

# **CHEMICAL PEEL**

## **DR. GERUT'S PREOPERATIVE INSTRUCTIONS**

### **FOR OFFICE SURGERY**

If you are having anesthesia, you are required to have preoperative blood tests at your doctor's office or at the laboratory of your choice. The tests should be done **no more than ten days before the procedure** and the results must reach the office no less than two days before surgery.

**A MEDICAL EXAMINATION** and **EKG** may be required before the procedure. Please understand that if this is required, it is for your benefit and safety. Other tests may be needed.

**DO NOT TAKE ASPIRIN, BUFFERIN, APC, FIORINAL, ALKA SELTZER, ECOTRIN, EXCEDRIN, ANACIN, VITAMIN E or any other medication** for two weeks before the procedure except as prescribed by Dr. Gerut. **Even Advil, Motrin, Aleve, etc., should be avoided.** An expanded list of medications to avoid can be provided. **You may take Tylenol.** Please check with the office if there are any questions regarding medication.

It is advised that if at all possible, Retin-A be applied for the two weeks prior to the procedure for optimal results.

**NO SMOKING** for at least three weeks prior to surgery. Smoking **drastically** affects healing and lung function. It can ruin the surgery, cause areas of skin to die and cause lumps of scar tissue.

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

**You will need to buy Aquaphor , Dove soap, 1% hydrocortisone cream and Eucerin cream for use after the procedure as described in your post operative instructions. All are available over the counter.**

**Please stop ALL natural or holistic medications as they may interact with your prescribed medications and anesthesia.**

Please tell us if you have ever been on Accutane, blood thinner, birth control pills, thyroid medicine or other hormone pills.

**IT IS URGENT THAT YOU TELL US IF YOU HAVE EVER HAD ANY SKIN CONDITIONS SUCH AS COLD SORES, SHINGLES, HERPES, ETC.** If you have, you will need special prescription antiviral medication before surgery to avoid a serious outbreak which can be devastating.

**If you are having anesthesia, nothing** to eat or drink after midnight the night before surgery. **Nothing** to eat or drink on the morning of your surgery.

Please wear loose fitting clothing that have buttons or zippers down the front and low shoes or sneakers. No pullover tops, no tight or laced shoes.

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

If you wear false eyelashes, they may come off during the procedure. It is your responsibility to remove them prior to surgery.

Arrange for someone to pick you up after the procedure. Please bring their phone number with you. You might need some assistance at home for 12 to 24 hours after the procedure. Please discuss this with us before your the procedure.

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

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

Pain	Numbness	Disability
Infection	Lumpiness	Swelling
Scarring	Facial asymmetry	Increased hair growth
Need for revision	Skin discoloration	Prolonged healing time
Changes in skin color		
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 potential breach of your privacy. X\_\_\_\_\_

**If there are any changes in your medical condition between now and the day of your 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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