

## **CONSENT FOR ABDOMINOPLASTY**

Abdominoplasty or “Tummy Tuck” surgery is performed for cosmetic reasons to improve the appearance of the abdominal wall by removing excess skin and fat from the lower abdomen and tightening the muscle layer. It can also be performed for functional or reconstructive reasons such as documented severe skin fold rashes which are resistant to all types of medical therapy. This surgery is considered an “elective” procedure, meaning that it is being performed by choice rather than necessity

Alternative forms of management consist of not treating the areas of loose skin and fatty deposits. Liposuction may be a surgical alternative to abdominoplasty if there is good skin tone and localized abdominal fatty deposits in an individual of normal weight. Diet and exercise programs may be of benefit in the overall reduction of excess body fat and contour improvement.

Abdominoplasty is not a surgical treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body contouring surgery until they have reached a stable weight.

We often describe patients as being “good” or “poor” candidates for a particular procedure. This decision is made after taking into consideration physical findings (e.g. body weight, skin quality, previous scars, age, degree of deformity, chance of future pregnancy), medical health, history of smoking, emotional state, level of expectation, and whether in our hands we can achieve a result that will meet your expectations. If you are told that you are not currently a good candidate for this particular procedure, be sure to find out what, if anything can be done to change this.

Although there are benefits to having an Abdominoplasty, there are also risks that must be weighed before deciding to proceed with surgery. In addition, every procedure has limitations. An individual’s choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience complications, you should discuss each of the possible complications with your plastic surgeon to make sure you completely understand all the possible consequences of abdominoplasty.

Should complications occur, additional surgery or other treatments may be necessary. Even though complications occur infrequently, the risks cited below are particularly associated with abdominoplasty. Other complications can occur but are even more uncommon. The more common risks associated with **Abdominoplasty Surgery** are:

- **Bleeding:** There is usually not a significant amount of bleeding when this procedure is being performed by itself. Often times, liposuction or other procedures are performed simultaneously, which can further increase blood loss. Avoiding any medications that can thin your blood is required before and after surgery. Do not take any aspirin or anti-inflammatory medications such as ibuprofen/Motrin/Aleve/Advil for two weeks before or after surgery, as this may increase the risk of bleeding. Non-prescription “herbs” and dietary supplements such as Vitamin E should also be avoided as they can increase the risk of surgical bleeding. You can start taking iron supplements pre-operatively if you are having an extensive surgery. The need for blood transfusion is very slight, but if you refuse blood products for religious reasons please let us know.
  - Heparin medications that are used at the time of your surgery to prevent deep venous thrombosis/blood clots can produce bleeding; thus it is important to avoid the medications listed above to reduce the risk of bleeding.
- **Medications:** When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed. There are many adverse reactions that occur as the result

of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications that you are already taking.

- **Infection:** Infection is unusual after surgery. Should an infection occur, treatment including antibiotics, hospitalization, or additional surgery may be necessary. Antibiotics will be given through the I.V. before surgery to minimize the risk of infection, and after surgery you will be switched to an oral form if appropriate. Sometimes redness and itching can form around the belly button or drain sites after several days on antibiotics. This may be due to yeast overgrowth and may resolve with stopping antibiotics (topical and/or oral), or adding an antifungal.
- **Necrosis:** The techniques used for this type of surgery involve extensive undermining (or lifting) of the skin and tension on the skin at the time of closure. This can injure the blood supply and lead to sloughing or scabbing of the skin and may take weeks to months before the incision completely heals. The belly button is also at risk for necrosis (or “dying”). It is well established that smokers are at increased risk for healing problems, so you should avoid smoking for as long as possible (1-3 months) before and after surgery. Pre-existing surgical scars in the upper abdomen also increase the risk of necrosis.
- **Seroma:** This is the medical term for a fluid collection under the skin following surgery. To avoid this complication, drains are often placed at the time of the operation, and are usually removed within the first two weeks post-op. We prefer to remove the drains when their output has dropped to about 20cc over a 24 hour period. If this fluid re-accumulates after the drains have been removed, it can be aspirated with a needle in the office.
- **Changes in Skin Sensation:** It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. Nerves, which give sensation to the skin on the lower portion of the abdomen, are cut during this procedure leaving the skin in this area numb. There will be gradual return of sensation, but possibly not as much as before surgery. Itching, tenderness, or altered responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.
- **Recurrent Laxity:** Lots of people have had multiple pregnancies, c-sections, and large weight loss *without* needing an abdominoplasty, so why do you? One possibility is that your tissue just stretches more due to your genetics. We pull your tissue as tight as we feel is safe and appropriate at the time of surgery, but there will be some recurrent laxity. This may result in a slight fullness above your scar over time. Patients who have had massive weight loss after gastric bypass are particularly at risk. If your muscles are pulled together in the midline, straining, lifting, or exertion may weaken the sutures before healing is complete resulting in recurrent muscle laxity. We recommend stool softeners (colace and fiber) before and after surgery, and wearing an abdominal binder or girdle for support during the first 6 weeks post-op. You should avoid lifting anything more than 15 pounds for the first 4-6 weeks post-op. You can start cardio work-outs at about 6 weeks as tolerated but be sure to always hold your muscles tight. Abdominal work-outs can start at three months. Remember, if it hurts, you are doing too much.
- **Skin Contour Irregularities-** Contour and shape irregularities and depressions may occur after abdominoplasty. Visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility, as is skin pleating when there is excessive redundant skin. This may improve with time, or if it is still a problem after one year, this can be revised in the office by lengthening your scar to remove the “dog ears”.
- **Poor Appearing Scars:** All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than surrounding skin. Scars may be asymmetrical (appear different between right and left sides of the body). The incision across your lower

abdomen is closed under tension, which can lead to spreading or thickening of the scar. The final appearance of the scar has a lot to do with your individual healing characteristics and how you take care of the scar during the first several months of healing. There is a full sheet of scar-care instructions in your pre-op packet. In some cases, scars may require surgical revision or treatment.

