

CONSENT FOR BREAST AUGMENTATION SURGERY

Breast Augmentation is a surgical procedure performed to enlarge the breasts for a number of reasons:

- To enhance the body contour of a woman, who for personal reasons feels that her breast size is too small.
- To correct a loss in breast volume after pregnancy.
- To balance breast size, when there exists a significant difference between the size of the breasts.
- To restore breast shape after partial or total loss of the breast(s) for various conditions.
- To replace existing breast implants for cosmetic or reconstructive reasons.

Breast implant surgery is contraindicated in women with untreated breast cancer or pre-malignant breast disorders, active infection anywhere in the body, or individuals who are currently pregnant or nursing. Individuals with a weakened immune system (currently receiving chemotherapy or drugs to suppress the immune system), conditions that interfere with blood clotting or wound healing, or with reduced blood supply to the breast tissue from prior surgery or radiation therapy treatments may be at greater risk for complications and a poor surgical outcome. According to the USFDA, a woman should be at least 18 years of age for cosmetic breast augmentation.

Breast enlargement is accomplished by inserting a breast implant either behind the breast tissue, or partially or completely under the chest muscles. Incisions are made to keep scars as inconspicuous as possible, usually under the breast, around the lower part of the areola, or in the armpit. Breast implants are manufactured in a variety of shapes, sizes, and with either smooth or textured surfaces. The method of implant selection and size, along with surgical approach for inserting and positioning breast implants, will depend on your preferences, your anatomy and your surgeon's recommendation.

The shape and size of the breasts prior to surgery will influence both the recommended treatment and the final results. If the breasts are not the same size or shape before surgery, it is unlikely that they will be completely symmetrical afterward.

Conditions that involve sagging of the breast or diminished skin tone (stretch marks) may require additional surgical procedures (breast lift) to reposition the nipple and areola upward and to remove loose skin.

Patients undergoing breast augmentation surgery must consider the following:

- Breast augmentation may not be a one-time surgery.
- Breast implants of any type are not considered lifetime devices. They cannot be expected to last forever. You will likely require future surgery for implant replacement or removal.
- Changes that occur to the breasts following augmentation are not reversible. There may be an unacceptable appearance to the breast if you later choose to have breast implants removed.

Alternative treatment would consist of not undergoing the surgical procedure or use of external breast prostheses or padding, saline-filled implants, or the transfer of other body tissues to enlarge/rebuild breast size. Risks and potential complications are also associated with alternative surgical forms of treatment.

Additional information concerning breast implants may be obtained from the FDA package-insert sheets supplied by the implant manufacturer, or other information pamphlets required by individual state laws.

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 them with your plastic surgeon to make sure you understand all possible consequences of breast augmentation. Clinical data suggests that most women will be satisfied with the outcome of breast implant surgery despite the occurrence of problems inherent with the surgery.

We often describe patients as being "good" or "poor" candidates for a particular procedure. This decision is made after taking into consideration factors such as physical findings (e.g., skin quality, body weight, degree of deformity), 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 you are not currently a good candidate for a particular procedure, be sure to find out what, if anything, can be done to change this.

Breast Augmentation is an elective surgery, which means that it is being performed by choice rather than out of medical necessity. Every surgical procedure has some degree of unavoidable risk. Problems associated with breast implants can be inherent to this type of implanted medical device or relate to complications of a surgical procedure. When considering elective surgery, the risks and benefits must be carefully weighed because the only way to avoid the risks entirely is by choosing not to have surgery. It is important that you understand these risks and the possible complications associated with them. In addition to risks, every procedure has limitations. This "Consent for Breast Augmentation Surgery" will explain the general risks of having surgery, as well as those specifically associated with **Breast Augmentation** and the use of implants.

