

ARM TUCK

DR. GERUT'S PREOPERATIVE INSTRUCTIONS

FOR OFFICE SURGERY

Patients are required to have preoperative blood tests at their doctor's office or at the laboratory of their choice. The tests should be done no more than ten days before surgery and the results must reach the office no less than two days before surgery

FOR HOSPITAL SURGERY

Patients must visit the hospital BEFORE the day of surgery for pre-operative blood tests and interviews with an anesthesiologist and a nurse. Some hospitals allow the blood tests to be done at your doctor's office (if the doctor's lab is state approved) or at a private laboratory. Even if your tests are done outside the hospital, you must have a pre-surgical interview at the hospital.

A MEDICAL EXAMINATION and EKG may be required before surgery. Please understand that if this is required, it is for your benefit and safety.

DO NOT TAKE ASPIRIN, BUFFERIN, APC, FIORINAL, ALKA SELTZER, ECOTRIN, EXCEDRIN, ANACIN, VITAMIN E or any other medication for two weeks before surgery except as prescribed by Dr. Gerut. **Even Advil, Motrin, Aleve, etc., should be avoided. If necessary you may take Tylenol.**

Please check with the office if there are any questions regarding medication.

NO SMOKING for at least two weeks prior to surgery. Smoking **drastically** affects healing and lung function.

No more than one alcoholic drink per day as of one week before surgery. Alcohol can cause excessive swelling.

PRE-OPERATIVE MEDICATION To be taken **BEFORE** surgery

(you will only need the items indicated by check mark):

- Zofran** – Anti-Nausea – Take with a TINY sip of water around 3 hours before surgery
- Vitamin K** twice a day for 5 days before surgery
- Hibiclens soap** Wash area twice a day beginning 5 days before surgery
- Any Multivitamin** 1 daily
- Vitamin C** 1000mg daily for 5 days before surgery
- Please stop **ALL** natural or holistic medications as they may interact with your prescribed medications and anesthesia. The one exception is arnica in moderate doses.

Please make sure you have a thermometer at home. You will need to take your temperature daily during the first week.

Nothing to eat or drink after midnight the night before surgery. **Nothing** to eat or drink the morning of your surgery, except the Emend with a sip of water.

Please wear loose fitting clothing that buttons or zips down the front and low shoes or sneakers.

Please do not wear make-up, perfume or cologne or skin moisturizers on the day of surgery.

Please tell us if you have ever been on Accutane, blood thinner, birth control pills, thyroid medicine or other hormone pills.

Please tell us if you have ever had any skin conditions such as cold sores, shingles, herpes, etc. as you will need special medicine before surgery to avoid a serious outbreak.

Arrange for someone to pick you up after surgery. Please bring their phone number with you. **You will need someone to assist you at home for 24 to 48 hours after surgery.**

If you develop symptoms of illness such as a cold or a cough, call our office immediately at 516-295-2100.

I have been advised of the possible complications (there are others not listed here):

Bleeding	Thrombophlebitis	Reaction to the sutures
Infection	Hypertrophic Scars	Change in shape of arms
Need for revisional surgery	Keloids	Skin discoloration
Wound Dehiscence	Chronic Pain	Disability
Skin Numbness	Nerve Damage	Scar discoloration
Seroma	Anesthesia Risks	Parasthesias
Skin Necrosis	Hematoma	Contour deformities
Loose skin at elbow(s)	Swelling of arm(s) and/or hand(s)	

It may be necessary for you to communicate with Dr. Gerut by text or email before or after your surgery. This communication may involve sending information about or photographs of yourself over the Internet from which you may or may not be identifiable. By your initials here you acknowledge and accept this potential breach of your privacy. X_____

If there are any changes in your present medical condition PLEASE let us know before surgery.

If you wish to take a sedative on the morning of your surgery your consents MUST be signed in advance.

I have read the above instructions and complications, my questions have been answered and I understand them fully.

Patient Signature

Date

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