- **Skin Discoloration/Swelling-** Bruising and swelling are a normal occurrence following abdominoplasty. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.
- **Sutures-** Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires removal.
- **Fat Necrosis-** Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.
- **Umbilicus-** The belly button (“umbilicus”) is often slightly off-center in people with abdominal laxity, both before and after surgery. Sloughing of the umbilicus may lead to an unacceptable appearance after surgery.
- **Pubic Distortion-** The pubic area is often lifted during surgery and can be a site for future weight gain after surgery. Special attention is paid to this area in the OR to help prevent distortion. Should this occur, additional treatment including surgery may be necessary.
- **Deep Venous Thrombosis, Cardiac and Pulmonary Complications-** Surgery, especially longer procedures, may be associated with the formation of blood clots in the venous system. A blood clot can form in your leg after surgery because of the increased pressure of tightening your abdominal muscles. This is referred to as a DVT or deep venous thrombosis. DVTs can also form due to inactivity or being sedentary after surgery (so walk early and often). Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. These complications can be life-threatening or fatal in some circumstances. It is important to discuss with your physician any past history of blood clots, swollen legs or the use of estrogen or birth control pills that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. Should any of these complications occur, you may require hospitalization and additional treatment. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately.
- **Reduced Breast Reconstruction Options:** The lower abdominal skin and fat can be used to reconstruct a breast following mastectomy (TRAM flap), and once an abdominoplasty has been performed this tissue is no longer available. There are still other options for breast reconstruction surgery.
- **Injury to Deeper Organs:** I have never seen or heard of this happening, but it is a theoretical risk.
- **Surgical Anesthesia-** Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation
- **Allergic Reactions-** In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including anaphylaxis may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.
- **Unsatisfactory Result-** Although good results are expected, you may be disappointed with the results of abdominoplasty surgery. This would include problems such as asymmetry, unsatisfactory or highly visible surgical scar location, unacceptable visible deformities, bunching and rippling in the skin near the suture lines or at the ends of the incisions (dog ears), poor healing, wound disruption, and loss of sensation. It may not be possible to correct or improve the effects of surgical scars. In some situations,

it may not be possible to achieve optimal results with a single surgical procedure. Secondary surgery may be necessary to improve results or obtain optimal results.

### **ADDITIONAL ADVISORIES**

**Long-Term Results-** There are many variable conditions that may influence the long-term result of surgery. Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery. Gaining weight after surgery can decrease the quality of the overall result. As with any body contouring procedure, weight redistribution can occur if a stable weight is not maintained post-operatively.

**Female Patient Information-** It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

**Intimate Relations After Surgery-** Surgery involves coagulating blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Increased activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery for the control of bleeding. It is wise to refrain from sexual activity for 2 to 3 weeks until it is safe to elevate your heart rate and blood pressure.

**Mental Health and Elective Surgery-** It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery, and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health issues. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

### **Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)-**

Patients who are currently smoking, use tobacco or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smokers may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

\_\_\_\_\_ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

\_\_\_\_\_ I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

**PATIENT COMPLIANCE**

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activities such as lifting and straining need to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative results depend on both surgery and subsequent care. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

**DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**It is important that you read the above information carefully and have all of your questions answered before signing this consent.**

Medicine is not an exact science, so no guarantees can be made regarding complications or outcome. Although good results are expected, there is no guarantee or warranty expressed or implied, as to the results that may be obtained. We will do everything possible to ensure your safety, and strive for the best result in every case. We hope that you will also do your part by following your post-op instructions, using good judgment, and letting us know about any problems.

Please ask any questions you may have regarding the surgery prior to signing this form. Your signature means that you have had a chance to read and discuss the common risks associated with **Abdominoplasty Surgery**, and that you agree to proceed. A separate consent form from the hospital will also need to be signed for the medical record.

I CONSENT TO THE TREATMENT OF ABDOMINOPLASTY AND I HAVE READ THE ABOVE LISTED ITEMS. I AM SATISFIED WITH THE INFORMED CONSENT PROCESS.	
_____	_____
Patient or Person Authorized to Sign for Patient	Date
_____	_____
Witness	Date

## **CONSENT FOR BELT LIPECTOMY**

Belt lipectomy or trunkal body lift is a circumferential removal of loose hanging skin and fat from around the waist or "belt" line of an individual. It could be considered an extensive abdominoplasty that continues around the sides to remove the loose "love handle" skin that continues onto the lower back. The advantage to this extensive removal of skin is that the looseness above the buttock is removed which has the effect of lifting the buttocks as well. Sometimes the fat in this area is used to augment the buttocks during belt lipectomy, restoring the flattened buttocks to a more youthful and projecting shape. This surgery is considered an "elective" procedure, meaning that it is being performed by choice rather than necessity.

Alternative forms of management consist of not treating the areas of loose skin and fatty deposits. Liposuction may be a surgical alternative to a belt lipectomy if there is good skin tone and localized abdominal fatty deposits in an individual of normal weight. Diet and exercise programs may be of benefit in the overall reduction of excess body fat and contour improvement.

Belt lipectomy is not a surgical treatment for being overweight. Obese individuals who intend to lose weight should postpone all forms of body contouring surgery until they have reached a stable weight.

We often describe patients as being "good" or "poor" candidates for a particular procedure. This decision is made after taking into consideration physical findings (e.g. body weight, skin quality, previous scars, age, degree of deformity, chance of future pregnancy), medical health, history of smoking, emotional state, level of expectation, and whether in our hands we can achieve a result that will meet your expectations. If you are told that you are not currently a good candidate for this particular procedure, be sure to find out what, if anything can be done to change this.

Although there are benefits to having a belt lipectomy, there are also risks that must be weighed before deciding to proceed with surgery. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. Although the majority of patients do not experience complications, you should discuss each of the possible complications with your plastic surgeon to make sure you completely understand all the possible consequences of a belt lipectomy.

Should complications occur, additional surgery or other treatments may be necessary. Even though complications occur infrequently, the risks cited below are particularly associated with abdominoplasty. Other complications can occur but are even more uncommon. The more common risks associated with a belt lipectomy surgery are:

- **Bleeding:** There is usually not a significant amount of bleeding when this procedure is being performed by itself. Often times, liposuction or other procedures are performed simultaneously, which can further increase blood loss. Avoiding any medications that can thin your blood is required before and after surgery. Do not take any aspirin or anti-inflammatory medications such as ibuprofen/Motrin/Aleve/Advil for two weeks before or after surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements such as Vitamin E should also be avoided as they can increase the risk of surgical bleeding. You can start taking iron supplements pre-operatively if you are having an extensive surgery. The need for blood transfusion is very slight, but if you refuse blood products for religious reasons please let us know.
  - Heparin medications that are used at the time of your surgery to prevent deep venous thrombosis/blood clots can produce bleeding; thus it is important to avoid the medications listed above to reduce the risk of bleeding.
- **Medications:** When taking the prescribed pain medications after surgery, realize that they can affect your thought process and coordination. Do not drive, do not operate complex equipment, do not make

any important decisions and do not drink any alcohol while taking these medications. Be sure to take your prescribed medication only as directed. There are many adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications that you are already taking.

