

PREOPERATIVE INFORMATION

Congratulations on making it this far in your decision-making process to have eyelid surgery!

To help you make a more informed decision, Dr. Hilinski has put together the detailed information here for your review. Please read through this in its entirety as these topics can and will greatly impact your surgical experience, recovery, and results.

If you have any specific questions or concerns, please contact our office staff to get these clarified well in advance of your surgery.

PREOPERATIVE APPOINTMENT

Once you have scheduled a surgical date, a preoperative appointment will be scheduled.

We prefer to have you come into the office to see Dr. Hilinski in person for this visit. However, we understand that many of our patients live out of state and out of the country, therefore, a virtual preoperative appointment may be more feasible.

During the preoperative appointment several important issues will be reviewed and finalized in preparation for your actual surgery. This includes an open discussion with Dr. Hilinski where you will have an opportunity to have your remaining questions answered.

PREOPERATIVE MEDICAL CLEARANCE

If you have any active medical issues that put you at higher risk of undergoing surgery, Dr. Hilinski will require you to be seen by your primary medical doctor and/or a specialist to get 'medical clearance' to proceed with surgery. Medical clearance is, in essence, your other doctors confirming that your overall health is sufficiently stable to undergo surgery under general anesthesia.

The onus for arranging and obtaining medical clearance is the responsibility of the patient – not our office. *As such, make sure you have satisfied this requirement prior to your preoperative appointment with Dr. Hilinski.*

In many cases, medical clearance will be predicated on you getting certain blood tests and/or other studies, such as an EKG or chest x-ray. Since these often need to be scheduled in advance, make sure you give yourself plenty of time to get them done.

Failure to get medical clearance in sufficient time may force us to cancel your surgery. So, plan accordingly.

ESTABLISHING REALISTIC EXPECTATIONS

Before you make the final decision to have surgery, it is imperative that you establish realistic expectations regarding the surgical outcome.

The realistic goal of cosmetic surgery is aesthetic improvement in appearance. Toward this end, Dr.

Hilinski will always strive to attain the best possible cosmetic outcome for you.

But it is vital for you to know and accept the fact that perfect results will never be achieved. There is no such thing as a flawless result. You will always have imperfections, asymmetries (differences between the right to left), unevenness and irregularities even after meticulous, well-performed plastic surgery.

The bottom line is there is no warranty when it comes to plastic surgery results. In other words, there is no money back guarantee if you are not happy or satisfied with your aesthetic appearance.

If additional surgery is requested to achieve a desired change and/or result, there may be additional surgeon fees, operating room charges and/or anesthesia fees that apply.

OTHER RISKS

General

As with nearly all other surgical procedures, there are risks of infection, bleeding, bruising, tissue discoloration, over correction, under correction, functional problems, nerve issues, damage to adjacent structures, and the possibility that future and revision procedures may be needed to achieve improved results.

Unforeseen Conditions

On rare occasion, unforeseen conditions are encountered during a procedure. If this occurs, Dr. Hilinski may need to perform other procedures, which he may deem necessary or desirable to correct any unforeseen condition encountered during surgery.

Allergy Reactions

Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape and/or sutures used during or after surgery. Such problems are unusual and are mild and easily treated in most instances. In extremely rare circumstances, allergic reactions can be severe and require aggressive treatment or even hospitalization.

If you cannot accept all the aforementioned, please do not proceed with having surgery.

AMBULATORY SURGERY CENTER LOCATION

Dr. Hilinski performs surgeries at his own fully accredited ambulatory surgery center, which is located at the same address as his office. The facility, The Hilinski Ambulatory Surgery Center, is owned and operated by Dr. Hilinski.

The Hilinski Ambulatory Surgery Center is currently accredited by the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF). More specifically, the center has earned Medicare-deemed status through AAAASF, which means it has the highest accreditation you can have as an outpatient surgical facility.

Record keeping and billing for the Hilinski Ambulatory Surgery Center are separate from those related to Dr. Hilinski's surgical practice. As a result, be prepared to fill out additional forms and sign different documents on the day of your surgery. These are records required by the surgery center. Billing for the ambulatory surgery center is also distinct. This would apply to anyone using health insurance to provide coverage for surgical services being rendered.

