3. Ziving Medical

HAIR TRANSPLANTATION POST-OPERATIVE CALENDAR

| | Day of Surgery | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 | Day 7 | Day 8 | Day 9 | Day 10 |
|--|---|---|---|--|---|--|---|---|---|---|---|
| Prednisone | 4 tablets, one dose with food | 4 tablets, one dose with food | 4 tablets, one dose with food | | | | | | | | |
| Antibiotic Cephalexin or | one tablet PM | one tablet AM one tablet PM | one tablet AM one tablet PM | one tablet AM one tablet PM | one tablet AM one tablet PM | one tablet AM | | | | | |
| Antibiotic Z-Pack | 2 tablets | 1 tablet | 1 tablet | 1 tablet | 1 tablet | 1 tablet | | | | | |
| Tylenol # 3 / Hydrocodone (only if needed) | 1-2 tablets every 4-6 hours with food | 1-2 tablets every 4-6 hours with food | 1-2 tablets every 4-6 hours with food | | | | | | | | |
| Ice Packs | 20 minutes every 2 hours while awake | 20 minutes every 2 hours while awake | 20 minutes every 2 hours while awake | 20 minutes every 2 hours while awake | Switch to hot compress if still swollen | continue hot compress if still swollen | continue hot compress if still swollen | continue hot compress if still swollen | continue hot compress if still swollen | continue hot compress if still swollen | |
| Massage | 3-4 mins after icing | 3-4 mins after icing | 3-4 mins after icing | 3-4 mins after icing | only if still swollen | only if still swollen | only if still swollen | only if still swollen | only if still swollen | | |
| 45-Degree Sleep | Yes | Yes | Yes | Yes | | | | | | | |
| Shampoo | | cup wash | cup wash | cup wash | cup wash | cup wash | conditioner for 10 mins before shower, then shampoo as normal |
| *Bacitracin Ointment (after shower) | applied at the office | thin coat on donor area | thin coat on donor area | thin coat on donor area | thin coat on donor area | thin coat on donor area | thin coat on donor area | thin coat on donor area | thin coat on donor area | Stop if you had sutures, continue if you had FUE | Stop if you had sutures, continue if you |
| Folican Enhancement DAY Spray | | 2-3 sprays every hour while awake | 2-3 sprays every hour while awake | 2-3 sprays every hour while awake | 2-3 sprays every hour while awake | 2-3 sprays every hour while awake | 2-3 sprays every hour while awake | 2-3 sprays every hour while awake | | | |
| Folican Enhancement NIGHT Spray | | 2-3 sprays at bedtime | 2-3 sprays at bedtime | 2-3 sprays at bedtime | 2-3 sprays at bedtime | 2-3 sprays at bedtime | 2-3 sprays at bedtime | 2-3 sprays at bedtime | | | |
| Clothing Attire | Button-down shirt | Button-down shirt | Button-down shirt | Button-down shirt | Button-down shirt | Button-down shirt | | | | | |

May use the following after the recommended time

Suture Removal Appointment: ______
Continue Bacitracin Ointment for 14 days (FUE ONLY)

Hot tub:6 weeksSauna:4 weeksHelmet:3 weeks (FUE)Hair dye:4-6 weeks

Helmet: 6 weeks (FUT) Ocean: 3 weeks with the use of protection to grafted area (scalp) for 3 months

Hats: 3 days Swimming (Chlorine): 4 weeks with the use of protection to grafted area (scalp) for 3 months

Hair pieces: 2 weeks (clip-in only, no glue)

Tanning bed: 4/6 weeks- 3 months (Protect scalp until 3 months)

Hair cuts: 2 weeks Natural tanning (Sunlight): 3 months