

CHEEK & CHIN IMPLANTS/BUCCAL FAT EXCISION

DR. GERUT'S POST OPERATIVE INSTRUCTIONS

Keep your cheeks/chin as still as possible. Avoid, talking, chewing, etc. Do not use straws. DO NOT CHEW GUM OR SMOKE!

Rinse incisions (IF inside of mouth) with a 50-50 mix of any mouth-wash: peroxide every two hours on the first evening after surgery and after eating or drinking anything except water. After the first day, rinse every 4 to 6 hours and after each meal. You may stop after 2 days.

On the first night after surgery, avoid eating. You may drink only **CLEAR LIQUIDS** that can be seen through, such as clear broth, apple juice, ginger-ale, jello, etc. **NO MILK PRODUCTS ALLOWED!** The second day you may have soft foods. After the second day you may eat or drink anything that you wish.

Please take the medications that Dr. Gerut indicates with a check mark. Only the medications checked off will be given to you. **If you are allergic to any of these medications, please let us know!** Please take all pills with a bit of food to avoid nausea. When you fill your prescriptions, the bottles will be labeled **only with the medical names for your pills** and for your reference, these medical names are in parentheses below.

Antibiotic: **Keflex** (Cephalexin) 500mg (1pill) 2 times a day Or, if allergic to Penicillin,
 Vibramycin (Doxycycline) - 100mg (1pill) 2 times a day

Severe pain: **Percocet** (Oxycodone) - 1-2 pills every 3 to 4 hours as needed.

Moderate pain: **Norco** (hydrocodone bitartrate/acetaminophen)- 1-2 pills every 3 to 4 hours as needed.

Nausea: **Compazine** (Prochlorperazine) Use one if needed. Never use more than 2 in 24 hours. If nausea returns, and you weigh less than 160 pounds, call the office before using a second suppository.

Constipation: **Ex-Lax** (or any other mild laxative as needed).

Multi-Vitamin: 1 daily

There will be a certain amount of swelling that will last a variable number of days. To Minimize swelling, keep your head elevated at all times. When lying down or sleeping, sleep in a reclining chair or use as many pillows as possible. You may apply ice if you wish. If you have any problem especially a sudden increase in pain or a fever (measured by a

thermometer) or if you have MUCH more swelling on one side compared to the other, **call the office at 516-295-2100**. After office hours please call **516-620-3619**.

I have been made aware of the following possible complications and/or side effects and I accept them (there may be other problems not listed here):

Bleeding	Reaction to the sutures	Infection
Need for revisional surgery	Wound dehiscence	Chronic pain
Asymmetry	Change in cheek/chin shape	Seroma
Anesthesia risks	Parasthesias and/or numbness	Hematoma
Contour deformities	Change in facial expression	Salivary cyst

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_____

No Aspirin, Bufferin, APC, Fiorinal, Alka Seltzer, Ecotrin, Excedrin, Anacin, Vitamin E or any other medication not directed by Dr. Gerut for **ONE WEEK AFTER SURGERY**. Regarding Advil or Motrin, check with Dr. Gerut or his office staff. During the time that you are taking a narcotic pain reliever, you are to avoid driving or operating heavy machinery. Dizziness or severe drowsiness can cause falls or other accidents.

FOR FAT INJECTION :

Significant weight gain or weight loss (change of 10% or more in body weight) can affect your surgical result, For this reason, you must agree to make all efforts to keep your weight stable after your procedure. If your weight changes significantly (change of 10% or more in body weight) after your procedure, you will not be entitled to any free “touch-up” procedures to the same area and you will be charged a surgical fee and an operating room fee and an anesthesia fee. If for other reasons, revisional surgery is required, there may be a surgical fee but even if there is no surgical fee, **THERE WILL BE A STANDARD FEE FOR THE OPERATING ROOM AND THE ANESTHESIA.**

I have read the above instructions (2 pages total) and possible problems fully, all my questions have been answered and I understand and accept the instructions and possible problems fully.

Patient Signature

Date

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