CASES INVOLVING INSURANCE BILLING

In select cases, Dr. Hilinski will take a patient's PPO health plan for coverage of reconstructive surgery. It is important that you understand the distinction between insurance-based reconstructive work and elective cosmetic work.

Any financial responsibility for insurance-based work is unrelated to any payments made for cosmetic surgery. In other words, any payments you make for aesthetic surgery do not apply to your insurance billing. This includes, but is not limited to, office copays, deductibles and out of pocket maximums. All of these are separate and unrelated to cosmetic fees.

This distinction in billing and financial responsibility applies to professional fees billed out by Dr. Hilinski, professional fees billed out by the anesthesiology provider and facility fees billed out by the surgery center.

Ultimately, it is the patient's responsibility to fully understand their own health insurance coverage.

FINANCING YOUR SURGERY

If you are financing your surgery, please do not request to reserve a surgery date unless you are certain you want to have surgery.

In the case of financing, when you ask us to reserve a surgery date, the entire surgical fee will be processed through your financing company.

If you later decide to cancel your surgery (even with more than a 2-week notice), we will attempt to refund/reverse the transaction; however, there may be transaction fees, which cannot be refunded to you.

If you cancel within 2 weeks (14 days) of your surgery date, our cancellation policy and penalties will apply.

CANCELLATION POLICY

When you ask our office to schedule surgery for you, we must do several things (long before the day of your surgery), including, but not limited to:

- Reserve the operating room.
- Secure the necessary professional staff (nurses and surgical technicians) who will be needed.
- Arrange for anesthesia coverage for your procedure. The anesthesiologist is effectively giving up other work to be available for your surgery.
- Order and pay for any surgical supplies and/or implants needed for your surgery.
- Prepare the required equipment and sterilize the necessary instruments.
- We must turn down every other patient who may also want surgery on the day and time we have personally reserved for you.
- We also pay the office staff to ensure all the above is done for you, which can take a significant effort in many cases. At times, the office staff goes to great measures to accommodate patients and their desired surgical dates, under the expectation that

patients will uphold their requests.

Because of these financial and time commitments we must take, we ask that you be definite about your desire for surgery and be certain that you have the funds available before asking us to get on our schedule.

The closer to your surgical date that you cancel, the higher the fee will be. Keep in mind these times below are NOT working days – they are calendar days.

- Cancellation within 2 weeks: you will lose your 20% deposit.
- Cancellation within 1 week: you will lose your 20% deposit plus \$2000.
- Cancellation within 48 hours: you will lose 50% of the total charges of the procedure.

If you are rescheduling, you will be required to pay a *new* 20% deposit. Your initial deposit does not apply to rescheduled surgery dates.

If you fail to follow our instructions in preparation for surgery and this is discovered on or near the scheduled date, Dr. Hilinski reserves the right to cancel your procedure and the above cancellation penalties will apply, including the additional rebooking deposit for a future date. Examples of this are patients who are told to stop smoking yet continue to do so and arrive at the center with obvious scents of smoke.

If you take any blood thinning medications and/or supplements within 2 weeks of surgery – which will contribute to significant surgical and postoperative complications, this will prevent Dr. Hilinski from performing your procedure in a safe manner. In this situation, your surgery will be cancelled, and the above penalties will apply.

RESCHEDULING YOUR SURGERY

If you request us to change your surgery date, it creates an immense amount of work and challenge for our staff.

We understand there are circumstances that do arise that are out of your control. However, such issues still leave our office with a logistical predicament that needs to be addressed.

Please be respectful of the fact that we cannot guarantee a certain time frame in terms of rescheduling your surgery. Dr. Hilinski tends to have a long surgical wait time and you may find yourself waiting a significant period before getting back on our schedule. We will do our best to accommodate your new requested time, but, again, there is no guarantee this will be in a timely manner.

