

CHEEK/ CHIN IMPLANT/BUCCAL FAT

DR. GERUT'S PREOPERATIVE INSTRUCTIONS

IF YOU ARE HAVING ANESTHESIA

Patients are required to have preoperative blood tests or at least a urine test 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.

A MEDICAL EXAMINATION AND EKG will 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., check with Dr. Gerut and his office staff.**

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 affects healing as well as lung function.

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

PRE-OPERATIVE MEDICATION To be taken BEFORE surgery(only items indicated by check mark):

- Zofran** – Anti-Nausea – Take with a TINY sip of water around 3 hours before surgery
- Vitamin K** - 5 mg twice a day for 5 days before surgery (not morning of surgery).
- Phisoderm** - Wash area twice a day for 5 days before surgery
- Multivitamin** - 1 daily
- Vitamin C** - 1000mg daily for 5 days before surgery

If you are having a chemical peel, please tell if you have ever had any skin conditions such as cold sores, shingles, herpes, etc.

If you are having anesthesia: **Nothing** to eat or drink after midnight the night before surgery. **Nothing** to eat or drink the morning of your surgery.

Please stop **ALL** natural or holistic medications as they may interact with your prescribed medication and anesthesia. The one exception is arnica.

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 cologne on the day of surgery.

If you are having anesthesia, arrange for someone to pick you up at the 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 advised of the possible complications:

Pain	Feeling tightness	Tingling
Bruising	Hematoma	Asymmetry
Scarring	Lumpiness	Numbness
Change in facial expression	Need to remove implant	Infection
Prolonged healing time	Malposition of the Implant	Bleeding
Nerve damage	Implant Extrusion	Seroma

X _____

If there are any changes in your present condition, 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.

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_____

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

Patient Signature

Date

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