- **Infection:** Infection is unusual after surgery. Should an infection occur, treatment including antibiotics, hospitalization, or additional surgery may be necessary. Antibiotics will be given through the I.V. before surgery to minimize the risk of infection, and after surgery you will be switched to an oral form if appropriate. Sometimes redness and itching can form around the belly button or drain sites after several days on antibiotics. This may be due to yeast overgrowth and may resolve with stopping antibiotics (topical and/or oral), or adding an antifungal.
- **Necrosis:** The techniques used for this type of surgery involve extensive undermining (or lifting) of the skin and tension on the skin at the time of closure. This can injure the blood supply and lead to sloughing or scabbing of the skin and may take weeks to months before the incision completely heals. The belly button is also at risk for necrosis (or “dying”). It is well established that smokers are at increased risk for healing problems, so you should avoid smoking for as long as possible (1-3 months) before and after surgery. Pre-existing surgical scars in the upper abdomen also increase the risk of necrosis.
- **Seroma:** This is the medical term for a fluid collection under the skin following surgery. To avoid this complication, drains are often placed at the time of the operation, and are usually removed within the first two weeks post-op. We prefer to remove the drains when their output has dropped to about 20cc over a 24 hour period. If this fluid re-accumulates after the drains have been removed, it can be aspirated with a needle in the office.
- **Changes in Skin Sensation:** It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. Nerves, which give sensation to the skin on the lower portion of the abdomen, are cut during this procedure leaving the skin in this area numb. There will be gradual return of sensation, but possibly not as much as before surgery. Itching, tenderness, or altered responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.
- **Recurrent Laxity:** Lots of people have had multiple pregnancies, c-sections, and large weight loss *without* needing an abdominoplasty, so why do you? One possibility is that your tissue just stretches more due to your genetics. We pull your tissue as tight as we feel is safe and appropriate at the time of surgery, but there will be some recurrent laxity. This may result in a slight fullness above your scar over time. Patients who have had massive weight loss after gastric bypass are particularly at risk. If your muscles are pulled together in the midline, straining, lifting, or exertion may weaken the sutures before healing is complete resulting in recurrent muscle laxity. We recommend stool softeners (colace and fiber) before and after surgery, and wearing an abdominal binder or girdle for support during the first 6 weeks post-op. You should avoid lifting anything more than 15 pounds for the first 4-6 weeks post-op. You can start cardio work-outs at about 6 weeks as tolerated but be sure to always hold your muscles tight. Abdominal work-outs can start at three months. Remember, if it hurts, you are doing too much.
- **Skin Contour Irregularities-** Contour and shape irregularities and depressions may occur after abdominoplasty. Visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility, as is skin pleating when there is excessive redundant skin. This may improve with time, or if it is still a problem after one year, this can be revised in the office by lengthening your scar to remove the “dog ears”.
- **Poor Appearing Scars:** All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper

tissues. Scars may be unattractive and of different color than surrounding skin. Scars may be asymmetrical (appear different between right and left sides of the body). The incision across your lower abdomen is closed under tension, which can lead to spreading or thickening of the scar. The final appearance of the scar has a lot to do with your individual healing characteristics and how you take care of the scar during the first several months of healing. There is a full sheet of scar-care instructions in your pre-op packet. In some cases, scars may require surgical revision or treatment.

- **Skin Discoloration/Swelling-** Bruising and swelling are normal occurrences following abdominoplasty. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.
- **Sutures-** Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires removal.
- **Fat Necrosis-** Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.
- **Umbilicus-** The belly button (“umbilicus”) is often slightly off-center in people with abdominal laxity, both before and after surgery. Sloughing of the umbilicus may lead to an unacceptable appearance after surgery.
- **Pubic Distortion-** The pubic area is often lifted during surgery and can be a site for future weight gain after surgery. Special attention is paid to this area in the OR to help prevent distortion. Should this occur, additional treatment including surgery may be necessary.
- **Deep Venous Thrombosis, Cardiac and Pulmonary Complications-** Surgery, especially longer procedures, may be associated with the formation of blood clots in the venous system. A blood clot can form in your leg after surgery because of the increased pressure of tightening your abdominal muscles. This is referred to as a DVT or deep venous thrombosis. DVTs can also form due to inactivity or being sedentary after surgery (so walk early and often). Pulmonary complications may occur secondarily to blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. These complications can be life-threatening or fatal in some circumstances. It is important to discuss with your physician any past history of blood clots, swollen legs or the use of estrogen or birth control pills that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. Should any of these complications occur, you may require hospitalization and additional treatment. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately.
- **Reduced Breast Reconstruction Options:** The lower abdominal skin and fat can be used to reconstruct a breast following mastectomy (TRAM flap), and once an abdominoplasty has been performed this tissue is no longer available. There are still other options for breast reconstruction surgery.
- **Injury to Deeper Organs:** I have never seen or heard of this happening, but it is a theoretical risk.
- **Surgical Anesthesia-** Both local and general anesthesia involves risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation
- **Allergic Reactions-** In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including anaphylaxis may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.
- **Unsatisfactory Result-** Although good results are expected, you may be disappointed with the results of abdominoplasty surgery. This would include problems such as asymmetry, unsatisfactory or highly visible surgical scar location, unacceptable visible deformities, bunching and rippling in the skin near the

suture lines or at the ends of the incisions (dog ears), poor healing, wound disruption, and loss of sensation. It may not be possible to correct or improve the effects of surgical scars. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. Secondary surgery may be necessary to improve results or obtain optimal results.

### **ADDITIONAL ADVISORIES**

**Long-Term Results-** There are many variable conditions that may influence the long-term result of surgery. Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery. Gaining weight after surgery can decrease the quality of the overall result. As with any body contouring procedure, weight redistribution can occur if a stable weight is not maintained post-operatively.

