



PREPARING FOR SURGERY

Please note: 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 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 **3 weeks prior to surgery and 2 weeks after surgery**.
 1. NSAID medications cause bleeding which may result in complications during and after surgery.
 2. You may take Tylenol for the 3 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, Bromalin, 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, 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 **two months** 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. ***If you have a history of Anemia, it is highly recommended to have your Hemoglobin levels checked immediately to give you ample time to increase your levels and avoid a surgery cancellation.***

Iron Regimen: Floradix or Hema Plex, Vit C 500 mg, Folic Acid 400 mcg twice 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 4 weeks prior to and 4 weeks after surgery**. Examples include pre-workout stimulant and energy drinks, creatine powders, ephedrine, or any other “weight loss” regimens. Please also discontinue any herbal teas or drinks during this time.
 1. **IF YOU ARE USING ANY MEDICATIONS CONTAINING PHENTERMINE YOU MUST DISCONTINUE 6 WEEKS PRIOR TO SURGERY. (THIS ALSO INCLUDES ADDERRAL). A POSITIVE DRUG TEST WILL INTERFERE WITH YOUR SCHEDULED SURGERY AND YOU WILL BE RESCHEDULED/CANCELLED. IF YOU ARE TAKING ANY WEIGHT LOSS SUPPLEMENT, PLEASE LET THE MEDICAL STAFF KNOW. THE MORNING OF YOUR SURGERY, A URINE SAMPLE WILL BE TAKEN FOR THE FOLLOWING: PREGNANCY, NICOTINE AND A 12 LEAD DRUG TEST.**

5. Discontinue the use of any oral contraception and or hormone replacements **one month** prior to surgery to avoid risk of blood clots. You will be able to restart your oral contraception and hormone therapy **one month** after surgery. Contraception and hormones increase the risk of a blood clot which can lead to death.
6. **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. **Please stop smoking 6 weeks before and 6 weeks after surgery.** A positive result the morning of your surgery for nicotine and/or ANY drugs will result in surgery cancellation without reimbursement of your surgery payments.
7. Discontinue consumption of alcoholic beverages **two week** prior to surgery and after your surgery.
8. Please 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. For example, if your surgery falls on July 1st, you may complete your clearance requirements any day after June 1st. Please try to schedule your appointment with your provider as early as the first day of the 30-day window to avoid any delays in receiving your results.
9. Breast surgery patients ages 35-39 will need a current breast ultrasound, patients ages 40 or over will need a current mammogram.
10. All patient 40 and above will require a chest x ray.
11. Patients over 50 will require an additional clearance from their cardiologist even if you have no cardiac conditions.
12. 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 the physician.
13. For breast ultrasound, mammogram, and chest x ray, these exams will be valid for one year from your surgical date.
14. Please avoid any dental procedure, one month before and one month after surgery.
15. Please avoid any Vaccines one month before and one month after surgery
16. **Please make sure that you remove nail polish from both index finger prior to surgery, this includes acrylics, gel or even clear nail polish.**
17. Avoid shaving or waxing 1 week prior to surgery, this is to avoid any possible in grown hair that may cause an infection. You can use an electric shaver to trim your hair.
18. All your lab and imaging results are due to our office via email or fax **two weeks** prior to your surgery date. This is to avoid any delays in your surgery in the case that additional testing is required. **Labs that are not received within the time frame indicated are at risk for a rescheduling/cancellation fee in the case that any exams received at the last moment are abnormal leaving no time to follow up.**
19. **COVID PCR** test results are due to our office via email or fax no later than **48 hours** prior to surgery, with a collection date of a maximum of **10 days** prior to your day of surgery. It is recommended to have this test done at the 10-day mark from your surgery to avoid any delays in receiving your results on time. Example, if you are scheduled for July 15, you should get tested on July 5th. **Please be advise that we do not accept antibodies or antigens testing, only PCR.**

20. Please contact our office before surgery if you develop any symptoms of flu, virus, or 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.
21. Your preoperative appointment is scheduled for you in our office with the Nurse and must be completed one full day prior to surgery.
22. Please incorporate **HIBICLENS** (chlorhexidine) antibacterial soap into your shower routine **5 days** prior to surgery. You may purchase at any local pharmacy, 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 discontinue the use of Hibiclens or any antibacterial wash AFTER surgery, moving forward, you will only use a gentle wash, for example Dove for sensitive skin.**
23. You will need a prescription for nasal topical ointment **MUPIROCIN OINTMENT 2%** that you **MUST use 5 days before surgery.** You are to use a Q-tip and gently apply the ointment inside both of your nostrils twice a day for 5 days before surgery. This will reduce your risk of an MRSA infection. Your provider should be able to prescribe this medication for you.
24. **WEIGHT GAIN** will increase your complication risks during and after surgery and will contribute to a less than favorable aesthetic result. Ideally a BMI under 30 is recommended. If you experience significant weight gain (placing you over 32 Body Mass Index) 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. **Please know that the requirements for having your surgical procedure in office must be under 32. BMI above 32 will require their surgery to be done in the hospital with an overnight stay. (Prices will change)**
25. Please consume an adequate amount of water (**3 liters**) during the days leading up to your surgery. This will improve your hydration and improve your recovery experience after surgery. Continue to hydrate yourself during your recovery (Water is your best friend). Please avoid heavy meals prior to surgery to avoid any bloating or constipation. There is no strict diet after surgery, you can eat as tolerated. It is recommended soft, bland meals for the first 1-2 days after surgery to avoid any discomfort.
26. You will receive your **PRESCRIPTIONS** the day of your preoperative appointment in person the day before your scheduled surgery with the **NURSE**. It is imperative to drop off your prescriptions that same day to assure you have them filled prior to the morning of surgery. Please remember that the only other pain medication you can take aside your prescribed medication is **TYLENOL** over the counter (as long as it is not taken with Percocet). ***Your pain medication (oxycodone/acetaminophen) and Tylenol are NEVER to be taken together!***
27. It is very common to experience constipation, it is recommended to purchase Colace/Senna/Miralax/Milk of Magnesia, a stool softer to start taking a few days after surgery if you are having trouble going. You can also incorporate FIBER a well balance meal and fluids to assist with the Digestion system. An enema or a visit to your doctor would be the last resort.
28. You will be receiving the proper garment/binder and a pair of compression stockings the day of your surgery. Patients are welcome to purchase extra set of compression stockings and bring with them any personal care items they feel they will need to help through their recovery during their stay. Example: Feminine hygiene products, comfortable clothing, any after care products you feel you may need.
29. **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)

- ◇ Pulmonary (COPD)
- ◇ Diabetes
- ◇ Hypertension (High Blood Pressure)
- ◇ Excessive / Disruptive Snoring
- ◇ Asthma
- ◇ Thyroid disease
- ◇ Heart Disease (abnormal rhythm, mitral valve prolapse, prior heart attack)

30. **PLEASE ADVISE OUR PREOP DEPARTMENT ASAP** if you have taken or are currently taking any of the below medications:

- ◇ Oral Contraceptives
- ◇ Hormone Replacement Therapy (Estrogen)
- ◇ Phentermine or Phen-Fen
- ◇ Adderall
- ◇ Accutane
- ◇ Steroids / Human Growth Hormone
- ◇ Immunosuppressive Drugs
- ◇ Blood Thinners (coumadin, Xarelto, heparin, advil, aleve, naproxyn, Excedrin, etc...)
- ◇ Methadone