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Your recovery is just as important as your surgery.

POST-OPERATIVE INSTRUCTIONS

Chin Augmentation Surgery

Following these instructions closely will help you heal comfortably and achieve the best possible result. Please read the entire document and keep it handy throughout your recovery. Call our office at **949.650.8882** (Newport Beach) or **310.467.2180** (Beverly Hills) with any questions or concerns.

CALL OUR OFFICE IMMEDIATELY

Newport Beach: 949.650.8882 **Beverly Hills:** 310.467.2180

Contact us right away if you experience any of the following:

- New or increasing swelling at the chin
- A firm or fluid-filled area developing under the skin
- Active bleeding from an incision that is controlled with light pressure but recurs
- Shortness of breath, or calf pain/swelling

For life-threatening symptoms, always call 911 or go to the nearest emergency room first.

What to Expect During Recovery

The following sensations are common and expected during early healing, and typically improve over weeks to months:

- Tightness, firmness, or a “pulled” sensation across the chin and jawline
- Difficulty opening and closing the mouth, and a feeling that your teeth don’t properly align; this sensation, if present, lasts anywhere from a few days to the first few weeks after surgery
- Mild asymmetry during early healing (the two sides often swell at slightly different rates)
- Temporary contour irregularities that smooth out over weeks to a few months

- Numbness of the chin, lower lip, and/or front teeth and gums — this is very common as the mental nerve is stretched during surgery, and sensation typically returns over weeks to several months (occasionally longer in rare cases)
- Tingling, itching, and occasional brief “electric zinger” sensations as sensation nerves heal
- A temporarily weaker or asymmetric lower-lip smile is common and expected, and improves as swelling resolves and the nerves and muscles recover
- Being able to feel the edges of the implant through the skin, particularly in thinner patients — this often becomes less noticeable as swelling resolves

Wound Care

- Open a fresh bottle of hypochlorous acid around the time of surgery for best potency.
- Clean the sutures **3–4 times daily while awake**. Spray the sutures directly with hypochlorous acid spray. Allow it to dry for 1 minute, then apply a thin layer of Vaseline to the sutures. **Once the sutures are removed, you no longer need to clean the sutures with hypochlorous acid, and you no longer need to apply Vaseline.**
- Do not pick at crusts along the sutures. Allow the crusts to soften with the treatments of hypochlorous acid and Vaseline.
- **For the first month, avoid direct sun exposure to the incision line.** If you must be outdoors, cover the area with a scarf, high collar, or wide-brimmed hat. Sun exposure within the first month of surgery may result in hyperpigmentation of the scars.
- Once fully healed at approximately 1 month after surgery, apply a broad-spectrum SPF 30+ sunscreen to the incision lines for 6–12 months to minimize hyperpigmentation of the scars.
- Silicone-based scar gel can be used 1 month after surgery.

Showering and Hygiene

- You may shower the day after surgery. Please use a gentle shampoo (e.g., baby shampoo).
- Let water run gently along the sutures. Do not aim a direct stream at the sutures, and do not scrub along the suture line.
- Pat dry gently with a clean, soft towel, then perform your wound care as described above.
- Do not submerge incisions (no baths, pools, hot tubs, or ocean) for 3–4 weeks.
- No makeup on or near the incisions for 2 weeks after surgery.

Swelling, Bruising, and Head Positioning

- Swelling and bruising in the chin and neck often peak 2–3 days after surgery. This is expected.
- Keep your head elevated at all times during the first 2 weeks. Sleep on 2–3 pillows or in a recliner. A travel neck pillow may help maintain a neutral head position during sleep.
- During the first week after surgery, avoid turning your head side to side — turn your whole upper body with your head. After the first week, you may begin turning your head side to side.
- Avoid neck flexion. Keep your neck in a neutral position. Neck flexion may increase the appearance of neck creases.

- Sleep on your back, not your side, for approximately 2–4 weeks after surgery. Side sleeping can distort healing and cause asymmetry.
- Temporary fullness under the chin and/or in the neck may represent normal post-operative swelling or a small fluid collection. If it is a small fluid collection, it can be easily managed in the office if needed. Please call us if you feel a distinct firm or fluid-filled area.
- Most visible swelling improves over 2–3 weeks, but subtle swelling can persist for a few months as the tissues continue to settle.

Blood Pressure, Nausea, and Vomiting

Keeping your blood pressure well controlled in the first 2 weeks is one of the most important things you can do to minimize a hematoma or fluid collection. Vomiting and forceful retching can significantly raise pressure in the face and neck and increase the risk of bleeding.

