"> ▪ Ibuprin ▪ Ibuprofen ▪ Ibuprohm ▪ Indochron E-R ▪ Indocin products ▪ Indomethacin products ▪ Ketoprofen ▪ Ketorolac ▪ Lodine ▪ Meclofenamate ▪ Meclomen ▪ Mefenamic Acid ▪ Menadol ▪ Midol products ▪ Motrin products ▪ Nabumetone ▪ Nalfon products ▪ Naprelan 	<ul style="list-style-type: none"> ▪ Naprox X ▪ Naproxen ▪ Nuprin ▪ Ocufen (ophthalmic) ▪ Orudis products ▪ Oruvail ▪ Oxaprozin ▪ Piroxicam ▪ Ponstel ▪ Profenal ▪ Relafen ▪ Rhinocaps ▪ Sine-Aid products ▪ Sulindac ▪ Suprofen ▪ Tolectin products ▪ Tolmetin ▪ Toradol 	<ul style="list-style-type: none"> ▪ Naprox X ▪ Naproxen ▪ Nuprin ▪ Ocufen (ophthalmic) ▪ Orudis products ▪ Oruvail ▪ Oxaprozin ▪ Piroxicam ▪ Ponstel ▪ Profenal ▪ Relafen ▪ Rhinocaps ▪ Sine-Aid products ▪ Sulindac ▪ Suprofen ▪ Tolectin products ▪ Tolmetin ▪ Toradol

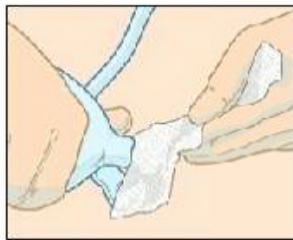
<u>Other</u> Medications to Avoid			
<ul style="list-style-type: none"> ▪ 4-Way w/ Codeine ▪ A.C.A. ▪ A-A Compound ▪ Accutrim ▪ Actifed ▪ Anexsia ▪ Anisindione ▪ Anturane ▪ Arthritis Bufferin ▪ BC Tablets ▪ Childrens Advil ▪ Clinoril C ▪ Contac ▪ Coumadin ▪ Dalteparin injection 	<ul style="list-style-type: none"> ▪ Dicumerol ▪ Dipyridamole ▪ Doxycycline ▪ Emagrin ▪ Enoxaparin injection ▪ Naprosyn products ▪ Flagyl ▪ Fragmin injection ▪ Furadantin ▪ Garlic ▪ Heparin ▪ Hydrocortisone ▪ Isollyl ▪ Lovenox injection ▪ Macrofantin 	<ul style="list-style-type: none"> ▪ Mellaril ▪ Miradon ▪ Opasal ▪ Pan-PAC ▪ Pentoxifylline ▪ Persantine ▪ Phenylpropanolamine ▪ Prednisone ▪ Protamine ▪ Pyroxate ▪ Ru-Tuss ▪ Salatin ▪ Sinex ▪ Sofarin ▪ Soltice 	<ul style="list-style-type: none"> ▪ Sparine ▪ Stelazine ▪ Sulfinpyrazone ▪ Tenuate ▪ Tenuate ▪ Dospan ▪ Thorazine ▪ Ticlid ▪ Ticlopidine ▪ Trental ▪ Ursinus ▪ Vibramycin ▪ Vitamin E ▪ Warfarin

<u>Tricyclic Antidepressant</u> Medications to Avoid			<u>Herbal</u> Medications to Avoid
<ul style="list-style-type: none"> ▪ Adapin ▪ Amitriptyline ▪ Amoxapine ▪ Anafranil ▪ Asendin ▪ Aventyl ▪ Clomipramine ▪ Desipramine ▪ Doxepin ▪ Elavil 	<ul style="list-style-type: none"> ▪ Endep ▪ Etrafon products ▪ Imipramine ▪ Janimine ▪ Limbitrol products ▪ Ludiomil ▪ Maprotiline ▪ Norpramin ▪ Nortriptyline ▪ Pamelor 	<ul style="list-style-type: none"> ▪ Pertofrane ▪ Protriptyline ▪ Sinequan ▪ Surmontil ▪ Tofranil ▪ Triavil ▪ Trimipramine ▪ Vivactil 	<ul style="list-style-type: none"> ▪ Echinacea ▪ Ginkgo Biloba ▪ Ginseng ▪ St. John's Wort



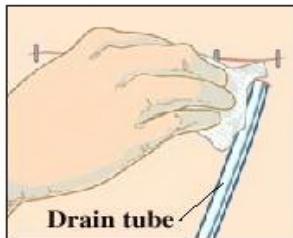
Step 1. Empty the bulb

- Wash your hands and put on a new pair of disposable gloves.
- Point the top of the bulb away from you and remove the stopper.
- Turn the bulb upside down over a measuring cup. Squeeze the fluid into the cup. Make sure the bulb is totally empty.
- Put the cup to one side. You can record the volume of liquid in the cup after you clean and reconnect the bulb in step 2.



Step 2. Clean and reconnect the bulb

- Clean the top of the bulb with clean gauze or a paper towel, if needed.
- Squeeze the bulb tight, and put the stopper back on the top.
- Record the amount of fluid in the cup. Then, empty the cup as directed.



Step 3. Clean the site

- Remove your disposable gloves and wash your hands before cleaning the site.
- Put on a new pair of disposable gloves.
- Wet a sterile cotton swab or 4" x 4" gauze pad with sterile saline or soap and water.
- Gently clean the skin around the drain. Always wipe away from the incision.
- Apply an antibacterial ointment if directed.