The most common risks associated with Breast Augmentation surgery are as follows:

- **Bleeding:** Very little blood is lost at the time of surgery. It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain the accumulated blood. When a significant amount of blood collects at the surgical site it is called a "hematoma" and will likely need to be drained in the operating room. Hematoma can occur at any time following injury to the breast, and may contribute to capsular contracture, infection or other problems. It is very important to stay off all blood thinning medications for two weeks before and after surgery. Do not take any aspirin or anti-inflammatory medications before or after surgery, as this may increase the risk of bleeding. Non-prescription "herbs" and dietary supplements can increase the risk of surgical bleeding. Vitamin E, untested supplements, a variety of other prescription and over the counter medications should be avoided. At your pre-op appointment you will be given a lengthy list of medications to avoid. After surgery, the risk of bleeding can be reduced significantly by not straining or exerting yourself for at least four weeks, and by keeping your arms at your sides as much as possible for that same period. Small amounts of bleeding can be absorbed by the body, but can still impact healing.
- **Infection:** Bacteria live on the skin and within the ducts of the breast. You will be given antibiotics through your I.V. at the time of surgery, and will take oral antibiotics for 5 days following surgery. Although infection is unusual after this type of surgery, it may appear in the immediate post-operative period or at any time following the insertion of a breast implant. Subacute or chronic infections may be difficult to diagnose. Should an infection occur, treatment including antibiotics, possible removal of the implant, or additional surgery may be necessary.

Infections with the presence of a breast implant are harder to treat than infections in normal body tissues. The biggest problem in trying to treat an infection is that the body cannot re-sterilize the implant if an infection is present. The implant must be removed. Replacement of the implant should not occur before three months from the time of explanation.

Individuals with an active infection in their body or weakened immune system should not undergo breast augmentation. The reported infection rate following breast augmentation is about 2%. In extremely rare instances, life-threatening infections, including toxic shock syndrome have been noted after breast implant surgery.

- **Seroma:** Fluid may accumulate around the implant following surgery, trauma or vigorous exercise. Additional treatment may be necessary to drain fluid accumulation around breast implants. This may contribute to infection, capsular contracture, or other problems.
- **Asymmetry:** It is unusual to find a person with perfectly symmetric breasts. Because the body is not completely symmetric and most people have a dominant upper extremity, there is usually a small amount of asymmetry following this type of surgery. Differences in terms of breast and nipple shape, size, or symmetry may also occur after surgery. These small degrees of asymmetry need to be accepted. Large degrees of asymmetry may be improved with additional surgery.
- **Capsular Contracture:** Your body knows that a large piece of foreign material, such as an implant, doesn't belong there. During the course of healing, everyone will develop a layer of scar tissue, which is called a "capsule," internally around the implant. This capsule may tighten immediately or over time, causing hardening of the breast, distortion, and even pain. The occurrence of symptoms related to capsular contracture is not predictable. Capsular contracture may occur on one side, both sides or not at all. Published rates for capsular contractures are about 5% at one year and 10% over three years following augmentation. The incidence of symptomatic capsular contracture can be expected to increase over time. For patients having reconstruction, the rates are closer to 30%.

In general, implants make the breasts much more firm, which you may like or dislike, depending on your individual preference. A very mild contracture (where one breast is slightly firmer than the other) is common. Because this does not cause pain or significant degree of breast distortion, it can be treated with massage. More severe contractures require a surgical procedure to remove the scar tissue from around the implant with removal and/or replacement of the implants. Unfortunately, there is no guarantee that the capsular contracture will not recur, as it may be your body's natural reaction to having an implant.

Implants placed below the muscle have a lower rate of capsular contracture. We believe that post-operative infection and bleeding can increase your risk of capsular contracture. Additional measures to prevent contracture include massage of the implants. Although there is no documented proof, we also recommend using antibiotic prophylaxis for one year after surgery when having dental work or undergoing a procedure that spreads bacteria in the blood stream.

Over time, small amounts of silicone gel material can pass through the shell layer of the implant and coat the outside of the implant. This may contribute to capsular contracture.

