

TRANSCONJUNCTIVAL EYELID SURGERY

DR. GERUT'S PREOPERATIVE INSTRUCTIONS

FOR OFFICE SURGERY

Patients are required to have preoperative blood tests at their doctors 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.

 A MEDICAL EXAMINATION and **EKG** may be required before surgery. Please understand that if this is required, it is for your benefit and safety.

 AN OPHTHALMOLOGICAL EXAMINATION 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, 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.

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 only need the items indicated by check mark):

- ☐ **Zofran** Anti-nausea. Take one pill 3 hours before surgery, with a sip of water
- ☐ **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.

Please tell if you have ever had any skin conditions such as cold sores, shingles, herpes, etc.

Nothing to eat or drink after midnight the night before surgery. **Nothing** to eat or drink the morning of your surgery except the Zofran with a sip of water.

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 eye problems.

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

Please tell if you have ever had any skin conditions such as cold sores, shingles, herpes, etc.

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

Arrange for someone to pick you up at the hospital or office after surgery and to stay with you for 24 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 subconjunctival excision of fat pockets:

Wrinkling or loosening of eyelid skin	Hollowness under the eyes	Infection
Hematoma	Blurriness	Bruising & swelling
Need for tightening of skin/muscle in the future		Ectropion
Numbness of eyelids	Changes in eyelid shape	Scarring

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 any changes in your present 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.

You will need to massage you lower eyelids after surgery and we will show you how during this preoperative visit.

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

Patient Signature

Date

Dr. Cerulli