RESTRICTED MEDICATIONS

Any surgery carries a risk of bleeding during or after the procedure. The risk of bleeding can be reduced by avoiding medication that can affect your blood clotting capability. **Please refrain from using any medication on the restricted list for at least fourteen (14) days prior to and seven (7) days after your surgery.** Although this is not a guarantee, avoidance of the medications can significantly reduce chances of unwanted complications. **Tylenol is permissible within this time frame.**

Advil	Damason P	Nilain
Aleve	Darvon N with ASA	Norgesic
Alka Seltzer	Darvon compound	Novhistine with APC
Alka Seltzer Plus	Darvon compound 65	Pabirin
Anacin	Dolcin	PAC
Anacin Maximum	Dolene compound 65	Panodynes analgesic
Anexsia with codeine	Dolor	Percodan
Anodynos DHC	Duradyne	Percodan demi
APC	Duragesic	Persistin
Arthritis Pain formula	Ecotrin	Quiet world tablets
Arthritis Bufferin	Empirin with codeine	Relafen
Aspirin with codeine	Empirin compound	Robaxial
Aspirin	Equagesic	Stanback tablets
Aspirin enseals	Equagesic M	Stanco
Ascriptin	Excedrin	St. Joseph Aspirin
Ascriptin A/D	Excedrin PM	Super Anahist
Aspergum	Fizri powder	Synalogos DC
Asphal G	Fiorinal	Synalogos
B-A	Fiorinal with codeine	Talwin compound
Bayer	Fish oil	Traminicin
Bayer decongestant	4-way cold tablets	Trigesic
Bayer timed release	Gemnisyn	Vanquish
BC tablets	Ibuprofen	Viromed
Bufferin	Indocin	Zactirin
Buff-A compound #3	Leech Extract	Zactirin compound
CAMA	Measurin	
Capron capsules	Meprogesic	
COPE	Midol	
Cogespirin	Momentum	
Coricidin D	Motrin	

Homeopathic Medications and Supplements

Refrain from ALL homeopathic medications and supplements, which includes dietary and/or workout supplements. This includes, but is not limited to the following:

Aloe Vera caps	5 PC-SPEC	Licorice root
Bilberry	Garlic	St. John's Wart
Cayenne	Ginger	Yohimbe
Echinacea	Gingko Biloba	Vitamin E

LEADING UP TO SURGERY

Smoking

You must refrain from smoking for at least four (4) weeks prior to surgery and two (2) weeks after surgery. You should also avoid being in the same room with people who smoke for the same period. Failure to do so will contribute to a significant risk of surgical complications, including very poor wound healing.

Alcohol

You must refrain from drinking alcohol within two (2) weeks of surgery.

Sun Exposure

You should avoid sun exposure to your surgical site within the two (2) weeks prior to surgery.

Arnica

Start taking Arnica five (5) days prior to surgery. Arnica is a supplement that Dr. Hilinski recommends for his patients to help reduce the incidence of postoperative bruising. Arnica will typically be provided to you at your preoperative appointment. If you are not having an in-person preoperative appointment, you can purchase a supply of Arnica at your local pharmacy.

THE NIGHT BEFORE AND DAY OF SURGERY

Topical Skin Products

Please remove all make-up, face creams, and moisturizers the night before your surgery and do not apply any of these on the day of surgery.

Nail Polish

Nail polish must be removed to allow for proper monitoring of your oxygen levels if you are undergoing intravenous or general anesthesia. Acrylic nails must be removed from at least 2 fingers (1 on each hand) to allow for proper oxygen monitoring.

Piercings

You should remove all piercings from your body – including those outside of the head and neck region. If you fail to do so and we need to remove a piercing on your behalf, we will not take responsibility for damaging the hardware in the process of doing so.

Stop Eating and Drinking

You must avoid eating and drinking (including water) after midnight the night before your scheduled surgery date if you are undergoing intravenous or general anesthesia. Failure to do so can put you at risk of significant complications when being put under anesthesia.

If your procedure is being performed with local anesthesia only, you can have a light meal before your procedure, such as toast and orange juice or coffee.

Clothing

In preparation for the morning of your surgery, please have some comfortable, loose-fitting clothing. We prefer you come dressed in a button-down shirt as this minimizes concerns of you pulling a shirt over the face and neck region once bandages have been placed.

Valuables

Please do not bring any unnecessary valuables with you on the day of surgery as we cannot be held responsible for their loss and/or damage.

Transportation

You must arrange for proper and timely transportation to and from the surgery center.

Typically, you will need to arrive one (1) hour prior to your scheduled surgery time but confirm this time with our staff the day before your planned surgical date. In some cases, you may not need to arrive that early.

