



The Facial Skin Cancer Reconstruction

Reconstruction after removal of facial skin cancer redefines and reestablishes the contours of the face and neck line to provide results that last for decades. The secret behind this innovative technique is the placement of incisions along specific tension lines of the face and neck, wide elevation and rotation of surrounding tissue, and meticulous skin closure to allow for restoration of a natural appearance. These sequential steps are the key to recreating normal facial anatomy and near invisible scarring.

The following information will answer the most commonly asked questions regarding what to expect after surgery. It is highly advised that you and your caretaker read this packet **SEVERAL** times **BEFORE** surgery to adequately prepare for the recovery process. Those who follow these instructions faithfully generally have the smoothest post-operative course and proper healing.

Recommended Items to Purchase: Cotton Swabs/Q-tips, Hydrogen Peroxide, Bacitracin Ointment, Gauze—for non-taped incisions only

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After Surgery Patient Care & Cleaning Instructions

1. Leave all tape over incision lines in place until your next post-operative visit. If the tape comes off prior to this appointment or there was no tape placed, clean incisions with hydrogen peroxide on a cotton swab. Then, apply a layer of Bacitracin ointment to the same sutures lines with a new cotton swab. This routine will need to be repeated **4 times** per day for one week. It is NOT necessary to perform these cleanings throughout the night. New cleaning and care instructions will be provided at the one week post-operative visit.
2. Daily showering is recommended with gentle hair washing and delicate cleansing of any non-taped incision lines.
 - If the repaired surgical site involves your hairline, use baby shampoo ONLY for 2 weeks. Do NOT use hydrogen peroxide or Bacitracin ointment in your hair. Blow drying hair is allowed after 2 weeks but due to temporary numbness of the scalp and healing incision lines use the COOL setting only.
 - If there is a wrapped Xeroform nasal dressing in place, avoid wetting it in the shower.
3. Swelling and bruising increase for 2-3 days following surgery. Asymmetric or uneven swelling and bruising (ie, swelling and bruising that is more pronounced on one complete side or specific area of the face) is both common and temporary. Use of cool compresses and head elevation is strongly recommended to help keep swelling to a minimum.
 - If there is a wrapped Xeroform nasal dressing in place, do NOT place cool compresses or any other covering/dressing on the flap or over the nose. It is common to have bloody drainage from around the nose during the healing process if a paramedian forehead flap procedure is performed.
4. Monitor for significant swelling around the surgical site that feels firm or fluid-filled. If there is concern for a seroma or hematoma (ie, fluid or blood-filled collection under the skin), please contact the office immediately at (737) 787 - 8200 to determine whether or not an in-office visit and possible fluid drainage is necessary.



The 30-Day Recovery Guide: What to Expect from Day 0 to Day 30⁺

Dr. Givens strongly believes that patient education is key to a successful surgical recovery. Below is an easy to follow **30-day Facial Skin Cancer Reconstruction Recovery Guide** so that you will know what to expect during the healing period. It is important to understand that the provided timeline represents a general recovery time frame and cannot be guaranteed.

Facial Skin Cancer Reconstruction Recovery: Week 1

Day 0 (Surgery Day). Once surgery is complete, you will be taken to the recovery room where a specialized nursing team will monitor and care for you prior to your departure from the operative facility. You will need a friend or family member (no ride-hailing services or self-driving) to drive you to a home or hotel of your choice that is located within 30-minutes of the operative facility for the first night. You will need a caretaker to be available to you for at least the first 3 days after surgery. It is important to keep your surgical dressing (and drain if required) in place, rest on your back in a recliner or in bed with your head elevated, and monitor for pain and nausea overnight. For those who have either elected or been required to remain in the post-surgery facility overnight, the nursing staff will be your assumed caretaker during your stay. Of note, observation in the overnight facility is determined PRIOR to scheduling surgery.

Day 1. You will come to the office the morning after surgery for a general cleaning and surgical check. Your caretaker must come with you to this appointment to both aid you physically and help you remember what is discussed during the visit. Your surgical dressing will be removed. If a drain was placed, it will be removed in the office as long as your repair site does not appear to have accumulated fluid overnight. All of your suture/staple lines will be cleansed, and a thorough review of your at home cleaning routine will be provided. Fresh tape will be applied to all incision lines and will likely stay in place until your next office visit. In the unlikely event that a fluid collection is observed during this visit, you will need to remain at a residence located within 30-minutes of the office/surgical facility until stated otherwise by Dr. Givens to allow for expedient care and monitoring. You may bathe after your appointment. Daily showering is recommended with gentle hair washing and delicate cleansing of any non-taped incision lines. If the repaired surgical site involves your hairline, use baby shampoo ONLY for 2 weeks. Do NOT use any other hair products. Do NOT use hydrogen peroxide or Bacitracin ointment in your hair. If there is a wrapped Xeroform nasal dressing in place, avoid wetting it in the shower.