- **Calcification:** Calcium deposits can form in the scar tissue surrounding the implant and may cause pain, firmness, and be visible on mammography. These deposits must be identified as different from calcium deposits that are a sign of breast cancer. Should this occur, additional surgery may be necessary to remove and examine calcifications.
- **Pain:** Expect discomfort for around the first month, but things should improve over time. Severe pain is not expected, and you should be examined if there is a problem. Implants that are too large for your frame, nerve entrapment, and severe capsular contractures can result in chronic pain.
- **Change in Nipple and Skin Sensation:** Nerves that provide sensation to the nipple come from branches through the ribs and around the lateral (side) of the breast. When a pocket for the implant is created, these nerves are stretched, and sometimes even cut. Most people will experience a decrease in nipple sensation following this type of surgery, although some become hypersensitive. Approximately 15% will lose sensation and it may take a year before maximal return is seen. In some cases nipple numbness can be permanent.

- **Problems with Mammograms:** Unfortunately, all women are at risk for developing breast cancer. There has never been any evidence that having implants increases your chance of developing breast cancer, but the presence of an implant can make mammography more difficult. We *require* that all women over the age of 35 have a baseline mammogram prior to any breast surgery. Future mammograms will require special views, so be sure to inform the technician performing the study that you have implants. Because more x-ray views are necessary with specialized mammography techniques, women with breast implants will receive more radiation than women without implants who receive a normal exam. However, the benefit of the mammogram in finding cancer outweighs the risk of additional x-rays.

There is a very small amount of breast tissue that may not be visualized on a mammogram because of the implant, and this could impair the ability to discover an abnormality in this area. Also, some people deposit calcium in their scar capsule, which could show up on a mammogram. Finally (the good news), breast lumps are more easily felt in patients with implants, so always continue to do self breast exams.

It is recommended that all women perform periodic self-examination of their breasts, have mammography according to American Cancer Society guidelines, and seek professional care should a breast lump be detected. Care must be exercised during breast biopsy procedures to avoid damaging the breast implant.

- **Inability to Breast Feed:** There have not been many studies on breast feeding after implants, but one study did show that 64% of patients were *unable* to breast feed following augmentation compared to 7% who had not had surgery. It is felt that the incisions around the nipple create a higher risk. There are also concerns that silicone can be transmitted through the breast milk when breast feeding, and very little is known about the possible effects this could have. A study measuring elemental silicon (a component of silicone) in human breast milk did not indicate higher levels from women with silicone-filled gel implants when compared to women without implants.
- **Problems with Healing:** Wound disruption or delayed wound healing is possible. Some areas of the breast skin or nipple region may not heal normally and may take a long time to heal. There could be problems with healing due to infection, seroma (fluid collection), or tissue breakdown (necrosis) at the surgical site. Lack of adequate tissue coverage or infection may result in exposure and extrusion of the implant through the skin. Risk factors for tissue breakdown or necrosis include a depressed immune system, steroid use, smoking, history of radiation, and exposure to extreme temperatures. If tissue around the implant does not heal and the implant becomes exposed to the outside world, it will need to be removed. In some cases, incision sites fail to heal normally. Permanent scar deformity may occur. **Smokers have a greater risk of skin loss and wound healing complications.**
- **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 suture removal.
- **Damage to Deeper Structures:** There is the potential for injury to deeper structures including nerves, blood vessels and muscles and lungs (pneumothorax) during this surgical procedure. The potential for this to occur varies according to the type of procedure being performed. Injury to deeper structures may be temporary or permanent.
- **Poor Appearing Scars:** The incisions used for this surgery are fairly short (1-2 inches) and are located on the undersurface of the breast or at the edge of the areola. All surgery leaves scars, some more visible than others. Excessive scarring is uncommon. 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 the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). There are many things that you can do after surgery to improve the appearance of the scars. It will take one year before you know how the scars will ultimately heal. Surgery for scar revision is rarely needed.