**Female Patient Information-** It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

**Intimate Relations After Surgery-** Surgery involves coagulating blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Increased activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery for the control of bleeding. It is wise to refrain from sexual activity for 2 to 3 weeks until it is safe to elevate your heart rate and blood pressure.

**Mental Health and Elective Surgery-** It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery, and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health issues. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

### **Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)-**

Patients, who are currently smoking, use tobacco or nicotine products (patch, gum, or nasal spray) are at a greater risk for significant surgical complications of skin dying, delayed healing, and additional scarring. Individuals exposed to second-hand smoke are also at potential risk for similar complications attributable to nicotine exposure. Additionally, smokers may have a significant negative effect on anesthesia and recovery from anesthesia, with coughing and possibly increased bleeding. Individuals who are not exposed to tobacco smoke or nicotine-containing products have a significantly lower risk of this type of complication. Please indicate your current status regarding these items below:

\_\_\_\_\_ I am a non-smoker and do not use nicotine products. I understand the risk of second-hand smoke exposure causing surgical complications.

\_\_\_\_\_ I am a smoker or use tobacco / nicotine products. I understand the risk of surgical complications due to smoking or use of nicotine products.

It is important to refrain from smoking at least 6 weeks before surgery and until your physician states it is safe to return, if desired.

**PATIENT COMPLIANCE**

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activities such as lifting and straining need to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative results depend on both surgery and subsequent care. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

**DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

**It is important that you read the above information carefully and have all of your questions answered before signing this consent.**

Medicine is not an exact science, so no guarantees can be made regarding complications or outcome. Although good results are expected, there is no guarantee or warranty expressed or implied, as to the results that may be obtained. We will do everything possible to ensure your safety, and strive for the best result in every case. We hope that you will also do your part by following your post-op instructions, using good judgment, and letting us know about any problems.

Please ask any questions you may have regarding the surgery prior to signing this form. Your signature means that you have had a chance to read and discuss the common risks associated with **Abdominoplasty Surgery**, and that you agree to proceed. A separate consent form from the hospital will also need to be signed for the medical record.

I CONSENT TO THE TREATMENT OF BELT LIPECTOMY AND I HAVE READ THE ABOVE LISTED ITEMS. I AM SATISFIED WITH THE INFORMED CONSENT PROCESS.

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## **Pre-Operative Instructions – General**

The following instructions should be followed closely except when overruled by specific procedural instructions.

### **2 Weeks Prior to Surgery**

1. NO ASPIRIN or medicines that contain aspirin\* since it interferes with normal blood clotting.
2. NO IBUPROFEN or medicines contain ibuprofen\* as it interferes with blood clotting.
3. Please DISCONTINUE ALL HERBAL MEDICATIONS\* as many have side effects that could complicate a surgical procedure by inhibiting blood clotting, affecting blood pressure, or interfering with anesthetics.
4. Please DISCONTINUE ALL DIET PILLS whether prescription, over-the-counter or herbal as many will interfere with anesthesia and can cause cardiovascular concerns.
5. NO “MEGADOSES” OF VITAMIN E, but a multiple vitamin that contains E is just fine.
6. NO SMOKING because nicotine reduces blood flow to the skin and can cause significant complications during healing.
7. You may take Tylenol or generic forms of this drug. These do not interfere with blood clotting or healing.
8. Start taking a multivitamin each day and continue taking through your recovery. The healthier you are, the quicker your recovery will be.

(\* See Medications to Avoid for a detailed list.)

### **One Week Prior to Surgery**

9. DO NOT take or drink any alcohol or drugs for one week prior to surgery and one week after surgery as these can interfere with anesthesia and affect blood clotting.
10. If your skin tolerates, use a germ-inhibiting soap for bathing, such as Dial, Safeguard, or Lever 2000 for at least the week before surgery.
11. DO report any signs of cold, infection, boils, or pustules appearing before surgery.
12. DO NOT take any cough or cold medications without permission.
13. DO arrange for a responsible adult to drive you to and from the facility on the day of surgery, since you will not be allowed to leave on your own.

14. DO arrange for a responsible individual to spend the first 24 hours with you, since you CANNOT be left alone.

### **Night Before Surgery & Morning of Surgery**

15. DO NOT eat or drink anything (not even water) after midnight the night before your surgery. Also, no gum, candy, mints or coffee the morning of surgery. Do not sneak anything as this may endanger you.
16. If you are on regular medications, please clear these with Dr. «Procedure\_Surgeon\_Last».
17. DO take a thorough shower with your germ-inhibiting soap the night before and the morning of surgery. Shampoo your hair the morning of surgery. This is to decrease the bacteria on the skin and thereby decrease the risk of infection.
18. DO NOT apply any of the following to your skin, hair or face the morning of surgery: makeup, creams, lotions, hair gels, sprays, perfumes, powder, or deodorant. Using any of these products will add bacteria to the skin and increase the risk of infection.
19. You may brush your teeth the morning of surgery but do not drink anything.
20. DO NOT wear contacts to surgery. If you do wear glasses, bring your eyeglass case.
21. DO wear comfortable, loose-fitting clothes that do not have to be put on over your head. The best thing to wear home is a button-up top and pull on pants. You will want easy-to-slip-on flat shoes.
22. DO NOT bring any valuables or wear any jewelry (no rings, earrings, chains, toe rings, other metal piercings or watches). We will need to tape wedding rings if worn.
23. You must have an adult drive for you – to and from surgery. Please note that a cab or bus driver will not be allowed to take you home after surgery. On arrival, be sure we know your driver's name, phone numbers, and how we will be able to reach them.
24. If you are not recovering at home, it is very important that we have the number where you will be after surgery.

### **Post-Operative Instructions – General**

The following instructions should be followed closely except when overruled by specific procedural instructions. You must follow your surgeon's instructions as indicated for your specific surgery. Notify «Doctor\_Last\_Name» of any unusual changes in your condition and feel free to call the office with any questions.