If you are having oral sedation (such as a Valium), intravenous or general anesthesia your ride home must be with a responsible adult. You CANNOT take a cab, Uber, Lyft, or equivalent after having intravenous or general anesthesia.

If you are having intravenous or general anesthesia, be prepared to have a responsible adult remain with you for at least the first 24 hours after surgery to assist with your needs. Our staff will ask you for their name and contact information upon arrival to the facility. If you don't have a trusted individual to stay with you, we can assist with hiring a professional caretaker – but this must be arranged in advance, and this will be at your own expense.

POSTOPERATIVE MEDICATIONS

Pain Medications

Dr. Hilinski will typically provide you with a prescription pain medication to be taken after surgery. Make sure you provide our office with accurate pharmacy information so that we can send this prescription in advance of your surgical date. You should have the pain medication in hand by the day of surgery so that you do not have to worry about getting the medication right after surgery.

Common narcotic prescriptions include Norco (Vicodin), Percocet and Tramadol. If you have any allergies or adverse reactions to any medications, please inform our office staff.

Begin taking the pain medication as directed once you get settled after the surgery. Of note, it may take several doses of the pain medication (over 4-8 hours) before your blood levels get up to the point where you feel the full effects. In a great majority of cases, patients will use the prescription narcotics for the first 2-3 days of recovery. Thereafter, you can try to switch to using just over-the-counter Tylenol for pain relief. *Please remember that you still cannot use any of restricted medications during the first week of recovery.*

Of note, the amount of narcotic medication prescribed to you should be ample in 99.9% of cases – meaning Dr. Hilinski will likely not provide you with a refill of the narcotic.

Benadryl

You may take some Benadryl during the first 1-2 days after surgery to help reduce your pain medication requirement since Benadryl can act as a sedative in this manner. Benadryl is over the counter and may be purchased at your local pharmacy. Take 1-2 tablets of these every eight (8) hours as needed.

Oral Antibiotics

Dr. Hilinski does not routinely prescribe oral antibiotics for cosmetic eyelid surgery. If he does so for your particular case, these are to be started on the day of your surgery and taken as directed until gone.

Topical Antibiotics

Dr. Hilinski may prescribe you a topical antibiotic to apply to the eyelid region. If so, this will be discussed during your preoperative appointment.

Arnica

Continue taking Arnica for upwards of one (1) week after surgery.

POST-OPERATIVE APPOINTMENT

Typically, you will be scheduled to visit with Dr. Hilinski about 5-6 days out from surgery for your first post-operative appointment.

EYELID TAPE

If you are having upper eyelid surgery, there may be pieces of tape placed around the eyes to help stabilize the sutures (stitches) used during the procedure.

If you are having lower eyelid surgery, there may be pieces of tape placed to stabilize the lower eyelid position.

Do NOT attempt to remove these pieces of tape.

WOUND CARE

Necessary Supplies

There are several over-the-counter supplies you should obtain prior to your surgical date. Some of these can be purchased at your local pharmacy and some of them will be supplied by the office. This includes:

- Quality-tips – more commonly known as Q-tips
- A mild anti-bacterial soap (such as Dial)
- A tube of prescription ophthalmic antibiotic ointment (such as Erythromycin ophthalmic)
- Corn syrup (such as Karo syrup) and sealed sandwich bags
- ½ inch wide hypoallergenic paper tape
- Artificial tears for eyes or equivalent ophthalmic eye drops (for example, Refresh Eye Drops over the counter)

UPPER EYELID INCISION CLEANING

You should begin cleaning the upper eyelid incision on the evening of your surgery.

Cleaning the surgical site is critical to achieving an ideal result. If you fail to do this properly, it is your own fault. The following steps should be performed 2 times per day up until 5-6 days out from surgery.

1. First dip a Q-tip into the anti-bacterial soap solution.
2. Use the saturated Q-tip to gently clean the incision to remove any debris, including dried blood that may have accumulated around the sutures (stitches). The end goal is to see the sutures in the skin without surrounding debris. But do not rub or scrub the incision line in the process of cleaning it with the Q-tip. Use a gentle rolling motion as you clean. Be careful to avoid getting any debris or residue on your actual eye.
3. Dry the area with a new, clean Q-tip. This is an important step that needs to be done thoroughly before the next step.
4. Apply a thin layer of prescription ophthalmic antibiotic ointment to the incision line using a Q-tip and the same rolling motion. You only need to apply a thin layer of this.
5. Repeat the steps above in 12 hours.

