

# **LIPOSUCTION**

## **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, 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, or Aleve 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.

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

**PRE-OPERATIVE MEDICATION** To be taken **BEFORE** surgery (you will need only the items indicated by check mark):

\_\_\_\_ **Shower using Hibiclens soap** to all areas of liposuction daily for three days before surgery. **This is VERY important to avoid infection.**

\_\_\_\_ **Multivitamin** - 1 daily

\_\_\_\_ **Vitamin C** - 500mg 2 times a day for 5 days before surgery.

\_\_\_\_ **Zofran** - Anti-nausea. Take pill, with a tiny sip of water, 3 hours before surgery.

\_\_\_\_ **Vitamin K** - Twice a day for 5 days before surgery (not morning of 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.

We will supply you with a post operative compression garment. If you wish to purchase one yourself, PLEASE show us what you intend to purchase.

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

Please tell us if you have ever had any skin conditions such as cold sores, shingles, herpes, etc. as you will need special medicine before surgery to avoid a serious outbreak.

Please make sure you have a thermometer at home. You will need to take your temperature daily for one week after surgery.

**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 body moisturizer on the day of surgery.

Arrange for someone to pick you up at the hospital or office after surgery. Someone should stay with you for the first 24 hours after surgery. 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 (there are others not listed):

Bleeding	Contour deformity	Need for revisional surgery (likely)
Infection	Asymmetry	Loose skin requiring major surgery to fix
Need for scar revision	Hematoma	Seroma
Anesthesia risks	Skin discoloration	Skin irregularity
X _____		

**If there are any changes in your present medical condition, PLEASE let us know before surgery.**

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

**If you gain more than 10 pounds after your liposuction, revision procedures will NOT be done as courtesy.**

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 complications, my questions have been answered and I understand them fully.

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

\_\_\_\_\_  
Date

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Dr. Cerulli