



# Filler Post-Injection Instructions

Following these post-operative instructions will help ensure a smooth recovery and minimize scarring after your surgery with Dr. Kevin Caceres. Adhering to these guidelines can significantly enhance the healing process and improve the overall outcome of your surgery.

1. **What to expect Post Injection:**
  - Minor swelling: Redness, swelling, and bruising are common after treatment but usually resolve in 1-3 days. Apply an ice pack to the injection site.
2. **Call Provider or Visit the Nearest Emergency Room:**
  - Severe or worsening swelling and bruising
  - Severe bleeding
  - Skin color changes-May be a sign of blood vessel problems
  - Vision changes
3. **Medication Adherence:**
  - Pain Management: Pain should be minimal to mild after the procedure and can usually be treated with Tylenol or Ibuprofen
4. **Diet and Hydration:**
  - Healthy Diet: Eat a balanced diet rich in vitamins and minerals to support the healing process. Include plenty of fruits, vegetables, lean proteins, and whole grains.
  - Hydration: Drink plenty of water to stay hydrated, which aids in the healing process.
5. **Avoid Smoking and Alcohol:**
  - No Smoking: Avoid smoking, as it can significantly impair healing and increase the risk of complications.
  - Avoid Alcohol: Avoid alcohol consumption for at least two weeks post operation, as it can interfere with medications and the healing process.
  - Avoid taking NSAIDs: Stop taking any NSAIDs such as Advil, Motrin, Ibuprofen, Celebrex, Aleve, Naproxen 2 weeks prior to treatment.
6. **Follow-Up Appointments:**
  - Attend All Scheduled Visits: Keep all follow-up appointments with Dr. Caceres to monitor your healing progress and address any concerns.
  - Report Complications: Contact our office immediately if you experience signs of infection (e.g., increased redness, swelling, warmth, or drainage), excessive pain, or any other unusual symptoms.

For any questions or concerns during your recovery, please contact our office at 727-870-3223 or email us at [tc.ent.contact@entaaf.com](mailto:tc.ent.contact@entaaf.com). We are dedicated to supporting you throughout your recovery and ensuring the best possible outcome from your injection.

**MY SIGNATURE BELOW INDICATES I HAVE READ, UNDERSTAND, AND AGREE TO FOLLOW THE POST OPERATIVE INSTRUCTIONS STATED IN THIS POLICY.**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Patient / Agent / Guardian Signature

\_\_\_\_\_  
Date Signed

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This is a doctor's office regulated pursuant to the rules of the Board of Medicine as set forth in Rule Chapter 64BB. F.A.C

