

# THIGH 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 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. 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.

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

**PRE-OPERATIVE MEDICATION – Take BEFORE surgery: (you will need only the checked items)**

Zofran-Anti-nausea Please take pill, 3 hours before surgery with a sip of water.

Shower using Hibiclens soap from belly button to below knees including groin twice daily for five days before surgery. **This is very important to avoid infection.**

Multi-vitamin- 1 daily and **Vitamin C**- 1000mg daily for 5 days before surgery.

Magnesium Citrate-Drink 1 bottle, 2 full days prior to surgery

Vitamin K1- one pill twice a day for 5 days before surgery (not morning of surgery).

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

Please buy and bring with you the post operative compression garment. The office staff will tell you where the garment may be purchased. You will need to be measured for exact fit. The garment is called: **JOBST waist to below knee compression garment.**

Please make sure you have a thermometer at home. You will need to take your temperature daily for one week after surgery.

**Nothing** to eat or drink after midnight the night before surgery. **Nothing** to eat or drink the morning of your surgery, except Zofran 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 cologne on the day of surgery.

Arrange for someone to pick you up at the hospital or office after surgery and to stay with you for 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 (there are others not listed here):

Bleeding	Thrombophlebitis	Reaction to the sutures
Infection	Hypertrophic Scars	Change in appearance of thighs
Need for revisional surgery	Keloids	Skin discoloration
Wound Dehiscence	Chronic Pain	Disability
Skin Numbness	Nerve Damage	Scar discoloration
Seroma/Prolonged drainage	Anesthesia Risks	Paresthesias
Skin Necrosis	Hematoma	Contour deformities

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

**If you wish to take 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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Member, American Society of Plastic Surgeons  
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