Days 2-4. Swelling and bruising will increase on days 2-3, but will usually peak around day 4 before gradually resolving. Most patients describe moderate discomfort, stiffness, and tightness of the face/neck rather than sharp pain. Swelling and bruising also cause temporary numbness and tingling. Your pain medication should be used sparingly and as prescribed by Dr. Givens. In addition, the use of cool compresses, head elevation, and Extra Strength Tylenol relieves this discomfort and tightness best.



Days 5-7. You will come to the office on Day 5 and/or 7 for dressing changes and suture/staple removal depending on which reconstructive procedure was chosen. Most patients “turn the corner” between days 5 and 6, and the majority of patients no longer need prescription pain medication. While you will feel much better after your sutures are removed, you must understand that this is NOT going to be your final result. Pause and read that again. At this point, a large amount of the post-operative swelling and bruising will have subsided. Temporary numbness/tingling, tightness, stiffness, and discomfort may persist but to a lesser degree. This is NORMAL. You will see a significant improvement in the shape of your face over the next few weeks to months. You should also start feeling more comfortable moving about.

Facial Skin Cancer Reconstruction Recovery: Week 2

Days 8-14. You will still have some swelling and bruising around the affected areas and may experience residual but temporary numbness, tingling, and tightness. This is normal after reconstruction and should not cause concern. At the end of the second week post-surgery, many patients feel “like themselves” again and are ready to return to work, school, or other obligations with a lifting restriction of no more than 15-lbs. Leisurely walking is encouraged. Do NOT perform household cleaning or any other activity that elevates your heart rate. If a paramedian forehead flap procedure was performed, you will come to the office for a weekly dressing change and to schedule your 2nd stage procedure. In addition, most patients remain off of work, school, or other obligations until the 2nd stage procedure is completed.

Facial Skin Cancer Reconstruction Recovery: Weeks 3 & 4

Days 15-30. You will begin to see real improvements in your facial contour. However, it will take a MINIMUM of 6-8 weeks for ALL swelling and bruising to resolve and a FULL year for the face to reach its final contour. During your one month office visit, a small steroid injection into thickened regions of the face and neck may be performed at the discretion of Dr. Givens. The steroid injection helps to soften healing tissues. You can now return to all regular activities and exercise without people noticing outward signs of your procedure. Incision sites will have a pinkish-red hue but this should fade with time. If a paramedian forehead flap was performed, your 2nd stage procedure will be completed during Week 3 (ie, non-smoker) or Week 4 (ie, smoker or non-smoker who quit right before the 1st stage procedure).

Facial Skin Cancer Reconstruction Recovery: Day 30 & Beyond

Day 30+. After the one month post-operative visit, you should be back to doing ALL normal activities and enjoying life with your new look. While it can take up to a year for very minor swelling, bruising, tightness, and numbness to resolve, this is typically only noticeable to you. Remaining follow-up visits with Dr. Givens (ie, 3-month, 6-month, 1-year) are to assess your progress. Photographic documentation will be performed at each visit as well. You will see great changes as the swelling continues to go down. If a paramedian forehead flap was performed, please refer back to the beginning of this Recovery Guide (ie, starting at Day 0) after completion of the 2nd stage procedure. Of note, sutures will be removed in 1 week, and a minor 3rd stage procedure is often performed between 6 months and 1 year.



Return to Normal Activity FAQs: Bathing, Beauty Care, Exercise, Work, & Things to Avoid

Bathing

- You may take a shower and wash your hair starting 24-hours after surgery (ie, Day 1 after removal of the surgical dressing).
- Daily showering is recommended with gentle hair washing and cleansing of any non-taped incisions.
- Wetting of your suture and staple lines will occur, but do NOT submerge your healing incision sites.
- If the repaired surgical site involves your hairline, use baby shampoo ONLY for 2 weeks. You may brush your hair with a large-toothed comb. Do NOT use hydrogen peroxide or Bacitracin ointment in your hair. Blow drying hair is allowed after 2 weeks but due to temporary numbness of the scalp and healing incision lines use the COOL setting only.
- If there is a wrapped Xeroform nasal dressing in place, avoid wetting it in the shower.
- You may cleanse your face gently with a mild soap after 1 week.