1. You **MUST HAVE AN ADULT DRIVE YOU** home from the facility. You will not be allowed to drive yourself or use public transportation.
2. After surgery you **MUST HAVE A RESPONSIBLE ADULT STAY WITH YOU** a minimum of 24 hours. You **CANNOT** be left alone. The 24 hours begin when you are discharged from the office or hospital. Have everything ready at home **PRIOR** to surgery. Make arrangements for someone to stay with you. Let the person or persons know you cannot be left alone. This is important because of the danger of falling and you may lose the concept of time for the day and overmedicate yourself.
3. The effects of anesthesia can persist for 24 hours. You must exercise extreme caution before engaging in any activity that could be harmful to yourself or others.
4. **DRINK** fluids to help rid the body of the drugs used in surgery. If you have straws in the house you will tend to drink more fluids the first few days after surgery.
5. Diet may be as tolerated. Eating foods that are bland and soft for the first day or so – foods like after you have had the flu – may be best tolerated. You must eat more than crackers and juice, otherwise you will continue to feel weak and will not heal as well. **REMEMBER** to take the medications with a little something to eat or you will get sick to your stomach.
6. Please avoid the use of alcoholic beverages for the first 24 hours (it dilates blood vessels and can cause unwanted bleeding) and as long as pain medications are being used (dangerous combination).
7. Take only medications that have been prescribed by Dr. for your postoperative care and take them according to the instruction on the bottle. Your pain medication may make you feel “spacey”; therefore, have someone else give you your medications according to the proper time intervals.
8. If you experience any generalized itching, rash, wheezing or tightness in the throat, stop taking all medications and call the office immediately, as this may be a sign of a drug allergy.
9. You can expect moderate discomfort, which should be helped by the pain medications. The greatest discomfort is usually during the first 24 hours. Thereafter, you will find that you require less pain medication.
10. Call (303) 321-6608 if you have: **SEVERE PAIN** not responding to pain medication; Swelling that is greater on one side than the other; incisions that are **RED OR FEVERISH**; a **FEVER**; or if any other questions or problems arise.
11. Keep any **DRESSINGS ON, CLEAN AND DRY** until cleared for showering. Do not remove them until instructed to do so. There may be some bloody drainage on the dressings. If you have excessive bleeding or the bandages are too tight, call the office immediately.
12. After surgery it is important to have a bowel movement within a day or two. If you do not, you may take over the counter laxatives to encourage your bowels to move.

13. Minimal activity for the first 48 hours. No house cleaning, furniture rearranging, etc. Relax, be pampered, and let your body heal. The less energy you use on doing things, the more energy your body can focus on healing.
14. Limit lifting, pulling or pushing for 10 days.
15. Position after surgery is different with different types of surgery. If your surgery is from the waist up we ask that the head of the bed be elevated 45 degrees. This requires a pillow under the small of your back, two pillows under your shoulders and head, and if you have a pillow under each elbow you will relax and stay in position.
16. You are requested to remain within a reasonable traveling distance of the office for approximately ten days.
17. Once cleared to shower you may do so every day. Please do not use the bathtub until cleared.
18. NO SMOKING for the first 14 postoperative days. Any cheating will delay healing.
19. You may drive two days after anesthesia, once you are off the pain pills, and when you experience no pain with this activity (you need to be able to react quickly).
20. All surgeries involve some scarring, which can take up to 2 years to fade. No matter how small they may be, we still want them to heal as well as they are able. Exposing red scars to the sun can cause permanent discoloration. A good sunscreen (SPF 30 or higher) can help and will protect the surrounding tissues that might not feel like a sunburn developing while the nerves are healing. Sunlight can even reach scars under a swimsuit, so take adequate precautions.
21. DO NOT use a hot tub for 4 weeks or until cleared.
22. AVOID sports or strenuous activities 4 to 6 weeks as your surgeon gives you clearance during your post-operative visits. This is to avoid any unnecessary complications (bleeding, bruising, or swelling).
23. You may return to work when you feel able and are cleared to do so by your surgeon.
24. Feel free to call upon us at any time. We want you to be as comfortable as possible during your healing period.

## **ABDOMINOPLASTY POST-OPERATIVE INSTRUCTIONS**

### **BEFORE SURGERY**

- Please read all of the information in your pre-op packet three times, immediately after your appointment, the day before surgery, and again after surgery to ensure that you remember the details.
- By planning ahead, you can have a more relaxed recovery phase. Fill your prescriptions, stock the house with comfort foods, arrange a comfortable place to sleep and remember that you will need a ride to the first and second post-op appointment. Do not be alone the night of surgery; plan to have someone stay with you.
- **NO SMOKING** of any kind one month before or after surgery is recommended.
- Start taking Bromelain, Arnica Montana or Arnika Forte as directed.
- Before your surgery, you will need to purchase two Fleet's enemas to administer to yourself the night before and the morning on the day of your surgery. Follow directions on the product box.
- Start Colace 100 mg twice per day and add a dose of fiber (Metamucil, Benefiber or equivalent) to your diet. Starting two weeks before surgery. Continue this until you are off your pain meds and are "regular."

### **THE DAY OF SURGERY**

- Make sure you do not eat, drink, smoke or chew anything except essential medications (as approved by your surgeon) 8 hours prior to surgery. You may take a Dramamine with a small sip of water the morning of surgery.
- Know where to go, when to be there, and please **DO NOT FORGET**
  1. Your pre-op packet
  2. Your garment
- Wear comfortable clothing, preferably something you do not have to pull over your head.
- You will be in the recovery room for about 2 or more hours after surgery, so be sure your ride home understands this time frame.
- The car ride home is usually not the highlight of your day. Sometimes the motion causes you to vomit. If you live hours away you may consider staying in town the first night.
- Once home, find a nice place to settle where you can sleep on your back with the head of the bed elevated about 30 degrees. Keep your medications, fluids and, if necessary, something to throw up into close by. Work on deep breathing to keep your lungs expanded. Start your antibiotics at the next mealtime once at home and all others as needed or as directed.

### **WEEK ONE**

After surgery, you will be "sore" and unable to move very quickly. You may not be able to stand up completely or lie flat in bed immediately. You will have to position yourself in a "jack-knife or beach-chair" position: while lying down, prop both your upper body and your lower legs up on pillows and while standing, bend at the hip joint. You may be more comfortable in a recliner or on the couch right after surgery, but do not lie flat!

There may be two to four drains in your abdomen. You will need to empty and "strip" the tubing of these drains at least every 12 hours and more often if needed. Record the drainage in ml (cc's) as marked on the side of the drain bulb or measuring cup. You will be shown how to manage the drains by a nurse before leaving the hospital. They will be removed when the drainage has decreased to around 20-25 ml (cc's) or less in a 24-hour period.

The hypo-allergenic tape will be left on your incisions for one–two weeks.

