

MINOR FACIAL SURGERY

DR. GERUT'S PREOPERATIVE INSTRUCTIONS

IF YOU ARE HAVING ANESTHESIA / SEDATION

Patients are required to have preoperative blood tests or at least a urine test. We will tell you where and when the tests should be done.

A MEDICAL EXAMINATION AND EKG 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 and 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 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(only items indicated by check mark):**
 - ☐ **Vitamin K1** Twice a day for 5 days before surgery (not morning of surgery). Purchase at GNC or Vitamin Shoppe
 - ☐ **Phisoderm** Wash area twice a day for 5 days before surgery
 - ☐ **Multivitamin 1** daily for five days before surgery
 - ☐ **Vitamin C 1000mg** daily for 5 days before surgery
 - ☐ **Zofran** – Anti-Nausea – Take with a TINY sip of water around 3 hours before your surgery

Nothing to eat or drink after midnight the night before surgery and **Nothing** to eat or drink the morning of your surgery except Emend with a small sip of water if you are having anesthesia.

5. Please stop **ALL** natural or holistic medications as they may interact with your prescribed medication and anesthesia. There are exceptions such as arnica.
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. If you are having anesthesia, arrange for someone to pick you up at the office after surgery and to stay with you at home for at least 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.

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

Bleeding	Infection	Need for revisional procedure	Skin discoloration
Chronic Pain	Skin numbness	Asymmetry	Change in facial expression
Anesthesia Risks	Parasthesias	Hematoma	Contour deformities

X _____

11. If there are any changes in your present condition between now and the day of surgery, PLEASE let us know before surgery.

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

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

Patient Signature

Date

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