

Lip Augmentation

DR. GERUT'S PRE- AND POST-OPERATIVE INSTRUCTIONS

Prior to surgery:

- Start taking Valtrex (antiviral) 500mg two times daily, starting one day prior to surgery. This is the only prescription you will take before your surgery.
- Take A good multi-vitamin and an additional 500 mg vitamin C daily beginning 5 days prior to your surgery
- DO NOT take anything containing Aspirin, Advil (ibuprofen) or Alleve (Naproxen Sodium) for 10 days prior to surgery and 14 days after surgery. You may take Tylenol (acetaminophen). Do not take additional Vitamin E.
- Arnica may be taken to reduce bruising.
- Cleanse face prior to surgery. Do not wear lipstick or lip liner.
- DO NOT SMOKE.
- DO NOT DRINK ALCOHOL THE NIGHT BEFORE SURGERY.
- **Nothing** to eat or drink after midnight the night before surgery. **Nothing** to eat or drink the morning of your surgery.
- 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.
- Unless you intend to be wide awake for surgery, arrange for someone to pick you up at the hospital or office after surgery. Please bring their phone number with you.

What you will need after surgery:

1. Prescriptions (they will be given to you or electronically transmitted to your pharmacy) for pain, antibiotics and an anti-viral
2. Small tube of Bacitracin or Neosporin Ointment
3. Q-Tips
4. Small bottle of Hydrogen Peroxide
5. Crushed ice, large bowl and 4x4 gauze pads to make cool compresses
6. Vaseline or UNSCENTED Chapstick type lip balm to keep lips moist
7. Small soft children's toothbrush
8. Thermometer

Post Operative instructions:

- Rest quietly the rest of your surgery day. The next day you can perform routine activities. No exercise for 1 week.
- Sleep with head elevated using 3-4 pillows (decrease swelling)
- No bending over, lifting, straining or sex for 4 days following surgery.
- Eat foods that are soft and require minimal chewing for 4 days. Do no chew gum, salads or tough meats. No hot or salty foods or fluids for 48 hours. No big bites of anything.
- NO SMOKING for at least two weeks after surgery.
- AVOID opening mouth more than 1 inch wide to prevent incision separation for 1 week.

- Use a small child's toothbrush to gently brush your teeth and rinse your mouth after each meal.
- Clean incisions at corner of mouth with diluted hydrogen peroxide (1/4 hydrogen peroxide, 3/4 water) then apply antibiotic ointment (Bacitracin or Neosporin) 3 times per day for 2 weeks.
- Take Valtrex prescription until finished.
- Use cool/moist compresses for 24 – 48 hours to reduce swelling. NO DIRECT ICE.
- Keep lips moisturized for 2 -3 weeks with Vaseline
- Do not massage the lips
- Start antibiotics the first morning following the procedure.
- Take pain pills as needed
- Take your temperature after surgery every day for 1 week. Call the office if it is 100.8 or higher.
- Beginning 4 days after surgery, you must hook a finger on each corner of your mouth and gently pull toward the ears for several minutes, several times a day.

If you develop symptoms of illness such as a cold or a cough, please call our office immediately at 516-295-2100 or if it is after hours, 516-620-3619.

I have been advised before my surgery of the following possible issues (there are others that are not listed here):

Pain	Feeling tightness	Tingling
Bruising	Hematoma	Asymmetry
Scarring	Lumpiness	Numbness
Change in facial expression	Need to remove implant	Infection
Prolonged healing time	Malposition of the Implant	

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 very unlikely but possible breach of your privacy. X_____

If there are any changes in your medical condition either before or after 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, all my questions have been answered and I understand them fully.

Patient Signature

Date

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