

BREAST REDUCTION OR 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 will be required before surgery. Please understand that this 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 as it **drastically** affects healing and lung function. It can cause patches of skin to die and cause your scars to be thick for months.

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

PRE-OPERATIVE MEDICATION to take BEFORE surgery (you will need only the checked items)

- 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 AM of surgery).
- Hibiclens soap** Wash area twice a day for 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.

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. .

Please make sure you have a thermometer at home. You **MUST** 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 A.M. of your surgery except the Emend with a sip of water.

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

Please do not wear make-up, perfume or body moisturizer 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 at the hospital or office after surgery and to stay with you at home for at least 48 hours. Please bring their phone number with you.

If you develop symptoms of illness such as a cold or cough, please 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	Asymmetry (likely)
Need for revisional surgery	Keloids	Skin discoloration
Wound Dehiscence	Chronic Pain	Disability
Skin Numbness	Nerve Damage	Scar discoloration
Seroma	Anesthesia Risks	Paresthesias
Nipple and/or Skin Necrosis	Hematoma	Contour deformities
Scarring	Loss of nipple-areolar sensation	Nipple areola necrosis
Nipple areolar malposition	Need for secondary surgery	Fat necrosis
Pain	Wound dehiscence	Time away from work/ social activities
Changes in self-exam and mammogram		Inability to predict exact post-op size

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 are any changes in you present medical condition before surgery PLEASE let us know before surgery.

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 possible complications, my questions have been answered and I understand them fully.

Patient Signature

Date

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