- **Palpable Implants or Visible Skin Wrinkles/Ripples:** You will examine and hold the various available implants at your consultation and pre-op appointment. When touching the implants, it is obvious that saline implants will be more palpable (evident to touch) than the silicone, and that textured implants will have more ripples than smooth-walled implants. Visible and palpable wrinkling of implants and breast skin can occur post-operatively. Some wrinkling is normal and expected with breast implants. The less soft tissue present over the implant (i.e. smaller breasts, thinner patients, and implants placed above the muscle), the more palpable the implant will be. Also, the larger the implant, the more you will be able to feel it. Under-filling saline implants leaves them slightly softer but with more palpable ripples. Palpable wrinkling and/or folds may be confused with palpable tumors and questionable cases must be investigated.
- **Implant Rupture or Deflation:** Breast implants, similar to other medical devices, can fail. Implants are not intended to last a lifetime. They are exposed to forces daily that can create wear and tear, and at some point may actually rupture. Rupture can occur as a result of an injury, from no apparent cause (silent rupture), or during mammography. It is also possible to damage an implant at the time of surgery. Damaged or broken implants cannot be repaired. Ruptured or damaged implants require replacement or removal.

If a saline implant ruptures (due to fatigue of the shell, valve malfunction, or trauma) it will deflate over the course of days. Once the implant ruptures the capsule may start to get smaller, so unless the replacement is done immediately, more extensive surgery will be required to remove the scar tissue (“capsulotomy”) when the new implant is placed.

When a silicone gel-filled implant ruptures, the gel material is usually contained within the scar tissue surrounding the implant (intracapsular rupture). In some cases, the gel may escape beyond the capsule layer and go into the breast tissue itself (extracapsular rupture and gel migration). Silicone implant rupture may not be obvious to the patient or physician. A change in breast shape or new capsular contracture might raise suspicion, but this is not always reliable. Mammography is not very good at identifying a rupture, but ultrasound and MRI are more sensitive. MRI studies may be necessary to evaluate the possibility of implant rupture, yet it may not be 100% accurate in diagnosing implant integrity

A ruptured silicone gel implant is not an emergency, but over time the gel may travel into the breast tissue and cause a palpable mass. Since we all associate lumps with the possibility of breast cancer, it can be alarming. The new silicone gel implants are much stronger than those manufactured in the 80’s, and we are still collecting data as to their rupture rates over the long term. Implant companies recommend MRI’s at 3 years post-op and every 2 years after that. It is reasonable to consider replacing your implants every 10-15 years.
- **Implant Malposition or Displacement and Tissue Stretching:** Displacement, rotation, or migration of a breast implant may occur from its initial placement and can be accompanied by discomfort and/or distortion in breast shape (visible rippling of the skin). Implants are in their ideal position when they are evenly centered under the nipple. Unfortunately, most breasts are not symmetric, and sometimes the nipples are low on the breast (the medical term for this droopiness is “ptosis”). Placement of the implant takes into consideration the shape of the breasts, laxity of skin, and size of the implants.

Over time the implant positioning can change due to the weight of the implant, stretching of the skin, and massage. The type of bra worn post-operatively can also influence the positioning of the implant (i.e. sports bras and push-up bras can force the implants too close together; no bra, or those with poor support can allow them to drop too low).

The ultimate positioning of the implants can end up slightly too high or low, too close together or far apart, and the breasts may still have some degree of ptosis. Heavier implants will also continue to stretch the skin over time, just like naturally large breasts. Additional surgery may be necessary to attempt to correct this problem. It may not be possible to resolve this problem once it has occurred.
- **Dissatisfaction with Cosmetic Results:** Some patients come in with photographs of models, or expectations that their breasts can look “perfect” after this surgery. They may also request an exact bra size.

