

# **ABDOMINAL SURGERY**

## **DR. GERUT'S PRE-OPERATIVE 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** may be required before surgery. Please understand that if this is required, it is for your benefit and safety.

1. **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.
2. **NO SMOKING** for at least two weeks prior to surgery. Smoking **drastically** affects healing and lung function.
3. No more than one alcoholic drink per day as of one week before surgery. Alcohol can cause excessive swelling.
4. **PRE-OPERATIVE MEDICATION** Take **BEFORE** surgery (only the items checked items):
  - ☐ **Zofran** Anti-nausea. Take two as directed, day of surgery, while en route to office or hospital.
  - ☐ **Vitamin K** Twice a day for 5 days before surgery (not morning of surgery).
  - ☐ **Hibiclens soap**  
Shower from lower chest to mid-thigh twice daily for five days before surgery. This is **VERY** important to avoid infection. In addition, **DO NOT SHAVE near abdomen or groin the day or night before surgery. You may shave TWO days before surgery or the morning of surgery.**
  - ☐ **Multivitamin 1** daily
  - ☐ **Vitamin C** 1000mg daily for 5 days before surgery.
  - ☐ **Two days** before surgery drink one bottle of **Magnesium Citrate (be careful - a strong laxative).**

Please tell us if you have ever had any skin conditions such as cold sores, shingles, herpes, etc.

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

Please stop **ALL** natural or holistic medications two weeks before surgery as they may interact with your prescribed medication and anesthesia. The exception - arnica in moderate doses.

Beginning three days before surgery, you must be on a “low residue” diet. No fruits, vegetables, salads or roughage. Diet should be meat, chicken, fish and white bread and white rice.

Please make sure you have a thermometer at home to take your temperature after surgery every day for 1 week.

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

Please wear loose fitting clothing with 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. Please bring their phone number with you. **You will need assistance at home for at least 24 to 48 hours after your surgery.**

If you develop symptoms of illness such as a cold or a cough, 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 umbilicus
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

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 your medical condition between now and the day of your surgery 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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