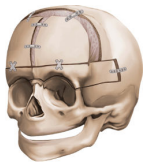
POST-OPERATIVE CARE

Fronto-Orbital Advancement

Home care instructions after forehead and brow advancement



Please note: These instructions are specific to patients of Northeast Facial and Oral Surgery Specialists, LLC. Every patient's post-operative care is unique. You may be given specific instructions by your surgeon that differ from what appears on this sheet. If so, follow your surgeon's instructions. This document should be used as a guide only and does not replace the medical advice of your treating provider.

SWELLING PEAKS	EYES REOPEN	NO ROUGH PLAY	FIRST FOLLOW-UP
2–3 days	About day 3–5	6 weeks	2–3 weeks

01 What to expect after surgery

- **Most children stay in the hospital three to five days.** The first night is often in intensive care so breathing, swelling, and comfort can be watched closely.
- **A drain and a head dressing are commonly used.** Both are usually removed before you go home.
- **The forehead and brow have been moved forward.** Small plates and screws hold the new position. Many are the dissolving kind and do not need to be removed.
- **You may feel small ridges or bumps under the scalp.** These are the edges of bone and the fixation, and they smooth out as your child grows. Some irregularity early on is expected.
- **Your child may be tired, fussy, and off routine.** Sleep and mood can stay unsettled for several weeks.

02 Swelling & the eyes

- **Expect dramatic swelling of the forehead and around the eyes.** Because the brow and eye sockets were moved, this is the most swollen area. Swelling builds over the first two to three days before it improves.
- **Your child's eyes will likely swell shut.** This usually happens on day one or two. It is expected and is not a sign that something is wrong. The eyes generally reopen around day three to five, and at least one eye should be open before discharge.
- **Reassure your child while the eyes are closed.** Talk, hold, and describe what is happening — not being able to see is frightening for a small child even though it is temporary.
- **Bruising around the eyes is expected** and generally clears over about two weeks.
- **Keep the head raised above the heart while sleeping,** and use cool compresses on the cheeks and forehead if your team advises. Swelling is often worse first thing in the morning.
- **Call us if the eyes swell shut a second time** after you are home. Swelling that returns — especially a week or more after surgery — needs to be checked.

03 Eye comfort & care

- **The eyes may not close fully at first.** Swelling and the new brow position can leave them slightly exposed. Use any prescribed drops or ointment exactly as directed.
- **Expect watering, redness, and crusting of the lids.** Wipe gently outward with a clean damp cloth. Do not scrub or pry the lids open.
- **Call us about eye changes.** Report any drainage that looks like pus, an eye that is painful to touch, or — once your child can see again — any sign that vision seems different.

04 Incision & wound care

- **Begin gentle cleaning as directed,** usually a couple of days after surgery. Use a damp washcloth with mild soap and water along the incision.
- **Do not let scabs build up.** Gently lift crusting away with the washcloth. A small amount of bleeding after a scab comes off is normal.
- **Keep the suture line clean and lightly greasy.** Apply antibiotic ointment for about the first week, then plain petroleum jelly, or follow what your surgeon recommends.
- **Scalp stitches are usually dissolvable.** They do not need to be removed. The incision is placed within the hairline and will be hidden as hair grows back.
- **Bathe without submerging the head** until your surgeon says it is fine. No swimming or soaking while the incision is healing.

05 Feeding, fluids & bowels

- **Drinking matters more than eating at first.** It is common to eat less for a day or two, especially while the eyes are swollen shut. Appetite usually returns once they reopen.
- **Keep track of intake and wet diapers.** A clear drop in either can mean dehydration — call us or your pediatrician if you are worried.
- **Watch for constipation.** Bowel habits should return to normal within about a week. Prune juice or an over-the-counter remedy may help — call us if it persists.

06 Comfort & medicines

- **Use acetaminophen (Tylenol) or ibuprofen** as directed by your surgeon. Most children need very little after the first day or two. Follow the dosing from your provider exactly — do not give more, or more often, than directed.
- **Fussiness or poor drinking may mean discomfort.** Try a scheduled dose and see whether your child settles.
- **Finish the full course of antibiotic** if one was prescribed, even once your child seems well.

07 Fever & signs of infection

- **A fever in the first days is normal.** Almost all children run a temperature after a big operation as the body heals. It should settle within about a week.
- **Infection is uncommon, and usually appears later.** When it happens it is typically about 10 to 14 days after surgery rather than right away.
- **Signs that need a call:** eyes swelling shut a second time, spreading redness or swelling around the incision, milky or foul-smelling drainage, or a fever that persists beyond the first week.

08 Activity, safety & follow-up

- **No rough play for about six weeks.** Keep older siblings from roughhousing, and avoid climbing, bouncing, and anything with a fall risk while the bone heals.
- **An occasional minor bump is not a disaster.** Everyday small knocks are not expected to harm the repair — but call us about any significant fall or blow to the head.
- **No helmet is needed after this operation.** The new forehead position is held by the plates and screws placed during surgery.
- **Returning to daycare takes about four to six weeks.** Your surgeon will tell you when.
- **Your follow-up visit is usually 2–3 weeks after going home.** Ongoing visits track head shape and growth, and may include neurosurgery, ophthalmology, and developmental follow-up as your child grows.

Additional instructions

Notes from your surgeon

⚠ When to call our office

- Fever over 101.5°F (38.6°C), or any fever lasting beyond about a week
- Eyes swelling shut a second time after you are home
- Spreading redness or swelling, or milky or foul-smelling drainage at the incision
- Clear fluid leaking from the incision, or a soft swelling that keeps growing
- Pus-like drainage from an eye, or an eye that is painful to touch
- Taking much less by mouth, fewer wet diapers, or repeated vomiting
- A significant fall or blow to the head

Call our office at **973-360-1100**.

+ Call 911 for an emergency

Call 911 or go to the nearest emergency room immediately if your child has any of the following:

- Trouble breathing, gasping, or noisy or labored breathing
- Stops breathing, or lips or face turn blue or very pale
- Choking, or is unable to swallow
- Heavy bleeding that will not stop
- Unresponsive, difficult to wake, or unusually limp
- A seizure
- Swelling of the face, tongue, or throat, or hives after a medicine (allergic reaction)
- Severe dehydration — no wet diapers, no tears, or extreme drowsiness
- A high fever with a stiff neck, severe drowsiness, or a rash that does not fade when pressed

Do not wait to call the office in a life-threatening emergency.