While using photographs of other people helps show what you like and dislike, it doesn't ensure that you can be made to look like someone else. The sizes recommended for your surgery are decided according to how much breast tissue you have, the size of your rib cage, laxity of your skin, your body shape, and finally, your goal cup size. Implants that are either too large or too small based on the overall picture can result in a poor cosmetic result. In order to create the most natural breast shape and good long-term result, you may end up being either larger or smaller than your personal ideal. Be sure to communicate your personal goals as clearly as possible, and listen closely if you are warned that these goals may not be possible with your features. National figures show that 15%-20% of patients will have an additional surgery within three years of their initial breast augmentation.

- **Deformity if the Implant is Removed:** Over time, you may want to have your implants removed. The implants cause pressure in the chest wall and breast tissue over time, and there may be some atrophy resulting in smaller or droopier breasts once the implants are removed. Some patients look much better after their implants are removed.
- **Risks of Surgery and Anesthesia:** There are additional risks associated with having surgery, including medication reactions, and complications from 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. Other risks include pneumonia, deep venous thrombosis (blood clot in the leg), and pulmonary embolus (clot that travels to the lung), and 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 in response to drugs used during surgery and prescription medicines. These are rare, but are possible with any type of surgery.
- **Cardiac and Pulmonary Complications:** Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life-threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of swelling in your legs or blood clots 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 after surgery, seek medical attention immediately
- **Immune System Diseases and Unknown Risks:** A small number of women with breast implants have reported symptoms similar to those of known diseases of the immune system, such as systemic lupus erythematosus, rheumatoid arthritis, scleroderma, and other arthritis-like conditions. To date, after several large epidemiological studies of women with and without implants, there is no scientific evidence that women with either saline-filled or silicone gel-filled breast implants have an increased risk of these diseases. These diseases appear no more common in women with implants than those women without implants. The effect of breast implants in individuals with pre-existing immune system and connective-tissue disorders is unknown. There is the possibility of unknown risks associated with silicone breast implants.
- **Photographs:** Pre-operative and post-operative photos will be taken to help with surgical planning and to document results. Your photos (which never include your face) may also be used for teaching purposes to help doctors or other patients.
- **Long-Term Results:** Subsequent alterations in breast shape may occur as the result of aging, weight loss, weight gain, pregnancy, menopause, or other circumstances not related to your augmentation mammoplasty. Breast sagginess after augmentation may normally occur.

ADDITIONAL ADVISORIES

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.

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

Medications- There can be potential 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. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. 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.

Additional Surgery Necessary (Re-operations)

There are many variable conditions that may influence the long-term result of breast augmentation surgery. It is unknown how your breast tissue may respond to implants or how wound healing will occur after surgery. Secondary surgery may be necessary at some unknown time in the future to replace your breast implants or to improve the outcome of breast augmentation surgery. You may elect to or be advised to have your breast implants removed and not replaced in the future. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with breast augmentation surgery. Other complications and risks can occur but are even more uncommon. Although good results are expected, there is no guarantee on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.

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 must 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. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation around implants and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. 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 that 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 the consent on the next page.

Medicine is not an exact science, so no guarantees can be made regarding complications or outcome. We 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-operative instructions, using good judgment and letting us know if there are any problems.

Please ask any questions you may have regarding the surgery or potential risks prior to signing this form. Your signature means that you have had a chance to read and discuss the common risks associated with breast augmentation 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 BREAST AUGMENTATION 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 MASTOPEXY / BREAST REDUCTION SURGERY

Breast Reduction or Reduction Mammoplasty Surgery is performed for both functional and cosmetic reasons. Women who have large breasts may experience a variety of problems from the weight and size of their breasts, such as back, neck, and shoulder pain, and skin irritation. Breast reduction is usually performed for relief of these symptoms rather than to enhance the appearance of the breasts. Lifting the breasts, reducing the size of the areola, and improving overall balance and proportions may also add a cosmetic benefit. Although this surgery is often performed for medical reasons, it is considered “elective” (which means it is by choice rather than necessity).