Makeup, Hair Care, & Salon Maintenance

- Makeup may be applied starting 2 weeks after surgery. If a paramedian forehead flap procedure is performed, makeup may be applied 2 weeks after the 2nd stage procedure is completed.
- If the repaired surgical site involves your hairline, you may have your hair washed at the salon 3 weeks after surgery, but a hand blow-dryer only must be used on the low setting. Avoid hair coloring and use of a wig and/or artificial hair extensions until 3 weeks after surgery. If a paramedian forehead flap procedure is performed, hair maintenance may be done 2 weeks after the 2nd stage procedure.
- Timing of all other beauty maintenance procedures including eyebrow and eyelash treatments, waxing/sugaring, and facial tattooing depends on the location of reconstruction and should be discussed with Dr. Givens prior to scheduling.

Clothing Choices, Glasses, Contacts, & Nasal Dressings

- Wear clothing that fastens in the front rather than clothes that pull over your head to avoid pulling on suture/staple lines for 2 weeks after surgery.
- You may wear glasses and contacts. For eyelid reconstruction, do NOT wear contacts for 2 weeks. For paramedian forehead flap reconstruction, do NOT wear glasses until the 2nd stage procedure is completed.
- If there is a wrapped Xeroform nasal dressing in place, do NOT place cool compress or any other covering/dressing on the flap or the nose. It is common to have bloody drainage from around the nose during the healing process.



Exercise & Other Extracurricular Activities

- During the first week after surgery, you are encouraged to leisurely walk. Do NOT perform strenuous activities such as cardio/aerobics, jogging, swimming, tennis, golf, Pilates, yoga, barre, spin, high intensity interval training, and weight-lifting for 3 FULL weeks.
- You should avoid any activity that increases your heart rate, even bedroom activities (ie, sexual activity of any type) for 3 FULL weeks.
- You may be “up and around the house” but do NOT perform house cleaning, bending, or lifting more than 15-lbs for 3 weeks.

Return to Work

- Most patients take about 1-3 weeks off from work, school, or other obligations depending on the procedure performed. Depending on your individual recovery process and job requirements, you may be able to return sooner or need to wait a bit longer.
- If your job involves heavy lifting (ie, more than 15-lbs) or a significant amount of public contact, you will need to plan on taking a full 3 weeks off.

Things to Avoid

- Avoid excessive facial expressions, emotional states (ie, crying, laughing, yawning, talking), bending, and straining for 2 weeks after surgery.
- Avoid direct application of ice to the face or neck as extremes of temperature can damage the healing tissues and result in an unsatisfactory outcome. Do NOT sleep with any cool compresses on your face or neck.
- Avoid all dental procedures for 3 weeks before AND for 3 weeks after surgery performed on the lips or mouth.
- Avoid use of hot tubs or extremes of heat for 3 weeks after surgery as this can dilate your blood vessels and cause hematoma formation.
- Avoid using any and all medications listed on the “Medications to AVOID Before Surgery” page of the website, which can be found under the Patient Resources tab of the toolbar then the Surgery & Post-Treatment Care drop-down menu.
- Avoid quickly rising from a sitting position. Instead, slowly stand and give yourself a few seconds before walking forward to ensure you do not become light-headed, dizzy, or unexpectedly syncopal.
- Avoid caffeine, tea, and other dehydrating substances. Drink plenty of fluids and electrolytes to stay hydrated.
- Avoid direct sun exposure to any surgical sites for 9 months after surgery. Use sun protection including sun block, wide brimmed hats, and sunglasses.
- Avoid driving or operating heavy machinery while taking narcotic pain medication.
- Do NOT smoke, vape, or use any nicotine-related products (ie, nicotine patches, nicotine gum, chew/dip) as these substances cause significant and detrimental blood vessel constriction. Vessel constriction decreases required blood flow to the healing tissues of the face/neck and may ultimately result in delayed wound healing, unsatisfactory cosmetic outcome, and even skin necrosis.



