

EYELID SURGERY

DR. GERUT'S PREOPERATIVE INSTRUCTIONS

FOR OFFICE SURGERY

Patients must have preoperative blood tests at their doctors office or at the laboratory of their choice. The tests should be done at least ten days before surgery and the results must reach the office at least 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

A MEDICAL EXAMINATION, an **EKG**, and a visit to an **OPHTHALMOLOGIST** 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. Smoking can ruin the result of the surgery and make the scars visible for many months.

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

If you are having upper and lower eyelid surgery or if you have eye problems, you may have to visit an ophthalmologist before surgery for your own safety. This will be discussed with you.

PRE-OPERATIVE MEDICATION To be taken **BEFORE** surgery (you will only need checked items)

- ☐ **Zofran** Anti-nausea. Take two as directed, day of surgery, while en route to office or hospital.
- ☐ **Vitamin K1** Twice a day for 5 days before surgery (not morning of surgery).
- ☐ **Multivitamin-** 1 daily
- ☐ **Vitamin C-** 1000mg daily for 5 days before surgery.

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.

Please tell 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 tell us if you have eye irritation or other symptoms on a regular basis.

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

If you wear false eyelashes, they may come off during surgery. It is your responsibility to remove them prior to surgery.

Arrange for someone to pick you up at the hospital or office after surgery and to stay with you for at least 8 hours. Please bring their phone number with you.

If you develop symptoms of illness such as a cold or a cough, please call us immediately at 516-295-2100

I have been advised of the possible complications of:

Upper eyelid surgery:

Scarring	Bleeding/ Hematoma	Irritation
Numbness	Nerve damage	Infection
Newly noticeable lines	Need for additional surgery	Wrinkling of skin
Inability to close eyes	Change in facial expression	Lowering of eyebrows
Change in shape of eye	Change in eyeglass prescription	Pimples around the scars
Asymmetry	Eyelid shape change	Paresthesias/ Dysesthesias
Pain	Numbness/pain of forehead	Excess bruising and swelling

Lower eyelid surgery- all the above AND:

Ectropion Hollowness under eye

By my initials below I understand the above AND I have been informed of the very crucial need for me to perform postoperative massage of my lower eyelid.

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 changes in your medical condition between now and the day of 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 the instructions fully.

Patient Signature

Date

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Member, American Society of Plastic Surgeons
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