If the tape holding the sutures in place begins to peel off, you may gently remove them with a

tweezer and replace them with new ½ hypoallergenic paper tape (in the same manner as they were originally placed). The purpose of taping the sutures is to keep them away from your eye.

EXTERNAL LOWER EYELID INCISION CLEANING

If you have an external lower eyelid incision, you should begin cleaning it on the evening of your surgery. An external lower eyelid incision is a cut in the skin on the surface of the eyelid just below the lower lash line. If Dr. Hilinski did *not* make this incision in your case, it means you have an internal lower eyelid incision (see below).

Cleaning the surgical site is critical to achieving an ideal result. If you fail to do this properly, it is your own fault. The following steps should be performed 2 times per day up until 5-6 days out from surgery.

1. First dip a Q-tip into the anti-bacterial soap solution.
2. Use the saturated Q-tip to gently clean the incision to remove any debris, including dried blood that may have accumulated around the sutures (stitches). The end goal is to see the sutures in the skin without surrounding debris. But do not rub or scrub the incision line in the process of cleaning it with the Q-tip. Use a gentle rolling motion as you clean. Be careful to avoid getting any debris or residue on your actual eye.
3. Dry the area with a new, clean Q-tip. This is an important step that needs to be done thoroughly before the next step.
4. Apply a thin layer of prescription ophthalmic antibiotic ointment to the incision line using a Q-tip and the same rolling motion. You only need to apply a thin layer of this.
5. Repeat the steps above in 12 hours.

If they tape holding the sutures in place begins to peel off, you may gently remove them with a tweezer and replace them with new ½ hypoallergenic paper tape (in the same manner as they were originally placed). The purpose of taping the sutures is to keep them away from your eye.

INTERNAL LOWER EYELID INCISION WOUND CARE

If you have an internal lower eyelid incision, you should begin wound care inside of the lower eyelid on the evening of your surgery. An internal lower eyelid incision is a cut made on the inner lining of the lower eyelid where you cannot see it. But it still needs some care to heal in an ideal manner.

Cleaning the surgical site is critical to achieving an ideal result. If you fail to do this properly, it is your own fault. The following steps should be performed up until 5-6 days out from surgery.

1. Anytime you are just resting and especially before you go to sleep, apply the antibiotic eye ointment in your eyes. This will cause your vision to be hazy, which is normal with the ointment.
2. Apply the ointment by looking upward with your eyes and drawing a thin line along the inside of your lower eyelid as you squeeze the tube. Be careful to avoid scratching your eye with the tip of the tube.
3. Close your eyes to help spread the ointment around.
4. In between application of the ointment, you should use the artificial tears to keep the eye moisturized and/or to help flush away the ointment if you need to see more clearly. Do so by placing 2 drops in each eye every 1-2 hours. The more of these drops you use, the better you will feel.

OTHER POSTOPERATIVE CONSIDERATIONS

Cold Compresses

Use of cold compresses after eyelid surgery is very important for two reasons. First, cold compresses really help to reduce swelling and bruising. Second, cold compresses are a great way to help reduce pain. You should be using cold compresses starting immediately after surgery and continuing for 3-4 days. If you can tolerate continuous application of the cold compress that would be great. If not, try and do it 20 minutes on and 20 minutes off – then repeat.

Dr. Hilinski recommends use of the homemade corn syrup (such as Karo syrup) cold compress. In preparation for your surgery, fill four (4) sandwich bags with corn syrup and make sure they are completely sealed. Place the bags in the freezer before your day of surgery. Use one bag on each eye starting the day of your surgery. You will see the corn syrup bags form cold, gel packs that conform and shape to the eyelid region very nicely. Make sure to always have two bags in the freezer ready to switch out as the used ones become warm. As an alternative to the corn syrup cold compress, some patients will use a bag of frozen peas for the same purpose.

Don't be surprised if your eyelids get a bit swollen and bruised even with use of the cold compresses. This is especially true during the first 72 hours of healing. It is also not unusual to see that one side may be more swollen than the other. However, if one side suddenly swells up significantly more than the other, contact our office to let us know.

