

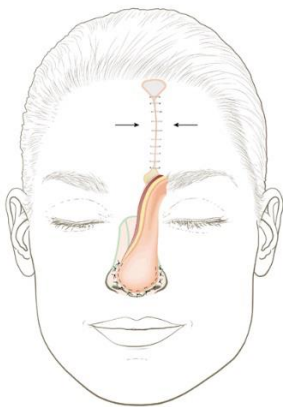


ALFORD ENT AND  
FACIAL PLASTIC SURGERY  
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### **Reconstruction with a Forehead Flap following Mohs surgery**

Our goal is for you to have a successful surgical outcome; therefore, we provide these instructions based on Dr. Alford's expertise performing many reconstructive surgeries. Dr. Alford has special interest and expertise with forehead flap reconstruction.

A forehead flap is a reconstructive operation most commonly following a Mohs surgery for patients who have lost a significant amount of their nose to cancer. To most laypeople the operation at first may seem a bit unusual but in actuality it has been a standard operation in the field of facial plastic surgery for decades. The operation involves reconstructing the missing parts of the nose with skin from the forehead and possibly cartilage taken from behind the ear. The complete reconstructive process takes 2-3 operations, called "stages."



#### **First Stage: Forehead Flap Harvest and Transfer**

Typically in the first stage a strip of skin from the forehead is brought down to the nose. If parts of the tip of the nose must be reconstructed by using cartilage taken from behind the ear this does not significantly change the shape of the ear. This strip of forehead skin must then stay attached for at least 3 weeks (in some cases longer). This is the length of time necessary to establish a proper blood supply for the new skin in this area. In most cases you stay one night in the hospital. Dr. Alford will see you the next day and ensure you are ready to be discharged home. Most patients prefer to take a minimum of 1 week off from work, exercise and travel.

You will come in for a 1 week post op visit after your first stage of

How to care for the pedicle:

- There will be a small bridge of skin from your forehead to your nose, this is called the pedicle. It will be wrapped in a yellow antibacterial gauze after surgery. It is expected for this bridge to ooze and/or have some drainage. Do not remove the yellow antibacterial gauze.
- You can use a Q tip with peroxide and water (1/2 and 1/2) to gently clean along sutures.
- The gauze and sutures will be removed at the first post op visit.
- After the gauze is removed you can apply Vaseline daily or twice a day (if needed) to the incision line and on the exposed tissue of the bridge. This bridge will stay in place until the final surgery when the pedicle is divided.
- **Please do not allow the wound to get wet.**

Admittedly, this can be a difficult time for being out in public for many patients. While some patients may feel a bit self-conscious for the weeks following the first operation, they can go back to normal activity levels rather quickly. In my patients one of the main limitations I have

seen is that it can be difficult to wear eyeglasses following the first stage. Most patients also choose to avoid social engagements for the weeks following the first stage or until the pedicle is divided.

### **Second Stage: Forehead Flap Thinning**

Dr. Alford will discuss with you the time frame between each stage that will provide you with the best outcome. A second stage may be required before the flap is divided. This stage may involve one or more surgeries to thin the skin, correcting nostril asymmetry, or other small detail work to make your nose look as normal as possible before dividing the pedicle. These procedures are planned operations designed to get the reconstructed nose to look as much like your original nose as possible. This second stage is performed as an outpatient procedure, not requiring an overnight stay. Since the pedicle is still attached the care is very similar to the first stage.

### **Third Stage: Forehead Flap Division**

The third stage of the operation is where we put everything back together. The connection between the forehead and the nose is divided. The skin is contoured to look like nasal skin and both the nose and forehead are stitched carefully back together. The third stage is performed as an outpatient procedure, not requiring an overnight stay. Recovery from the third stage is much quicker. Patients can go back to light activities a few days after surgery and can easily be back at work within a week after the third stage.

### **Swelling**

Every operation, no matter how minor, is accompanied by swelling of the surrounding tissues. The amount varies from person to person, but it always seems more dramatic in the face. The swelling is usually greatest on the second or third day after your operation. It is usually more pronounced along the jaw line and is generally worst first in the morning; therefore, we suggest that you keep your head elevated as much as possible. The swelling itself is normal and is not an indication that something is wrong with the healing phase of your operation. Your face will remain swollen with varying amounts of discoloration for several days. The most important thing to remember is that such swelling always subsides.

Some tips to shorten the duration of the swelling include:

- Arrange to have frozen pea packs available for your use for at least the first 24 hours after discharge from the hospital (see “Frozen Pea Packs” below).
- Staying vertical is very IMPORTANT! Sit, stand and walk around as much as is comfortable beginning on your second postoperative day. Of course, you should rest when you become tired but keep your upper body as upright as possible.
- Avoid bending over or lifting heavy things for one week. In addition to aggravating swelling, bending and lifting may elevate blood pressure and start bleeding.
- Avoid hitting or bumping your face. It is wise not to pick up small children and you should sleep alone for one week after your operation.
- Sleep with the head of the bed elevated 30-40 degrees both while you are in the hospital and for 1-2 weeks following your surgery. To accomplish this, place two or three pillows under the head of the mattress and one or two on top of the mattress. Try not to roll on to your face; this tends to weaken the supporting stitches used under the skin of your face.

Therefore, it is necessary that you sleep on your back for 30 nights. Some patients find a reclining chair placed at a 45-degree angle to be more comfortable than a bed.

