

BREAST AUGMENTATION WITH BREAST LIFT

DR. GERUT'S PREOPERATIVE INSTRUCTIONS

___ FOR OFFICE SURGERY

Patients are required to have preoperative blood tests at their doctors 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 , VITAMIN C 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 as smoking **drastically** affects healing as well as lung function. It can cause patches of your skin to die, it can cause scar tissue around your implants, making them feel hard or settle in the wrong place.

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

4. **PRE-OPERATIVE MEDICATION to take BEFORE surgery** (only the items indicated by check mark):

- Zofran** – Anti-Nausea – Take with a TINY sip of water around 3 hours before surgery
- Vitamin K1** Twice a day for 5 days before surgery (not A.M. of surgery)
- Hibiclens soap** Wash area twice a day beginning 5 days before surgery
- Any Multivitamin** 1 daily

Please stop **ALL** natural and holistic medications as they may interfere with your prescribed medications and anesthesia. The one exception is arnica in moderate doses.

Please purchase two exercise or jogging brassieres, front clasp. Dr. Gerut will tell you what size. The office staff will tell you where the brassiere may be purchased.

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

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.

Please make sure you have a thermometer at home. You will need to take your temperature daily during the first week. Call the office if 100.8 or greater.

Nothing to eat or drink after midnight the night before surgery. **Nothing** to eat or drink the morning of your surgery except Emend with a sip of water 3 hours before surgery.

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

Please do not wear make-up, perfume on the day of surgery.

Arrange for someone to pick you up at the hospital or office after surgery and to stay with you at home for at least 24 hours. Please bring their phone number with you.

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

I have been made aware of the following possible complications and/or side effects and I accept them (there are others possible that are not listed here):

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| Bleeding | Thrombophlebitis | Reaction to the sutures |
| Infection | Hypertrophic Scars | Capsule Formation (hardening) |
| Need for revisional surgery | Keloids | Skin/scar discoloration |
| Wound Dehiscence | Chronic Pain | Disability |
| Skin Numbness | Asymmetry – very likely | Change in breast shape |
| Seroma | Anesthesia Risks | Parasthesias |
| Loss of nipple areolar sensation | Nipple areolar malposition | Scarring |
| Change in Mammogram | Hematoma | Contour deformities |
| Nipple-Areolar necrosis | Implant extrusion | Recurrent Ptosis |
| Change of breast shape with chest muscle motion | High position of implant with breast tissue looking too low | Implant can leak needing immediate replacement |
| Interference with mammogram | | Need to replace implant after 10 years (silicone) even with no leakage |
| Change in breast self-examination | | |

X _____

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 is a change in your present medical condition, PLEASE let us know.

If you wish to take any sedatives on the day 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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Member, American Society of Plastic Surgeons
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