

PRE- and POSTOPERATIVE GUIDE TO OFFICE SURGERY

Procedure: _____

Surgeon: _____

Date & Time: _____

GENERAL INSTRUCTIONS

1. Do not take aspirin, Advil, Nuprin, Motrin, Ibuprofen, Aleve or any similar anti-inflammatory/pain reliever for 14 days prior to your procedure. You may take Tylenol if needed.
2. Inform us when we are booking your surgery if you are taking Coumadin(Warfarin) or any other blood-thinning medications.
3. Inform us if you take antibiotics prior to dental or surgical procedures.
4. Stop all natural/herbal medications and vitamins 7 days prior to your procedure. You can continue to take all other medications (blood pressure medication, blood sugar medication etc.) as usual unless directed by the surgeon.
5. You may start Arnica two days prior to your procedure to help decrease any bruising, it can be purchased over the counter at your pharmacy. Take according to package directions for a total of 7 days.
6. Please abstain from alcohol and smoking for 24 hours prior to your procedure.
7. There is no need to fast prior to the office procedure. A small breakfast prior to morning procedures is recommended.
8. Carefully wash your face the night before and morning of the facial procedure and do not wear facial makeup.
9. If taking sedatives or narcotic pain medicine prior to procedure, you must get a ride to and from surgery. Facelift patients must get a ride to their post-op appointment. If you do not have a ride, we can provide a brochure that contains non-emergency medical transportation service.
10. Please arrive 15 minutes prior to your procedure time.
11. If prescribed medications, please bring them with you to procedure.
12. After the procedure, you should remain in facility at least 30 minutes for recovery.
13. Vitals signs and breathing status (oxygen saturation) will be assessed both sitting & upright.
14. You should be able to tolerate or drink liquids.

15. You should be able to rise from the procedure table and ambulate out of the room with minimal assistance.

16. You should be able to leave the facility capable of self-care and environmental awareness.

Today's Date: _____

Patient's signature: _____