

BREAST IMPLANT REMOVAL

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** may be required before surgery. Please understand that if this is required, it is for your benefit and safety.

DO NOT TAKE ASPIRIN, BABY 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 the implants to build up scar tissue and move or feel hard as well as other problems.

Not more than one alcoholic drink per day as of one week before surgery as alcohol can cause excessive swelling.

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

- ☐ **Zofran** – Anti-Nausea – Take with a TINY sip of water around 3 hours before surgery
- ☐ **Hibiclens soap** **Wash from shoulders to belly button twice a day for 5 days before surgery and**
including morning of surgery
- ☐ **Multivitamin** 1 daily

Please stop ALL natural or holistic medications as they may interfere with your prescribed medications and anesthesia. The one exception is arnica in moderate doses.

___ Prior to surgery you should have a **MAMMOGRAM / SONOGRAM** depending on your age.

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

Please be sure you have a thermometer at home. You must take your temperature daily for a week after surgery.

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

Please do not wear make-up, perfume, face moisturizer, or body moisturizer on the day of surgery.

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

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

Arrange for someone to pick you up at the hospital or 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.

DO NOT SHAVE UNDERARMS THE DAY OR NIGHT BEFORE SURGERY. YOU MAY SHAVE TWO DAYS BEFORE SURGERY OR THE MORNING OF SURGERY.

I have been made aware of the following possible complications and/or side effects and I accept them (there are others possible that are not listed here):

YOU WILL HAVE DROOPING OF YOUR BREASTS

Bleeding	Thrombophlebitis	Reaction to the sutures
Infection	Hypertrophic Scars	Contour deformities
Need for revisional surgery	Keloids	Skin/scar discoloration
Wound Dehiscence	Chronic Pain	Disability
Skin Numbness	Asymmetry – very likely	Change in breast shape
Seroma	Anesthesia Risks	Parasthesias
Loss of nipple areolar sensation	Nipple areolar malposition	Scarring
Change in Mammogram	Hematoma	
Change of breast shape with chest muscle motion		
Interference with mammogram	Change in breast self-examination	
	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 is any change 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 possible complications, my questions have been answered and I understand them fully.

Patient Signature

Date

Zachary E. Gerut, M.D., F.A.C.S., P.C.
Diplomat, American Board of Plastic Surgery
Member, American Society of Plastic Surgeons
Member, American Society for Aesthetic Plastic Surgery
Assistant Clinical Professor of Plastic Surgery, Albert Einstein Med Ctr. (ret)
Assistant Medical Director or Research, Touro University Physician Assistant School
Fellow of the American College of Surgeons

revised 3/16