

Patient's Instructions

Postoperative Instructions Forehead Flap Reconstruction

1. After your forehead flap procedure it is normal to have some bleeding from the wound for several days. We expect the bleeding as this shows us the flap does have a blood supply, and without the blood supply the flap would fail. The arterial blood supply is bringing blood supply but the venous outflow has not yet been established and so the blood flows in but has to have a place to go out. Usually it bleeds from the raw edge of the flap between the nose and the forehead where the flap has been wrapped. This can be scary and upsetting, but it is normal and we actually encourage it to happen. In flaps that are not bleeding the blood that goes in can cause the skin to turn purple or black and when this happens there is a change that the flap will fail. If the flap starts to turn a very dark purple or black you should let us know so we can bring you in for an evaluation to ensure the flap is healing well.
2. Some options to help to control excessive bleeding are holding pressure on the bleeding site and applying Afrin directly on the bandage that is between the forehead and the nose
3. Sometimes the forehead wound extends into the hair-bearing skin of the scalp. If this is the case you will have staples where there is hair-bearing tissue. You will clean any dried blood or crusting around the staples or around any of the suture lines with peroxide on a Q-tip. These areas should then be covered with a thick layer of Polysporin or Bacitracin ointment. Polysporin or Bacitracin can be purchased over the counter at any pharmacy. We do not recommend that you use Neosporin as some patients will develop an allergic reaction to it.
4. You will have a row of sutures present on the nose and on the forehead. This suture line should be covered with Polysporin or Bacitracin. You may clean any dried blood or crusting with peroxide on a Q-tip twice daily.
5. Some patients will have to have what we call a duoderm patch sewn into position on the forehead. If you have one of these patches (it will look like the wound is still open) you will cover this with Polysporin or Bacitracin. You do not have to do anything else to this area.
6. If you had cartilage taken from the ear it will be covered with a yellow dressing called a bolster. You will keep this dressing covered/moist with Polysporin or Bacitracin. Do not get this wet in the shower.
7. You should avoid getting any incision site, dressing or wound wet in the shower your physician says this is okay.
8. We will send in prescriptions to your pharmacy for an antibiotic by mouth, and you will take this until gone. Once it is gone you will not need a refill. You may take Tylenol for pain. DO NOT TAKE any aspirin, ibuprofen, or Motrin as these medications can thin the blood and cause you to bleed more at incision site.
9. It is not unusual to develop some swelling around the eyes and cheeks which usually peaks on the 2nd day after surgery. This can be minimized by keeping the head of bed elevated. Sleeping in a recliner for the 1st several days would be ideal if one is available.
10. No bending, stooping, or heavy lifting over 5 pounds, or anything that could get your heart rate significantly elevated until after your follow up appointment.
11. Approximately 4-6 weeks after your first procedure we will schedule a surgery to take down the flap, this is a small procedure typically done under IV sedation. For wound care on this area you will just clean suture line with peroxide and a Q-tip and apply Polysporin or Bacitracin.
12. If you have any questions after your surgery during normal business hours you may call us at 910-295-0216. If after office hours you may call 910-715-1000 and ask for the **Plastic surgeon on call for Pinehurst Surgical Clinic**. If this is a medical emergency please call 911 or go to the nearest emergency room.