Although there are benefits to breast reduction surgery, there are also risks and sacrifices which must be weighed before deciding to proceed with surgery. 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. skin quality, body weight, 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.

The best candidates for surgery are those who are mature enough to understand the procedure and have realistic expectations about the results. There are a variety of different surgical techniques used to reduce and reshape the female breast. There are both risks and complications associated with reduction mammoplasty surgery. 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.

Breast lift or mastopexy is a surgical procedure to raise and reshape sagging breasts. Factors such as pregnancy, nursing, weight change, aging and gravity produce changes in the appearance of a woman’s breasts. As the skin loses its elasticity, the breasts often lose their shape and begin to sag. Breast lift or mastopexy is a surgery performed by plastic surgeons to raise and reshape sagging breasts. This operation can also reduce the size of the areola, the darker skin around the nipple.

If your breasts are small or have lost volume after pregnancy, breast implants inserted in conjunction with mastopexy can increase both firmness and size. The best candidates for mastopexy are healthy, emotionally stable women who have realistic expectations about what this type of surgery can accomplish. Breasts of any size can be lifted, but the results may not last as long in women with heavy, large breasts. Mastopexy does leave permanent, noticeable scars on the breasts, and the breasts will be smaller than your current size. There are a variety of different surgical techniques used for the reshaping and lifting of the female breast.

Both reduction mammoplasty and mastopexy are elective surgical operations. Alternative treatments would consist of not undergoing the surgical procedure, physical therapy to treat pain complaints, or wearing undergarments to support large or sagging breasts. In selected patients, liposuction has been used to reduce the size of large breasts. Risks and potential complications are associated with alternative surgical forms of treatment.

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. 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 these complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of breast reduction mammoplasty or mastopexy (breast lift).

The more common risks associated with **Breast Reduction and Mastopexy Surgery** are as follows:

- **Bleeding:** The breasts are very vascular structures, and there can be a significant amount of bleeding during surgery. During surgery medications which cause the blood vessels to constrict or tighten down are used to decrease bleeding. It is possible, though unusual, to experience a significant bleeding episode during or after surgery. Should post-operative bleeding occur, it may require emergency treatment to drain accumulated blood. Hematoma (collection of blood at the surgical site) may contribute to delayed wound healing, infection or other problems. Do not take any aspirin, anti-inflammatory medications (ibuprofen, Motrin, Advil, Aleve, etc.), or Vitamin E for two weeks before or after surgery, as this may increase the risk of bleeding. Non-prescription “herbs” and dietary supplements can increase the risk of surgical bleeding. Heparin medications that are used to prevent blood clots in veins can produce bleeding and decrease blood platelets, which are important to prevent bleeding. After surgery, limiting your physical activities and straining can decrease the risks of a post-operative bleeding. The need for a blood transfusion is very slight. You can start taking an iron before surgery to help your body replace what is lost at the time of surgery.
- **Infection:** The breast ducts do contain bacteria, so there is always a small risk of infection following surgery. However, infection is unusual after surgery. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. Antibiotics are given through the I.V. before surgery, and you will be taking antibiotics by mouth the week after surgery to decrease this risk.
- **Seroma:** Fluid accumulations infrequently occur in between the skin and the underlying tissues. Should this problem occur, it may require additional procedures for drainage of fluid.
- **Asymmetry:** Some breast asymmetry naturally occurs in most women. It is rare that a person’s breasts are symmetric either before or after surgery. Differences in terms of breast and nipple shape, size, or symmetry may occur after surgery. The tissue removed from each side is weighed during surgery. Pre-existing asymmetry is often greatly improved, but there may still be a small difference from one side to the other once healing is complete. Additional surgery may be necessary to revise asymmetry after a reduction mammoplasty or mastopexy.
- **Poor Breast Shape:** Contour and shape irregularities may occur after reduction mammoplasty or mastopexy. At the time of surgery, the breast shape created is designed to allow for the changes that occur during the healing process. It is expected that the breasts will drop, and that the distance from the nipple to the crease under the breast will increase over the months and years after surgery. The initial breast shape may appear flat across the bottom to allow for these changes to prevent a “bottomed out” appearance once the healing is complete.

