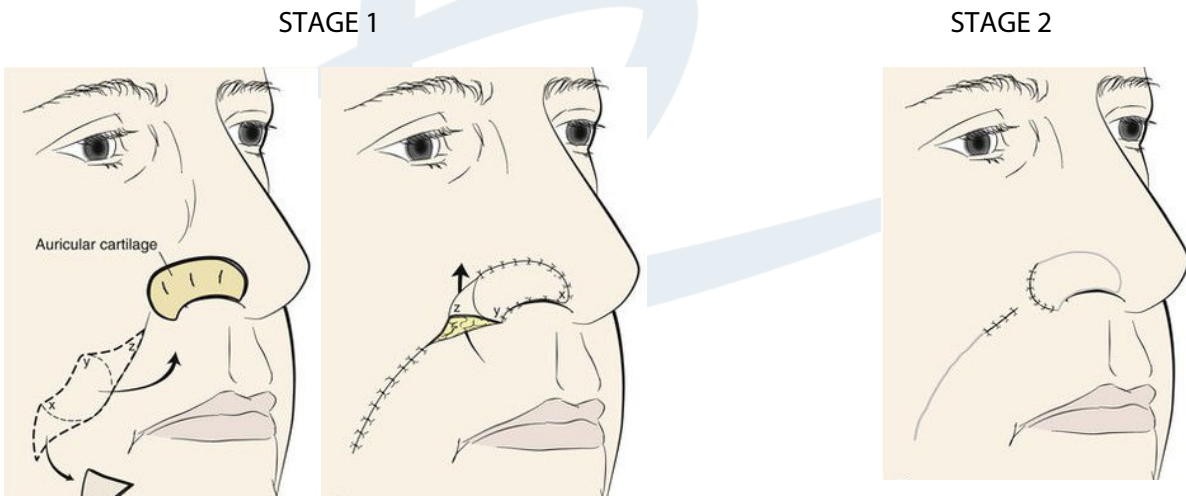


PEDICLED MELOLABIAL FLAP POST-OPERATIVE INSTRUCTIONS

PROCEDURE SUMMARY

A **pedicled melolabial flap** is a two-staged surgical technique used to reconstruct defects on the nostril or “ala.” Stage 1 involves placing a cartilage graft from the ear to give structure to the nostril then rotating skin from the lax skin of the cheek into the nostril defect and sewing it into position. Over a few weeks, the skin transposed from the cheek heals into the skin of the nose and forms a blood supply. Around 3 weeks after the first surgery, the connection between the cheek and nose is divided during Stage 2. The nostril is sculpted and refined to restore the nostril appearance and the defect in the cheek is repaired to hide the incision in the natural line between the upper lip and cheek.



The “pedicle” is the cheek skin that is cut and rotated inwards to cover the hole in the nose. Under the pedicle, you will have a raw surface. Over the three weeks, the pedicle can “shrink” and sometimes feels tight. You can expect bruising and swelling to peak 48 – 72 hours after surgery, and it will gradually decrease over a week. Surprisingly the ear cartilage harvest site is the most uncomfortable for most people, but this will resolve over 2-3 weeks.

WOUND CARE:

Day 1, 2 and 3 after surgery:

- You can shower the day after surgery, but do not let the shower spray hit the wound directly and do not get the ear dressing wet.
- Other than keeping the ear dry, there is nothing else you need to do for the ear wound.

Tara Ramachandra, MD
Facial Plastic Surgery and Otolaryngology

TR FACIAL PLASTIC SURGERY

- It is normal for crusts and clot to form on the nasal incision lines for the first few days and it is normal for the pedicle to ooze blood for a day or two.
- Clean the stitches (a.k.a. suture line) with a 50/50 mix of hydrogen peroxide and water on Q-tips® using a rolling motion to remove crusts. Ideally, do this three times a day. Then apply a thin layer of Aquaphor to the incisions. Do NOT use antibiotic ointments since these may cause skin irritation. You can clean under the pedicle (outside the nostril) with a Q-tip.
- You do not have to put ointment on the raw surface of the pedicle. There may be a small yellow gauze wrapped around the pedicle, and this will be removed at your first post operative visit.
- A simple dressing of non-adherent gauze can be taped from your nose to your cheek. You may keep the incisions open to air while you are home, but make sure they are coated in Aquaphor. Before bed, apply a dressing to protect the stitches.
- Use ice packs on the upper cheek decrease swelling, but **do not place directly on the nose.**
- Sleep in a recliner or with your head elevated on two pillows.

Day 4, 5 and 6 after surgery:

- Gently clean the nose and cheek with mild soap such as Dove® or Cetaphil® three times per day. Then apply Aquaphor and a dressing if desired.

RECOVERY:

Activity:

- Resume light activities 24 hours after surgery but do not lift > 15 pounds and don't strain.
- Keeping your head elevated for the first 2 nights after surgery (propped up on 2-3 pillows or by sleeping in a recliner).

Medication:

- Oral antibiotics and a pain medication will be prescribed, and you should take a stool softener if using the pain medication.
- Do not drink alcohol when taking pain medications.
- Alcohol can worsen fluid buildup in the body, so try to avoid it for 3 weeks after surgery.
- If you are taking vitamins with iron, resume these supplements as tolerated.
- Do not smoke. Smoking delays healing and increases the risk of complications.

Healing:

- Tingling, numbness, discoloration and itching in some areas and light redness around the incisions are normal side effects and will resolve with full healing.
- More often than not, additional minor "touch-up" procedures may be necessary to improve your final outcome. These could include steroid injections, "dermabrasion" to smoothen skin edges or contouring procedures.

Tara Ramachandra, MD
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