DO NOT lift, push, pull or drag anything over about 5 pounds. Don't do anything that will cause you to bounce or be "jarred" excessively. Do not put any pressure on your abdomen. If you have children, this means you will need someone to help you for at least two weeks.

**NO DRIVING** of any type of vehicle is allowed for approximately two weeks or until instructed by us. Driving too soon after surgery can be dangerous to you and to others. You should be comfortable and completely off of pain meds.

You cannot take a tub bath, but a shower is ok unless another procedure forbids it

**DO NOT SMOKE!** The first two weeks after a "tummy tuck" is crucial to healing. Even one cigarette can severely damage the blood flow to your stomach and could possibly cause the area to die and turn black.

Continue wearing your support garment at all times. It is ok to unhook and unzip the garment to aid in breathing exercises.

Take your antibiotics until they are all gone. Take pain medication as needed every 4 to 6 hours. For constipation, you may take a mild laxative, a stool softener or a hot tea called Smooth Move. The products for constipation may be purchased over the counter at any store.

#### WEEK TWO

You should be able to stand upright and lie flat by now. However, if you feel any pain, tugging or pulling, STOP and do not force yourself to straighten out.

Continue, as instructed, to change your wound dressings and to continue wearing your support garment.

You may shower now, but do not sit in a tub of water until we give you clearance to do so.

Continue to RESTRICT HEAVY LIFTING. Lift nothing that weighs over 10 pounds. No driving is advised until week 3 (or until you feel comfortable and are completely off of pain medications).

#### WEEKS THREE TO SIX

You should start going back to normal activities during these weeks. Start slowly and remember not to push yourself.

Continue to RESTRICT LIFTING of heavy objects. You may lift up to about 15 pounds in week three and about 20 pounds in week four.

Continue wearing your support garment until cleared to stop. You may find it more comfortable and supportive to wear a "panty" type girdle after you are finished wearing the garment. A "panty" girdle may be purchased in any department store.

You may begin driving now, but start slowly. Eventually you will be back to your usual routine. We discourage cardio for 6 weeks and weight training for 3 months. All exercises should be done with a controlled tight core. It is easy to gain weight during this time so eat healthy and check your weight regularly.

## MEDICATION GUIDE

**ANTIBIOTICS:** These are used to treat or help prevent infection. Always finish off all of your pills unless you check with us first.

- **Keflex (cephalexin)**—take 1 four times per day until they are gone. Start when you arrive home from surgery.
- **Cleocin (clindamycin)**—take 1 three times per day until they are gone. Start when you arrive home from surgery.
- **Levaquin (levofloxacin)**—take one 1 time per day until they are gone. Start the day after surgery.
- **Doxycycline**—take 2 the first day; then one daily until they are gone. Take pill with a full glass of water and do not lie down immediately after taking one. This medication can make you sunburn more easily.

**ANTI-VIRALS:** These are used to prevent cold sore outbreaks when irritating surgeries (peels, laser, etc.) are done around the mouth. Always finish these as well.

- **Zovirax (acyclovir)**—take 2 three times per day until gone. Start two days prior to surgery.
- **Valtrex (valacyclovir)**—take one 500 mg twice per day or one 1000 mg once per day until gone starting the day before your procedure.

**PAIN MEDICATION:** These medications are to be taken as needed for pain. Each contains Tylenol (Acetaminophen), so while you can take Tylenol *in place* of these medicines, you should not take Tylenol *with* them. Do not take pain medication on an empty stomach if you can avoid it.

- **Percocet (oxycodone)**—take 1 or 2 every four hours as needed. **\*We cannot telephone in refills for Percocet, Vicodin, or Dilaudid.**
- **Vicodin (hydrocodone)**—take 1 or 2 or two every four hours as needed.
- **Ultracet (tramadol and Tylenol)**—take 1 or 2 every four hours as needed.

**PAIN MEDICATION/ANTI-INFLAMITORY:** These are non-narcotic, prescription-grade, medications to help with pain and inflammation.

- **Celebrex (Celecoxib)** – take 1 capsule two times daily beginning the day after your surgery (You may be given two capsules (400mg) by the nurses in pre-op before surgery, if ordered by the doctor). You can then use the narcotic pain medication (e.g. Percocet, Vicodin, Dillaudid, etc.) for any additional discomfort. Celebrex contains a sulfa-based derivative, so do not take it if you have a sulfa allergy that prevents you from taking Lasix or Imitrex (not all Sulfa allergies apply).

Celebrex is a Non-Steroidal Anti-Inflammatory Drug (NSAID) that can be used around the time of surgery because it does not potentiate bleeding (unlike other NSAID, such as Ibuprofen, aspirin, Aleve). Celebrex is highly recommended and encouraged by your physician but it is also a bit costlier than some of the other medications and is rarely covered by insurance companies. A generic is now available too.

***No pre-authorization will be obtained from your insurance company; therefore you must pay out-of-pocket if you choose to take this medication.***

**MUSCLE RELAXANT, ANTI-ANXIETY:** This helps with pain following surgeries such as breast augmentation, breast reconstruction, and tummy-tucks, where muscles are stretched. We *will not* refill this prescription because it can be addictive.

- **Valium (diazepam)** — take one every six hours as needed.

**ANTI-NAUSEA:** All pain medications have nausea as a side effect, and everyone has varying sensitivities to them. During surgery your anesthesiologist will give you medication to help as well.

- **Dramamine (dimenhydramine)**—this is over the counter. Take 50-100 mg every four to six hours as needed. It's good to take on the morning of your surgery with a small sip of water.
- **Bonine (meclizine)**—this is also over the counter. Take 25 mg every six hours as needed.
- **Compazine (prochlorperazine)**—we give this in a suppository form, so if you are throwing up, it ensures absorption. Take one suppository by rectum every twelve hours as needed.
- **Scopolamine Transdermal Patch** -this patch is for nausea and motion sickness and is usually placed behind the ear about 1 hour prior to surgery if order by the doctor. Patch should be removed after approximately 72 hrs (3 days) after surgery. Wash hands and skin with soap and water after removal. Do not touch eyes after touching patch, may cause pupillary dilation.
- **Zofran (Ondansetron)** – Place it under your tongue and let it dissolve every 8 hours as needed for nausea/vomiting.

**STEROIDS:** A short course of high dosage steroids is often used to keep swelling down, especially after facial surgery. The side effects can include increased acid in the stomach (so Tums, Pepcid AC are good to take) and mood elevation (which is not such a bad thing until you stop them).