Contacts, Eyeglasses and Sunglasses

You should avoid wearing contact lenses for at least 2-3 weeks after surgery.

Eyeglasses and sunglasses are fine to begin using right after surgery as long as they are not putting pressure on the surgical site. The latter is more relevant to those patients undergoing lower eyelid surgery.

Showering

You may start to shower 48 hours after surgery but avoid letting your eyes in the direct path of the water stream.

You will likely see some residue and discoloration from surgical markings and skin prep solution. The goal is not to remove these by scrubbing them off during that first shower. Rather, you should allow the soap and lather to drizzle onto the forehead and eyelid region, so the skin gets passively cleaned over the first few days of showering. You can very lightly sweep over the surface of the skin with the pads of your finger and soapy water. But do not rub the eyelids in the process.

Sleeping

Starting on the day of surgery, you should sleep with the head elevated 20-30 degrees to help reduce swelling. In essence, you should sleep with your head above your heart level. You do not have to sleep bolt upright. Most patients will simply use several pillows to keep their head, neck and chest propped up at an angle.

You must also take precautions to avoid rolling over on the eyes while sleeping. You should continue this practice of not rolling over for upwards of 4-6 weeks after surgery. To help toward this end, many patients will use a travel pillow to help prevent them from rolling over on their face.

Diet

You can resume a normal diet on the day of your surgery.

Fever

It is not unusual for patients to feel like they have a slight elevation in temperature (99-100°) during the first few days of recovery. In some cases, inadequate expansion of your lungs may be a contributing factor. Deep breathing 10 x per hour may also help.

Brushing Your Teeth

You can start to brush your teeth on the day of the surgery.

Masks

We only recommend use of a mask that does not put pressure on the surgical area as this may cause unwanted damage.

Skin Care

Do not resume your usual skin care regimen until you clarify these products with Dr. Hilinski.

Makeup After Surgery

You may resume use of makeup starting seven (7) days after surgery if you are very careful with application and removal. In doing so you must refrain from mechanically traumatizing the surgical site in any fashion as this can lead to unwanted complications.

Scar Aids

In most cases, Dr. Hilinski recommends a topical wound aid be used once the sutures have been removed and/or have dissolved away. Usually this is around day 6-7 after surgery. These are products that help to optimize wound healing and improve the appearance of scars. We highly recommend Strataderm. Alternatively, you can get topical silicone gels at your local pharmacy. These products are used as directed on the packaging for upwards of 4-6 months after surgery.

Haircuts

There are no restrictions to resuming haircuts.

Sun Precautions

You should avoid direct sun exposure on the eyelid scars for upwards of twelve (12) months after surgery. Doing so will help minimize chances of abnormal skin pigmentation. It is best to use a sun block that contains aluminum oxide or zinc oxide crystals to help reflect sun if you are out and about. Be careful with application of the sun block to avoid getting it in your eyes. A wide brimmed hat is also helpful in shading the ears when outdoors.

Exercise

You should avoid vigorous exercise and strenuous activity for the first ten (10) days of recovery. This includes avoidance of body positions where your head is left hanging down. Very light exercise in the form of a casual walk is permissible 5-6 days out from surgery barring any complications. But make sure your heart rate and blood pressure are not elevated until 10 days postoperatively. Even then, you may experience a throbbing sensation in the surgical area, which is not unusual.

Avoiding Mechanical Trauma

During the first 4-6 months of the healing process, it is vital that you avoid any mechanical trauma to the eyelids. This includes avoiding rubbing your eyelids.

Dental Visits

There are no restrictions regarding dental visits.

Swimming and Diving

In general, you should avoid swimming for about 2 weeks after surgery. Once resumed you should avoid use of goggles and masks for upwards of six (6) months after surgery.

TIMELINE FOR RECOVERY

Keep in mind that the timeline for recovery from eyelid surgery is upwards of one (1) year. Although many patients feel like they appear socially acceptable in 10-14 days after surgery, there is still quite a bit of biologically healing that needs to take place. It is important that you take this into consideration as you allow your body to go through all the phases of surgical healing.

QUESTIONS AND CONCERNS

If you have any questions or concerns regarding the information contained here, please do not hesitate in contacting our office.