

## **Dermabrasion Instructions**

**Clinic Phone Number: (801)449-9990**

### **1. Post-operative care:**

**A caregiver over the age of 18 MUST be with you for 24 hours following surgery.**

**Before and Immediately after your surgery-** Go to [www.MobleyMD.com/care](http://www.MobleyMD.com/care). There are post-op care video(s) for you to watch. Begin this care when you are instructed to do so by Dr. Mobley or his staff - most often the first night.

### **2. How you should expect to feel after surgery:**

- You will likely have a thick layer of emollient on top of the dermabraded areas.
- The dermabraded area will feel swollen, numb and look slightly pink/red. When resting, elevate your head above your heart to help decrease swelling for the first 3 days after surgery. One additional pillow for the first few nights should be enough; sleeping while sitting straight up is not necessary.
- It is normal to have significant swelling the night and morning after the procedure. Swelling usually peaks at day 3, and usually subsides after that. It is common for some minor swelling to last 2-5 weeks after surgery. Each patient is different in their healing process.
- Procedures can make you feel groggy for up to 48 hours afterwards. This can cause nausea and sometimes vomiting. Watch the video entitled, “*Post op info and info for longer surgeries*” on MobleyMD.com/ care. It will go over thoroughly how to best handle a queasy stomach after surgery. Keep yourself hydrated with water, 7-up, Gatorade, or other sports drinks. Eat a bland diet (saltine crackers and broth for starters).

### 3. Caring for your dermabraded skin:

- Think of the dermabraded skin as when you were a kid and you scraped your elbow on the street. As kids, we allowed the elbow to scab over. The “depth” of skin injury from a dermabrasion is very similar to a skinned elbow. The big difference is that we are going to keep a layer of Vaseline on the skin around the clock for the first 7-10 days to “force” new skin to grow over the dermabraded area. This process is called re-epithelialization. By not allowing the dermabraded skin to dry out and form a scab your body will grow new skin.
- **Clean the skin frequently with gentle soap and water.** (Neutrogena or Cetaphil)
- **Re-apply often** a generous smear of Vaseline ointment. Often the vaseline will heat up and sort of “melt” off of the skin. If this occurs, place a piece of Saran Wrap over the area on top of the ointment. That will help hold the Vaseline in place over the dermabraded skin. Placing the Vaseline in the refrigerator can be refreshing and soothing to your skin.
- Your main job for the next 7-10 days is to frequently clean the dermabraded skin and **keep the skin in either a red to pink state. Yellow drainage and crusting can occur and it should be removed immediately.** Refer to the following chart:

#### ***Dermabraded skin can have a spectrum of different appearances:***

<b>BAD</b>	→	→	→	<b>GOOD</b>
Actual scab	Hard yellow crusts	Small amount of yellow drainage	Red with pinpoint bleeding	Shiny & pink

- Around day 10 you are able to decrease the amount of times you clean the dermabraded skin to twice a day, morning and night. At this point you are able just to use your regular skin moisturizer. Cetaphil is gentle and often a good choice. The skin will still look pink and will start to return to its regular skin color. You’re able to use “physician grade” cover up. Our staff office has researched these products extensively and we recommend Jane Iredale and Elta-MD products. They come in all skin shades and have hypoallergenic sunscreen integrated into them. Our staff will be

happy to work with you to find the products that provide you with the optimal cover up. It may take up to 3 months for the redness to fade away.

- At day 10, start using **sun block with a minimum SPF of 30**. Use this daily for the best possible results. We will recommend physician-quality sunscreens based on your skin type. You are able to purchase the sunscreen from our clinic.

#### 4. Pain Management:

- Dr. Mobley will prescribe you a narcotic pain medication to help control your pain after surgery. He will explain in detail how and when to use them. **If you have any allergies or issues (nausea, itching, or sensitivities) with a certain pain medication, please let him know in advance, so we will be able to give you a more compatible pain medication prescription.**
- **Tylenol is the ONLY over-the-counter pain medication you are able to take after surgery for seven days. No aspirin, Alleve, or Ibuprofen. They can all cause bleeding.**
- Common side effects of narcotics include:
  - Constipation: Take stool softeners (MiraLax,) increase fluids, and walk more.
  - Nausea: Decrease narcotics, use a suppository, and take medication with food.
  - Loss of appetite: This will improve over time and once you stop taking the narcotic.
  - Sleepiness: This will improve once you stop taking the narcotics.
  - You should **NEVER** drive or consume alcohol while taking narcotic pain medication.

#### 5. Activity/Exercise:

- Following your surgery, **NO** strenuous activity or exercise for the first week.
- **Light mobility is encouraged and is vital to your recovery. Take short, frequent walks around your house to decrease the chances of complications, to decrease the possibility of developing a blood clot, and to maintain good circulation.**
- **Do not lie in bed for extended periods of time.**

- One week following surgery, you can begin to increase your activity by 15% each day. By the 14<sup>th</sup> day following surgery, you should be back to your normal activities.

**6. Return to work:**

- In most cases you will be able to return to work within a few days to one week from your surgery. Each patient is different in their healing process, so this can be discussed at one of your post-op appointments. A return to work form can be given to you at that time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_