- **Medrol Dose Pack** - Bring this to the hospital if you are staying overnight. You will start the day after surgery. Follow the instructions on the packet until they are gone.

**LOVENOX<sup>®</sup>:** Certain procedures, such as an abdominoplasty, carry a higher risk for developing a blood clot in the leg known as a Deep Vein Thrombosis (DVT) which may lead to a Pulmonary Embolism (PE). You will receive a dose of Heparin in pre-op holding if ordered by your physician and may be instructed to continue the therapeutic blood thinning injections at home with Lovenox<sup>®</sup> on a case by case basis.

**ANTI-HISTAMINES:** These can help with itching, sleep, and, to some extent, with nausea.

- **Benadryl (diphenhydramine)**—this is over the counter. Take one or two every six hours as needed.
- **Atarax Elixir (hydroxyzine)**—used for children after surgery. Give prescribed dose every six hours as needed to help your child sleep.

**EYE-DROPS:** For lower and quad blepharoplasties

- **Lotomax** - anti-inflammatory eye drops. Use 1-2 drops in each eye 2-4 times per day for one week
- **Tobrodex** - Steroid eye drop. 1-2 drops every 4-6 hours for one week only.

## **MEDICATION INSTRUCTION SHEET**

This instructional sheet was put together to help all patients get ready for surgery. There may be many items that do not apply to you. We will try to highlight the instructions that apply to you and your surgery.

### **THINGS TO *STOP* PRIOR TO SURGERY**

- Stop medications that thin your blood two weeks prior to surgery. These include aspirin, ibuprofen, fish oils, flax seed, Omega-3 and high doses of vitamin E. Check any other medications against the included list, and ask your pharmacist about any other new medications you start prior to surgery. If you are on a prescription blood thinner, be sure to discuss this with your prescribing doctor and surgeon.
- Stop untested herbal supplements two weeks prior to surgery. Very few of these have been tested, and many have been shown to increase bleeding, delay healing, or react poorly with anesthesia.
- If using oral contraceptives/hormone replacement therapy, there is a slightly elevated risk of developing a blood clot following surgery. We may recommend that you stop taking hormones two weeks prior to a higher risk surgery, such as an abdominoplasty. Also, please be aware that the antibiotics you will be taking after surgery may decrease the effectiveness of your birth control pill, so using a back-up method for the completion of your current cycle is recommended.

### **THINGS TO *START* PRIOR TO SURGERY**

- Arnica Montana: This comes from a medicinal plant and helps to decrease swelling and bruising. Start three days prior to surgery and continue until bruising is gone.
- Bromelain: This is an approved supplement derived from pineapples. It helps decrease bruising after surgery. Start taking 1500 mg per day (on an empty stomach) at least three days prior to surgery, and continue after surgery until the bruises are gone. Bromelain can be found at: Wild Oats, Whole Foods, Vitamin Cottage
- Arnika Forte<sup>TM</sup>: (Arnica, Bromelain, Antioxidants and Bioflavonoids). Physician formulated combination of herbal supplement for rapid resolution of bruising and swelling. Begin taking the night prior to surgery, then one capsule two times a day until gone. Do not take on the morning of surgery.
- Iron: For surgeries where a larger blood loss is expected, you can start iron (over the counter) long before surgery. A good multi-vitamin with iron is fine.
- Stay regular: Surgery, pain medications, and iron can be very constipating. Surgeries such as tummy-tucks and TRAM flaps are very high risk, so we recommend you start Colace (100 mg twice per day) and Metamucil two weeks prior to surgery, and continue for several weeks after surgery. If you find that you are having problems after any surgery, try Milk of Magnesia or a tea called "Smooth Move."

**Stacey Folk, MD**  
**303-321-6608**  
**www.FolkPlasticSurgery.com**

- Cold Sores: If you are having surgery around your mouth (such as laser, peel, dermabrasion, or fat injections) you need to start an antiviral medication to decrease the chance of having a cold sore outbreak even if you have never had a cold sore before. This should be started two days prior to, and continuing for five days after, surgery.

#### **THINGS TO TAKE ON THE DAY OF SURGERY**

- Medicines: Only take important regular medicines (such as blood pressure meds, cold sore medication, half of your regular insulin, but no oral diabetic medications) the morning of surgery with a small sip of water. Medications that are not essential (such as antidepressants, thyroid medications, and tamoxifen) can be taken after surgery on the same day.
- Anti-nausea medication: If you are prone to nausea after anesthesia, or are afraid of throwing up after surgery, you can decrease the risk by taking Dramamine or Bonine (both over the counter) on the morning of surgery with a sip of water. It will make you sleepy, so don't plan on driving.
- Inhalers: Even if you only use your inhaler every once in a while, bring it with you on the day of surgery.

**For office procedures ONLY - BRING YOUR MEDICATIONS WITH YOU**

**Stacey Folk, MD**  
**303-321-6608**  
**www.FolkPlasticSurgery.com**

## Medications to Avoid

If you are taking any medications on this list, they should be discontinued 2 weeks prior to surgery and only acetaminophen products, such as Tylenol, should be taken for pain. All other medications – prescriptions, over-the-counter and herbal – that you are currently taking must be specifically cleared by Dr. Folk prior to surgery.

