



PREPARING FOR YOUR SURGERY

Your safety during surgery requires that you disclose all medications, vitamins, supplements, substances and drugs (recreational or otherwise) that you regularly take. Your health and well-being is our top priority. Please disclose any and all past and current medical conditions and all previous surgeries to the registered nurse during your medical evaluation.

1. Do not take Ibuprofen, Excedrin, Alka Seltzer, Aspirin, Aspirin-containing products, Naproxen, Aleve, Motrin, Midol, Ibuprofen, Advil or any NSAID-type medication two weeks prior to surgery and two weeks after surgery.
 1. NSAID medications cause bleeding which may result in complications during and after surgery.
 2. You may take Tylenol for the two weeks prior to surgery, as an alternative to the above medications.
2. Discontinue Vitamin E, Fish Oil (DHA/EPA), high dose multi-vitamins, weight loss supplements, antioxidants, green tea products or any other “natural” vitamins and herbal medications 4 weeks before and 4 weeks after surgery. Some examples include: Ginkgo Biloba, St. John’s Wort, Ginseng, Melatonin, Dong Quai, Echinacea, Valerian, Yohimbe, Ma Huang, etc. These supplements and herbals may cause excess bleeding during surgery.
3. We strongly recommend commencing the below iron regimen a minimum of one month prior to completing your preoperative bloodwork to support hemoglobin levels prior to and after surgery. You should continue this regimen through your surgery date and during your initial recuperation period.

Iron Regimen: Floradix, Hema Plex, Vit C 1000 mg, Folic Acid three times a day.

Please begin adding this iron/hemoglobin fortifying regimen to your daily routine. Patients frequently exhibit low hemoglobin levels on their preoperative bloodwork, which results in surgery rescheduling and delays until levels are within acceptable range. The iron regimen also fortifies your reserves and will support your body’s healing and recuperation.

4. Discontinue any stimulant medications, appetite suppressants or any “workout” or “pre-workout” supplements for four weeks prior to and four weeks after surgery. Examples include pre-workout stimulant and energy drinks, protein shakes, creatine powders, ephedrine, or any other “weight loss” regimens. Please also discontinue any herbal teas or drinks during this time.

IF ARE USING PHENTERMINE FOR WEIGHT LOSS PRIOR TO SURGERY, YOU MUST DISCONTINUE FOUR WEEKS PRIOR TO SURGERY.

5. Discontinue the use of any **oral contraception** and or **hormone replacements** thirty days prior to surgery to avoid heightened risk of blood clots.
6. Please notify our office if you are planning on having any **dental work** performed prior to or after surgery.
7. **Smoking** and /or the use of **recreational and unauthorized drugs** and medications will jeopardize the results of your operation. Smoking will impede wound healing and contributes to widened, raised, and thickened scars, skin necrosis (death of cells in the living tissue), blood clots and other detrimental complications. You must discontinue smoking and the use of nicotine products in all forms including but not limited to cigarettes, patches, vape pens, etc. A positive result the morning of your surgery for nicotine and/or illicit drugs, will result in surgery cancellation without reimbursement of your surgery payments. If you are a smoker, you must stop smoking six weeks prior to surgery and for six weeks after your surgery.
8. Discontinue consumption of alcoholic beverages one week prior to surgery and after your surgery.
9. You must complete **preoperative lab work** (blood panels) and any required imaging (EKG, Chest X-ray, etc.) on a date that falls **within 30 days** of your surgery and not outside of this window of time. You will be asked to obtain a letter of medical clearance from your primary care physician, along with these exams.
 1. Example: If your surgery falls on July 1st, you may complete your clearance requirements any day after June 1st, but preferably not after June 7th to allow sufficient time for our office to receive your results and the chance of any repeat lab work.
 2. Breast surgery patients ages 35-39 will need a current breast ultrasound completed within one year of surgery date. Patients ages 40 and over will need a current mammogram.
 3. Patients over 50 will require an additional clearance from their cardiologist. If you are currently under the care of a specialist such as a pulmonologist, hematologist, or rheumatologist, you will also need a letter of clearance from this physician.

ALL PATIENTS ARE REQUIRED TO TAKE A **COVID TEST** FIVE TO TEN DAYS PRIOR TO THEIR SURGERY DATE.

THE TEST COLLECTION DATE CANNOT BE FURTHER OUT THAN TEN DAYS PRIOR TO SURGERY TO BE CONSIDERED VALID.

WE MUST RECEIVE A DOCUMENTED NEGATIVE RESULT TO CLEAR YOU FOR SURGERY.

◇ All your lab and imaging results are due from your physician to our office via email or fax two weeks prior to your surgery date.

◇ COVID test results are due to our office via email or fax no later than 48 hours prior to surgery.

10. Please contact our office before surgery if you develop any symptoms of flu, virus, or symptoms of an infection. These symptoms may include burning upon urination, urinary frequency/urgency, fever,

coughing, sneezing, runny nose, chest congestion, sinus/ear pressure, diarrhea, nausea, vomiting or abdominal pain.

11. Your preoperative appointment is scheduled for you in our office with the nurse and must be completed one full day prior to surgery if you are an out-of-state patient. Patients residing in Florida must be seen in our office for their preoperative appointment with the nurse two weeks prior to surgery.
12. PLEASE incorporate **Hibiclens** (chlorhexidine) antibacterial soap into your shower routine daily for 5 days prior to your procedure. You may purchase at any local pharmacy such as Walgreen's, CVS, Target. You will wash with this soap as a final step in your showering routine, leave on for a few minutes, then rinse thoroughly.
 - ◇ PLEASE USE THIS HIBICLENS TO WASH THOROUGHLY ON THE MORNING OF YOUR SURGERY AND DISCONTINUE ALL USE AFTER YOUR SURGERY.
13. You will need a prescription for nasal **Mupirocin** that you are to use daily for the five days before surgery. This will reduce your risk of an infection. If you do not live in Miami, you can ask your primary care doctor for a prescription for nasal mupirocin.
14. Weight gain will increase your complication risks during and after surgery and will contribute to a less than favorable aesthetic result. If you experience significant weight gain (placing you over our **32 Body Mass Index** requirement for surgery) after you were evaluated and/or if you have a planned, upcoming procedure with us, please notify our office immediately to avoid surgery cancellation or postponement.
15. Please consume at least 10-12 glasses of pure electrolyte water during the days leading up to your surgery. This will improve your hydration and improve your recovery experience after surgery.
16. Please notify our preop department asap if you currently have or have ever had any of the below medical conditions:
 - ◇ **Autoimmune Disorders: lupus, rheumatoid arthritis**
 - ◇ **Sleep Apnea**
 - ◇ **Anemia or Blood Disorders (low hemoglobin levels, sickle cell anemia, platelet disorder, etc.)**
 - ◇ **DVT (blood clots) or Pulmonary Embolism**
 - ◇ **COPD**
 - ◇ **Diabetes**
 - ◇ **Hypertension (high blood pressure)**
 - ◇ **Excessive / Disruptive Snoring**
 - ◇ **Asthma**
 - ◇ **Thyroid**
 - ◇ **Cardiovascular Disease or Abnormalities**
17. Please advise our preop department asap if you have taken or are currently taking any of the below medications:
 - ◇ **Oral Contraceptives**
 - ◇ **Hormone Replacement Therapy**
 - ◇ **Phentermine or Phen-Fen**

- ◇ **Adderall**
- ◇ **Accutane**
- ◇ **Steroids / Human Growth Hormone**
- ◇ **Immunosuppressive Drugs**
- ◇ **Blood Thinners**