Visible and palpable wrinkling of the skin may occur. One breast may be smaller than the other. Nipple position and shape will not be identical one side to the next. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility when there is excessive redundant skin. This may improve with time, or it can be surgically corrected.
- **Necrosis:** The techniques used for this type of surgery involve extensive undermining of the skin and tension at the time of closure. It is common that areas may not heal well and slough or scab, which is called necrosis of the skin. With proper care these areas will heal without difficulty. Severe cases of necrosis may include loss of nipple and areola. Because it is well known that smokers have significant healing problems, you should completely stop smoking for at least 2-3 months prior to surgery. It is also important to avoid excess activities and keep your arms close to your sides for several weeks after surgery to improve healing after surgery.
- **Delayed Healing:** Wound disruption or delayed wound healing is possible. Some areas of the breast skin or nipple region may not heal normally and may take a long time to heal. Areas of skin or nipple tissue may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Individuals who have decreased blood supply to breast tissue from past surgery or radiation therapy may be

at increased risk for delayed wound healing and poor surgical outcome. **Smokers have a greater risk of skin loss and wound healing complications.**

- **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 suture removal.
- **Skin Discoloration / Swelling:** Some bruising and swelling normally occurs following a reduction mammoplasty or mastopexy. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent. Additionally, these areas may have exaggerated responses to hot or cold temperatures.
- **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 the surrounding skin tone. Scar appearance may also vary within the same scar. Scars may be asymmetrical (appear different on the right and left side of the body). In some cases scars may require surgical revision or additional treatment.

It takes at least a full year after surgery before the scars will soften and lose their color. The final appearance has a lot to do with your individual tissue and how well you take care of the scars during the early stages of healing. We strongly recommend the use of silicone gel sheeting and Mederma as described in your scar care instruction sheet (given in your pre-op package). Any scar that is becoming more red, raised, and itchy may require a steroid injection.

- **Change in Nipple and Skin Sensation/Nerve Injury:** The nerves that travel to the nipple may be injured during the surgery, and sensation may be either decreased (resulting in numbness) or increased (resulting in hypersensitivity). This alteration in sensitivity may involve the nipples and/or the skin of your breast. Loss of nipple sensation may be temporary or permanent, and can occur after a reduction mammoplasty or mastopexy in one or both nipples. Nipple sensation will be lost if nipple graft techniques are used for breast reduction. Changes in sensation may affect sexual response or the ability to breast feed a baby. There is no way of knowing before or during surgery what your final sensation will be like.
- **Unhappiness with Size:** Many women do not know or wear their correct bra size. This is especially true of women with larger breasts because tighter bras can be more comfortable, and larger bras can be hard to find. Because it is difficult to guarantee an exact bra size post-operatively, discuss post-operative size goals in terms of what percentage of the breast you would like removed (such as wanting the breasts to be half of their current size) can be helpful. Insurance companies require a minimum amount removed for the surgery to be approved. Fluctuations in body weight and pregnancy will also affect breast size in the future.
- **Unsatisfactory Result:** Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed with the results of reduction mammoplasty or mastopexy surgery. Asymmetry in nipple location, unanticipated breast shape and size, loss of function, wound disruption, poor healing, and loss of sensation may occur after surgery. Breast size may be incorrect. Unsatisfactory surgical scar location or visible deformities at the ends of the incisions (dog ears) may occur. Liposuction may be necessary to thin breast tissue that is outside of the normal surgical location for reduction mammoplasty or mastopexy. It may be necessary to perform additional surgery to attempt to improve your results.
- **Inability to Breast Feed:** The glands that produce breast milk and the ducts that carry the milk are reduced and scarred at the time of surgery. While *some* women may still be able to produce milk after breast reduction, it will not be enough to support a baby's nutritional needs and formula supplementation will be necessary. Although some women have been able to breast feed after breast reduction, in general this is not

predictable. If you are planning on breast feeding in the future, it is best to wait until after you are done having children before having this surgery.