### Aspirin Medications to Avoid: *Affect blood clotting.*

4-Way Cold Tabs	Cama Arthritis Pain	Kaodene	Phenaphen/Codeine #3
5-Aminosalicylic Acid	Reliever	Lanorinal	Pink Bismuth
Acetilsalicylic Acid	Carisoprodol Compound	Ibuprohm	Piroxicam
Actron	Cataflam	Lodine	Propoxyphene Compound
Adprin-B products	Cheracol	Lortab ASA	products
Aleve	Choline Magnesium	Magan	Robaxisal
Alka-Seltzer products	Trisalicylate	Magnaprin products	Rowasa
Amigesic Argesic-SA	Choline Salicylate	Magnesium Salicylate	Roxeprin
Anacin products	Cope	Magsal	Saleto products
Anexsia w/Codeine	Coricidin	Marnal	Salflex
Arthra-G	Cortisone Medications	Marthritic	Salicylate products
Arthriten products	Damason-P	Mefenamic Acid	Salsalate
Arthritis Foundation	Darvon	Meprobamate	Salsitab
products	Diclofenac	Mesalamine	Scot-Tussin Original 5-
Arthritis Pain Formula	Dipenturn	Methocarbarnol	Action
Arthritis Strength BC	Disalcid	Micrainin	Sine-off
Powder	Doan's products	Mobidin	Sinutab
Arthropan	Dolobid	Mobigesic	Sodium Salicylate
ASA	Dristan	Momentum	Sodol Compound
Asacol	Duragesic	Mono-Gesic	Soma Compound
Ascriptin products	Easprin	Motrin products	St. Joseph Aspirin
Aspergum	Ecotrin products	Naprelan	Sulfasalazine
Asprimox products	Empirin products	Naproxen	Supac
Axotal	Equagesic	Night-Time Effervescent	Suprax
Azdone	Etodolac	Cold	Synalgos-DC
Azulfidine products	Excedrin products	Norgesic products	Talwin
B-A-C	Fiorgen PF	Norwich products	Triaminicin
Backache Maximum	Fiorinal products	Olsalazine	Tricosal
Strength Relief	Flurbiprofen	Orphengesic products	Trilisate
Bayer Products	Gelpirin	Orudis products	Tussanil DH
BC Powder	Genprin	Oxycodone	Tussirex products
Bismatrol products	Gensan	Pabalate products	Ursinus-Inlay
Buffered Aspirin	Goody's Extra Strength	P-A-C	Vanquish
Bufferin products	Headache Powders	Pain Reliever Tabs	Wesprin
Buffetts 11	Halfprin products	Panasal	Willow Bark products
Buffex	IBU	Pentasa	Zorprin
Butal/ASA/Caff	Indomethacin products	Pepto-Bismol	
Butalbital Compound	Isollyl Improved	Percodan products	

## Medications to Avoid

### **Ibuprofen Medications to Avoid**

*Affect blood clotting.*

Acular (ophthalmic)	Haltran	Nabumetone	Rhinocaps
Advil products	Indochron E-R	Nalfon products	Sine-Aid products
Anaprox products	Indocin products	Naprosyn products	Sulindac
Ansaid	Ketoprofen	Naprox X	Suprofen
Clinoril	Ketorolac	Nuprin	Tolectin products
Daypro	Ibuprin	Ocufen (ophthalmic)	Tolmetin
Dimetapp Sinus	Ibuprofen	Oruvail	Toradol
Dristan Sinus	Meclofenamate	Oxaprozin	Voltaren
Feldene	Meclomen	Ponstel	
Fenoprofen	Menadol	Profenal	
Genpril	Midol-products	Relafen	

### **Avoid ALL Diet Aids – Including Over-the-Counter & Herbal**

*Intensify anesthesia, serious cardiovascular effects.*

### **Tricyclic Antidepressants to Avoid**

*Intensify anesthesia, cardiovascular effects.*

Adapin	Doxepin	Maprotiline	Tofranil
Amitriptyline	Elavil	Norpramin	Triavil
Amoxapine	Endep	Nortriptyline	Trimipramine
Anafranil	Etrafon products	Pamelor	Vivactil
Asendin	Imipramine	Pertofrane	
Aventyl	Janimine	Protriptyline	
Clomipramine	Limbitrol products	Sinequan	
Desipramine	Ludiomil	Surmontil	

### **Other Medication to Avoid: Affect blood clotting.**

4-Way w/ Codeine	Dipyridamole	Macrochantin	Sinex
A.C.A.	Doxycycline	Mellaril	Sofarin
A-A Compound	Emagrin	Miradon	Soltice
Accutrim	Enoxaparin injection	Omega Fatty Acids	Sparine
Actifed	Ephedra	Opasal	Stelazine
Anexsia	Fish Oils	Pan-PAC	Sulfinpyrazone
Anisindione	Flagyl	Pentoxifylline	Tenuate
Anturane	Flax Seed Oil	Persantine	Tenuate Dospan
Arthritis Bufferin	Fleaxaril	Phenylpropanolamine	Thorazine
BC Tablets	Fragmin injection	Prednisone	Ticlid
Childrens Advil	Furadantin	Protarnine	Ticlopidine
Clinoril C	Garlic	Psuedoeohrdrine	Trental
Contac	Grape Seed Oil	Pyrroxate	Ursinus
CO-Q-10	Heparin	Qualfanzen	Virbamycin
Coumadin	Hydrocortisone	Robaxin	Warfarin
Dalteparin injection	Isollyl	RobitussionRu-Tuss	
Dicumerol	Lovenox injection	Salatin	

**Stacey Folk, MD**  
**303-321-6608**  
**www.FolkPlasticSurgery.com**

## **Medications to Avoid**

### **Salicylate Medications, Foods & Beverages to Avoid**

*Affect blood clotting.*

Amigesic (salsalate)	Magsal	Pepto-Bismol (bismuth subsalicylate)	Trilisate (choline salicylate + magnesium salicylate)
Disalcid (salsalate)	Pamprin (Maximum Pain Relief)	Salflex (salsalate)	
Doan's (magnesium salicylate)	Mobigesic	Salsalate	
Dolobid (diflunisal)	Pabalate	Salsitab (salsalate)	

### **Vitamins and Herbs to Avoid**

*Affect blood clotting, affect blood sugar, increase or decrease the strength of anesthesia, rapid heartbeat, high blood pressure, liver damage. Note: Just because it is not of this list does not mean that it is safe to take while preparing for surgery.*

Ackee fruit	Devil's club	Goldenseal	Muwort
Alfalfa	Dong Quai root	Gotu Kola	Nem seed oil
Aloe	Echinacea	Grape seed	Periwinkle
Argimony	Ephedra	Guarana	Selenium
Barley	Eucalyptus	Guayusa	St. John's Wort
Bilberry	Fenugreek seeds	Hawthorn	Valerian/Valerian Root
Bitter melon	Feverfew	Horse Chestnut	"The natural Viagra®"
Burdock root	Fo-ti	Juniper	Vitamin E
Carrot oil	Garlic and Garlique	Kava Kava	Vitamin K
Cayenne	Ginger	Lavender	Willow bark
Chamomile	Gingko	Lemon verbena	Yellow root
Chromium	Gingko biloba	Licorice root	Yohimbe
Coriander	Ginseng	Ma Huang	
Dandelion root	Gmena	Melatonin	

**If you are taking anything not on this list, please call the office at 303-321-6608 to notify us and make sure that it is okay.**