

# **FOREHEAD LIFT**

## **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** will 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., check with Dr. Gerut or his office staff. 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 as smoking **drastically** affects healing as well as lung function.
3. No more than one alcoholic drink per day as of one week before surgery as alcohol can cause excessive swelling.
4. **PRE-OPERATIVE MEDICATION** To be taken **BEFORE** surgery  
(you will only need the items indicated by check mark):

- ☐ **Zofran** – Anti-Nausea – Take with a TINY sip of water around 3 hours before surgery
- ☐ **Vitamin K** Twice a day for 5 days before surgery (not morning of surgery)
- ☐ **Hibiclens soap** Wash area twice a day beginning 5 days before 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.

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

5. **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.

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

7. Please do not wear make-up, perfume or cologne on the day of surgery.

8. Arrange for someone to pick you up at the hospital or office after surgery and to stay with you at home for 24 hours. Please bring their phone number with you

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

**11. If you wish to take any sedatives on the day of your surgery your consents MUST be signed in advance.**

10. I have been advised of the following possible complications:

Numbness	Scarring	Hair loss	Itching
Paresthesis	Hematoma	Dysesthesias	Infection
Nerve damage	Change in hair line	Change in forehead muscles	Change in facial expression
X _____			

IF ANY CHANGE OCCURS IN YOUR MEDICAL CONDITION, **PLEASE** LET US KNOW PRIOR TO SURGERY.

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 and possible complications, my questions have been answered and I understand the instructions fully.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

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