What to Expect & Consider During Your Recovery

As with any major surgery, facial reconstruction carries the risk of bleeding, infection, pain, skin changes or loss, continued or new functional deficit, continued or new asymmetry of the facial/neck anatomy, fluid collection (ie, hematoma/seroma), temporary or permanent facial nerve injury, paresthesia (ie, numbness), hair thinning or loss, vision changes or loss, corneal abrasion, blood clot formation, cosmetic abnormality, unsatisfactory scarring, and/or the need for additional surgery. The following information outlines what to expect and be aware of during the recovery process after facial reconstruction.

Bruising & Swelling

After the surgical dressing is removed, your face and/or neck may appear swollen and lumpy with variable amounts of bruising or discoloration. Bruising and swelling increase for 2-3 days following surgery and are often asymmetric/uneven (ie, swelling and bruising that is more pronounced on one complete side or specific area of the face). Use of cool compresses, head elevation, leisurely walking, *Arnica montana*, and avoidance of any and all medications listed on the “Medications to AVOID Before Surgery” page of the website will help to decrease bruising, swelling, and inflammation. While the majority subsides within 2 weeks, it will take a MINIMUM of 6-8 weeks for ALL swelling and bruising to resolve and a FULL year for the face and/or neck to reach their final contour.

- **Cool Compresses:** Wash cloths dipped in ice water or cool gel packs can be applied to the face/neck for 15-minutes a few times daily during the first week after surgery to help reduce swelling and discoloration. Do NOT apply direct ice as extremes of temperature can damage the healing tissues and result in an unsatisfactory outcome. Do NOT sleep with cool compresses on your face and neck. If there is a wrapped Xeroform nasal dressing in place, do NOT place cool compress or any other covering/dressing on the flap or over the nose.
- **Head Elevation:** Rest on your back with your head elevated above the level of your heart/chest by sleeping in a recliner or on 2-3 pillows in bed. You will notice that you tend to be more swollen upon waking in the morning and less by the evening. Do NOT sleep on your side or stomach for 3 weeks after surgery.
- **Arnica montana:** This over-the-counter sublingual homeopathic preparation when taken in frequent doses, for a few days before and continuing for a week after surgery, seems to have the ability to diminish post-operative bruising.

Numbness & Hair Thinning

Parts of the face and/or neck will be numb after surgery. This is both a normal and expected part of the recovery process after facial reconstruction. As sensation returns over the next few months, you may experience itching, tingling, stinging, or intermittent sharp pain. There may be transient thinning of the hair in areas adjacent to the suture lines within the hairline or diffusely on the scalp. This is known as

“hair shock”, in which a stressor (ie, surgery) triggers hair loss temporarily. Unfortunately, it is completely unpredictable which patients will incur hair loss. Although the new hair shaft can take 3-6 months to visibly regenerate, rest assured your hair will return.



Pain & Discomfort

Moderate discomfort, stiffness, and tightness are expected, temporary, and very normal experiences during the healing and recovery process after facial reconstruction. While it may take 2-3 weeks for resolution, significant improvement is noticed after 1 week. Prior to surgery you will be provided with a series of prescribed medications that are important to take as instructed as each one serves a specific purpose in the recovery process.

- **Pain Medication:** There is usually only minimal-moderate actual pain following facial reconstruction, which resolves within the first couple of days after surgery. However, you may experience the above described and expected discomfort and tightness, which can take longer to completely resolve. These sensations will often seem worse at night, especially when one becomes quite anxious. Excessive intake of pain medication, particularly in the immediate post-operative period, often results in light-headedness, nausea, and constipation—making recovery more tedious. Thus, a regimen of cool compresses and Tylenol Extra Strength is often more effective. However, if the pain is severe, you may use your provided narcotic pain medication as prescribed by Dr. Givens. Remember to take pain medication after eating to avoid nausea. Do NOT take narcotic medication at the same time as Tylenol ingestion. If you develop narcotic-induced constipation, you may take an over-the-counter laxative or stool softener from your local pharmacy. Do NOT drive while taking prescription pain medication. Do NOT take aspirin or ibuprofen.
- **Anti-Depressant Medication:** It is not unusual for patients to go through a period of mild depression after cosmetic surgery no matter how much they wanted the operation and were educated on what to expect post-operatively. Remember, same day surgery does not mean same day results. If you are able to realize that this is a very temporary phase, the emotional aspect will resolve. If you take anti-depressant medications, please continue per your normal pre-surgical routine unless specifically instructed otherwise. If you experience any suicidal or homicidal ideations, please contact both your psychiatrist and Dr. Givens. While Dr. Givens does NOT prescribe anti-depressant medications, she would like to ensure that you have all of the care and treatment that you need after surgery.