- Avoid straining during elimination. If you need a laxative, we recommend Miralax™ (available without a prescription at any pharmacy). Proper diet, plenty of water and walking are strongly recommended to avoid constipation.
- Take special care to avoid sunning of your face for a year after the third stage. Ordinary sun exposure is not harmful, but always use a sunscreen with SPF15 or above.

### **Discoloration**

It is not unusual to have varying amounts of discoloration about the face. Like the swelling, it may become more pronounced, after the first day or so. Remember this is normal and temporary. It usually lasts no more than two weeks, all the while decreasing in intensity. The measures previously described that help the swelling to subside will also help diminish discoloration; however, there is no medication that will cause it to disappear rapidly – only the natural course of time. You can camouflage the discoloration to some extent by using make-up. **Do not apply make-up over the incisions themselves or to any part of the pedicle.**

### **Antibiotics**

You will take an oral antibiotic for 7 to 10 days following your surgery. All antibiotics should be taken with food or liquids to prevent nausea and promote proper absorption of the medication. Take the full course of this antibiotic as instructed by your physician. Do not stop taking it because you “feel better” as this may cause unwanted bacterial resistance.

### **Medications**

In addition to antibiotics, you will be given prescriptions for nausea and pain as well. Nausea develops following many types of surgery. You may be given a prescription medication, Zofran, to take if you develop any nausea. This is an orally disintegrating tablet that is quickly absorbed when placed under the tongue.

### **Pain**

For the first 24-48 hours following discharge from the hospital, take the prescribed pain medication given to you at the time of your discharge and rest as much as possible in a sitting/head elevated position. On the third postoperative day, most patients feel ready to start moving about and do not need as much prescription-strength pain relievers. If you still feel the need for pain relief try applying cold compresses (see “Frozen Pea Packs”). If you do not experience sufficient relief, take Tylenol® according to the package instructions. Under no circumstances should ASPIRIN or medication containing aspirin or salicylates be taken (See comprehensive list of medications to be avoided). If you are not sufficiently relieved of pain, try alternating doses of Extra Strength Tylenol® and the pain medication prescribed by Dr. Alford. We recommend alternatives to prescription-strength pain relievers because they can cause sensations of light-headedness, particularly in the immediate postoperative period and, consequently, seem to make recovery more difficult.

### **Cold and Warm Compress**

Frozen English peas (from your grocer), placed in Zip Lock® bags, provide the simplest and most effective cold compresses to reduce swelling, bruising, and discomfort following surgery. You can apply a bag of frozen peas for the first 48 hours after surgery for your comfort. After 48 hours you can apply a dry warm compress to the face and cheeks to help improve swelling. **But do not apply frozen peas or heat directly to the pedicle** (bridge of skin from the forehead to the nose).

### **Bleeding/Oozing from the Pedicle**

Oozing following surgery is normal and expected. The yellow antibiotic bandage will help control the bleeding. Leave this bandage in place and do not remove it from the pedicle.

### **Temperature**

A low grade temperature up to 100°F may be expected following surgery as the body is healing. Patients will often think they have increased temperature because their face feels warm; however, this rise in temperature is an appropriate part of the healing process. If you have a persistent temperature above 101.5 degrees that is not relieved by Tylenol®, call Dr. Alford's office.

### **Weakness**

It is not unusual for a patient to feel weak, break out in “cold sweats,” or get dizzy following the administration of anesthesia or any type of surgical procedure. Within a few days these feelings will generally disappear without medication. Returning to a normal healthy diet, staying hydrated and light activity will shorten the duration of these feelings.

### **Numbness**

The side of your forehead from where the flap is transferred will be numb following the surgery. This is normal and will last at least a year until other nerves grow into the area.

### **Resuming Activities**

- DO NOT SMOKE & AVOID ALCOHOL CONSUMPTION. Both of these activities significantly slow the healing process.
- WEARING GLASSES AND CONTACT LENSES. Eyeglasses should not be worn until the flap is divided (3<sup>rd</sup> stage). Contact lenses may be inserted the day after surgery.
- HAIR AND BODY CARE. You may wash your hair with Neutrogena™ shampoo and tepid water and comb it out with a large-toothed comb on the second day after surgery. **PLEASE DO NOT ALLOW THE WOUND TO GET WET.**
- WASH YOUR FACE gently with a mild soap (Neutrogena™) twice daily after the first week, using a gentle, upward motion. As mentioned, you may bathe the second postoperative day but NOT on the day when you have your sutures removed.
- HOUSEHOLD ACTIVITIES. On your second postoperative day, you are encouraged to be up and around the house with your usual activities except those specifically outlined previously (no bending, no heavy lifting, etc.). No strenuous activity.
- PULLOVER CLOTHING. For 1 week following surgery, you should wear clothing that fastens either in the front or at the back rather than the type that must be pulled over the head.
- ATHLETICS. No strenuous athletic activity for 2 weeks.

- DO NOT DRIVE A CAR for as long as you are taking any prescription pain medications.

Call Dr. Alford's office if you experience:

1. Signs of infection such as excessive swelling, redness or drainage, or persistent temperature above 101.5 degrees
2. Excessive bleeding that persists after applying pressure for 20 minutes
3. Discharge from the wound or other evidence of infection
4. Development of any drug reaction

It is of utmost importance that you take care of yourself and be patient during the healing process. We welcome all questions, so if you still have questions after reading the materials we have provided, please feel free to call the office **713-532-3223**