- Take all prescribed blood pressure medications exactly as directed.
- Avoid stress, straining, and sudden exertion.
- Take anti-nausea medication as prescribed, even preventively if you feel queasy.
- Take pain medications with food or a small snack to minimize nausea that can occur when taking pain medication on an empty stomach.

Activity and Recovery Timeline

- Take short, gentle walks around the house starting the day of surgery. This helps reduce the risk of blood clots.
- For the first 2 weeks, avoid bending forward, lifting anything heavier than 5 pounds, and any form of straining — including heavy coughing, forceful sneezing, and excessive straining with bowel movements.
- Avoid sexual activity for 2 weeks, as this can raise blood pressure and increase the risk of bleeding.
- **Weeks 1–2:** you may gradually resume light, non-strenuous activity, as tolerated. **Avoid any activity that increases your heart rate or blood pressure, as that may increase the risk of bruising, swelling, and/or bleeding.**
- **Week 3 onward:** you may gradually resume strenuous activity. Begin slowly and work up to more strenuous activity. It is normal to experience some temporary swelling and tightness with increased activity at this stage.
- Do not drive while taking narcotic pain medication. You may drive once you are off narcotic pain medication and can comfortably turn your upper body to check blind spots.
- **Avoid dental work or procedures involving manipulation of the lower lip or gums for 4–6 weeks** after surgery.
- **Avoid any direct pressure or bumping of the chin** — be careful around children, pets, car doors, and phones held tightly to the face.
- Avoid exaggerated facial or lip movements (wide yawning, forceful chewing, pouting, puckering) during the first week. Normal soft talking and gentle smiling are fine.

Medications and Pain Control

- **DO NOT TAKE ASPIRIN, IBUPROFEN, OR OTHER NSAIDs** (such as Advil, Motrin, Aleve, Naproxen, or Excedrin) during the 2 weeks before surgery or the 2 weeks after surgery. These can increase bleeding risk. If you are on Aspirin under the guidance of a cardiologist, you must ask your cardiologist if it is safe to be off Aspirin for your elective cosmetic procedure.
- Tylenol (Acetaminophen) is safe and a good medication for discomfort after surgery. Do not exceed 3,000 mg of Acetaminophen in 24 hours and remember that most narcotic pain medications already contain Acetaminophen — do not double-dose.
- We may prescribe Celebrex (Celecoxib) to take twice a day for the first week after surgery. Take this on a fixed schedule, not as needed, even on days you feel comfortable. Celebrex is a COX-2 selective anti-inflammatory that reduces pain and swelling without the bleeding risk of ibuprofen or aspirin. Taking it consistently helps you need less narcotic pain medication.
- If you experience tight chin or neck discomfort, take Ativan (Lorazepam) as prescribed. This may help alleviate the tight chin or neck discomfort.
- If you are still experiencing pain after taking Celebrex, Tylenol, and Ativan, you may take the prescribed narcotic pain medication. Take it with food to minimize nausea and wean off the narcotic pain medication as soon as possible.
- To minimize constipation from pain medication, stay hydrated, eat fiber-rich foods, and use a stool softener (such as Colace or Docusate) as needed while taking narcotic pain medication.
- Take any antibiotics prescribed by Dr. Batniji until the full course is finished.

Diet

- Start with light, soft foods the day of surgery. Soft foods (yogurt, eggs, pasta, soups, smoothies) are best for the first few days to minimize chewing and motion of the chin. We recommend a diet that is high in protein to help with the healing process.
- Avoid very chewy or hard foods (tough meats, crusty bread, bagels, nuts, raw vegetables, hard candy) for the first week. Avoid opening the mouth very wide.
- Advance to your normal diet as tolerated.
- Stay well hydrated.
- Avoid very salty foods for the first few weeks after surgery, as excess sodium can worsen swelling.
- Include fiber-rich foods to help minimize constipation.
- We recommend using throat lozenges such as Cepacol or Ricola if you have a sore throat.

Nicotine, Alcohol, and Supplements

- **Absolutely NO smoking, vaping, nicotine patches, nicotine gum, any nicotine products, or secondhand smoke exposure for at least 4 weeks before surgery and 4 weeks after surgery.** Nicotine constricts blood vessels and can cause skin loss, poor healing, and worse scarring.

- **AVOID ALCOHOL for at least 2 weeks before surgery and 2 weeks after surgery.** Alcohol use significantly increases the risk of bleeding, bruising, and swelling.

Questions or Concerns?

Please do not hesitate to contact our office at **949.650.8882** (Newport Beach) or **310.467.2180** (Beverly Hills) during business hours. For life-threatening symptoms, always call 911 or go to the nearest emergency room first.

Healing is a gradual process. We are here to guide you every step of the way.