

# FACE/NECK LIFT SURGERY

## 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** will be required before surgery. 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 surgery 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.

**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.

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

- ☐ **Zofran** – Anti-Nausea – Take with a TINY sip of water around 3 hours before surgery
- ☐ **Vitamin K1** twice a day for 5 days before surgery. (not morning of surgery).
- ☐ **Phisoderm** Wash face, neck, around ears and entire surgical area twice a day for 5 days before surgery
- ☐ **Multivitamin** 1 daily
- ☐ **Vitamin C** 1000mg daily for 5 days before surgery.

**Please stop ALL natural or holistic medications as they may interact with your prescribed medications and anesthetics. The exception is arnica in moderate doses.**

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 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.

**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 surgery.

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

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

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	Bruising
Feeling tightness	Lumpiness	Swelling	Scarring	Hematoma
Seroma	Pixie ear	Change in shape of ear	Motor nerve damage	Facial asymmetry
Change in facial expression		Ear numbness	Increased hair growth	Need for revision surgery
Changes in facial shape		Skin discoloration	Prolonged healing time	Skin necrosis
Reaction to Stitches		New dimples / other marks	New wrinkles and/or lines	
Neck or back problems from prolonged special positioning				

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

Zachary E. Gerut, M.D., F.A.C.S., P.C.  
Diplomat, American Board of Plastic Surgery  
Member, American Society of Plastic Surgeons  
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