CHEMICAL PEEL POST-OP INSTRUCTIONS

- Cool/Ice soaks- iced 4 x4 gauze soaked in cold Sterile Saline or distilled water, for first 48 hours (will help with heat, pain and swelling).
- Apply soaks to face 5-6 times per day, while awake. (**No soap!**).
- Apply Vaseline in a thick layer after each soaking (keep refrigerated for comfort).
- Use cold Sterile Saline-soaked gauze and Vaseline to gently massage away dead skin layers, starting day 3-7 after. Light circular motions help remove peeled skin.
- Dryness slows the healing process and leads to irritation. **Keep your skin lubricated**!!!
- Sleep elevated on 3-4 pillows or recliner chair for first week to decrease facial swelling.

EXPECTATIONS
- There will be heat/pain for approx. 12-16 hrs following the peel, ice soaks will help.
- You should expect possible exudate, scabbing, facial and eye swelling for several days.
- There will be redness (or pinkness) and puffiness for several weeks-1 month.
- Approximately 1 week after surgery, we will recommend a Medical Grade Post Kit to help the healing process and hydrate the skin.
- Women may begin to apply make-up around 10 days after surgery (check w/ Dr. Gross for his approval 1st).
- Avoid sun or windburn for 6 months after the procedure.

MEDICATIONS
- ❑ Doxycycline 100mg 1 tablet twice a day for 2 days/antibiotic
- ❑ Lortab 7.5mg (Hydrocodone) 1 tablet every 6 hours as needed/pain
- ❑ Celebrex 200mg take once a day as directed/inflammation
- ❑ Ativan 1mg (Lorazepam) 1 tablet every 8 hours as needed/anxiety and sleep
- ❑ Arnica dissolve under tongue (begin day before surgery) /inflammation and bruising
- ❑ Valtrex 500 mg twice a day (begin day before surgery) / antiviral
- ❑ Scopolamine Patch- transdermal – Helps prevent post op nausea- bring to surgery
- ❑ Phenergan 25mg – 1 tab with hydrocodone every 6 hrs as needed for /nausea

Follow up Appointment: _____

Primera call or text 407.333.3040, if you have questions or concerns. If you have an emergency, call 911.

I have received a copy of the above instructions and agree to follow them

X_____ *Date:*_____

Initial X_____