Infection & Skin Flap Necrosis

Prior to surgery you will be provided with a prescription for an antibiotic medication. It is important to fill this prescription BEFORE your surgery, take as instructed, and make sure to finish the entire course as this medication serves a specific purpose in the recovery process. The first dose is to be administered the day BEFORE your surgery. If you develop an allergic reaction or signs/symptoms of an infection including persistent redness and/or drainage from incision sites, call the office immediately as a new/different medication or treatment may be required. If a portion of your skin appears abnormally dark or dusky upon removal of your surgical dressing, you will be provided with a special ointment that helps to dilate blood vessels, enhance blood flow, and preserve healing tissues in the area of application.



Fluid Collection & Hematoma

If you develop a pronounced collection of fluid of the face and/or neck, you should call the office immediately. You will likely be instructed to come to the office for evaluation and possible aspiration of the fluid (ie, sticking a needle into the area of fluid accumulation to suck out the fluid) followed by pressure dressing application. You will be instructed to keep the pressure dressing on and in place until you are re-evaluated in the office the following day. If more fluid has accumulated, re-aspiration of fluid with new pressure dressing application will be performed on a daily basis until all fluid has resolved. In the event a rapidly expanding fluid collection (ie, hematoma) develops, you may be required to go back to the operating room for drainage, cauterization (ie, heated ligation of a blood vessel causing the bleeding), and possible drain placement. The formation of a rapidly expanding hematoma, while rare, is taken very seriously and must be treated emergently to prevent skin necrosis.

Scars & Revision Surgery

Any time a cut is made on the body there will be a scar. However, scar visibility depends on several factors. Facial reconstruction requires deliberate placement of incisions along specific tension lines of the face to minimize scar visibility. Healing incision lines will have a deep pink hue with variable amounts of swelling and thickening initially. Post-surgical scars will continue to soften and fade for up to a year. Most of the time, an experienced surgeon can produce long-lasting results that both of you are pleased with—often for *several* decades. However, you must remember that even in the most experienced hands, there are no guarantees in surgery. Further surgical intervention is NOT scheduled prior to the 6-month post-operative mark and more likely closer to a year unless absolutely necessary. It is imperative to allow for most if not all of the post-operative swelling and inflammation to resolve prior to further operation. Finally, you must understand that while surgery can improve the youthful appearance, it cannot stop the aging process of the body over time.

- **Steroid Injection:** A low-dose steroid may be injected into uneven or thickened areas of scarring of the face and neck. It is common to require at least a single injection at the one month post-operative office visit. Timing of the injection, amount injected, and need for continued injections will be determined by Dr. Givens. The steroid is not systemic; rather, it is localized only to the part of the face and/or neck it is injected into.
- **Massage:** Regular massage of uneven or thickened areas of the face and neck is encouraged starting at 3 weeks, but not before this time period unless stated otherwise by Dr. Givens. Massage can be performed 3-4 times per day for 1-3 minutes each time.



Conclusion: Summary on the Facial Skin Cancer Reconstruction After Surgery Experience

1. After the surgical dressing is removed, your face and neck may appear swollen and lumpy with variable amounts of bruising or discoloration. Bruising and swelling increase for 2-3 days following surgery and are often asymmetric/uneven. Remember, this is temporary and will subside to a large extent within 2 weeks. However, it will take a MINIMUM of 6-8 weeks for ALL swelling and bruising to resolve and a FULL year for the face and neck to reach their final contour.
2. Call the office if you experience a persistent temperature of 101°F or higher, sudden significant swelling or discoloration, unusual bleeding, persistent or worsening redness, discharge from the wound or other evidence of infection, or development of any drug reaction. There is a 24-hour answering service available during non-office hours for urgent post-operative concerns.
3. Each patient will have a unique experience, and you should always follow the directions provided by Dr. Givens. Those who educate themselves before surgery and follow Dr. Givens' post-operative care instructions usually have the easiest recoveries and the best outcomes.
4. Most of all—BE PATIENT during the healing process. Remember, same day surgery does NOT mean same day recovery. Healing is a gradual process. It is normal to be impatient and feel discouraged while waiting for swelling, bruising, and discomfort to diminish. Allow yourself extra rest, a nutritious diet to promote healing, and avoid stress during your recovery.