- **Changes in Mammogram:** All patients over the age of 35 are required to have a mammogram within the year of surgery as a baseline. The scar tissue created will change the appearance of the mammogram, so please give a history of having a breast reduction when having future studies.
- **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 (breast biopsy). There is the possibility of contour irregularities in the skin that may result from fat necrosis.
- **Firmness:** Excessive firmness of the breast can occur after surgery due to internal scarring or fat necrosis. The occurrence of this is not predictable. If an area of fat necrosis or scarring appears, this may require biopsy or additional surgical treatment.
- **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 in response to drugs used during surgery and prescription medicines. Allergic reactions may require additional treatment.
- **Surgical Anesthesia:** Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.
- **Cardiac and Pulmonary Complications:** Surgery, especially longer procedures, may be associated with the formation of, or increase in, blood clots in the venous system. Pulmonary complications may occur secondarily to both blood clots (pulmonary emboli), fat deposits (fat emboli) or partial collapse of the lungs after general anesthesia. Pulmonary emboli can be life-threatening or fatal in some circumstances. Inactivity and other conditions may increase the incidence of blood clots traveling to the lungs causing a major blood clot that may result in death. It is important to discuss with your physician any past history of blood clots or swollen legs that may contribute to this condition. Cardiac complications are a risk with any surgery and anesthesia, even in patients without symptoms. If you experience shortness of breath, chest pains, or unusual heart beats, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.
- **Pain:** You will experience pain after your surgery. A breast reduction may not improve complaints of musculoskeletal pain in the neck, back and shoulders. Pain of varying intensity and duration may occur and persist after surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue after a breast reduction.
- **Need for Further Surgery:** There are many variable conditions that may influence the long-term result of reduction mammoplasty or mastopexy. Secondary surgery may be necessary to perform additional tightening or repositioning of the breasts. Should complications occur, additional surgery or other treatments may be necessary. Even though risks and complications occur infrequently, the risks cited are particularly associated with breast reduction and breast lift surgery. Other complications and risks can occur but are even more uncommon. The practice of medicine and surgery is not an exact science. Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. In some situations, it may not be possible to achieve optimal results with a single surgical procedure.
- Scar revision or removing the excess tissue at the lateral aspect of the scar (called a “dog ear”) may be desired once the scars have completely healed. This is usually not covered by insurance.

Additional Advisories Regarding Breast Reduction or Breast Lift Surgery

Breast Disease- Breast disease and breast cancer can occur independently of reduction mammoplasty and mastopexy surgery. Individuals with a personal history or family history of breast cancer may be at a higher risk

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.

of developing breast cancer than a woman with no family history of this disease. It is recommended that all women perform periodic self-examination of their breasts, have mammography according to American Cancer Society guidelines, and seek professional care should a breast lump be detected. It is extremely rare that an undiagnosed breast cancer would be discovered at the time of a reduction mammoplasty or mastopexy. If this occurs, additional treatment would be necessary.

Interference with Sentinel Lymph Node Mapping Procedures- Breast surgery procedures that involve cutting through breast tissue, similar to a breast biopsy, can potentially interfere with diagnostic procedures to determine lymph node drainage of breast tissue to stage breast cancer.

Long-Term Results- Subsequent alterations in breast shape may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause, or other circumstances not related to your surgery. Breast sagging may normally occur.

Smoking, Second-Hand Smoke Exposure, Nicotine Products (Patch, Gum, Nasal Spray)- Patients who are currently smoking, use tobacco products, 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, smoking 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.

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 of blood vessels and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery and to control bleeding. It is wise to refrain from sexual activity until your physician states it is safe.

Medications- There are potential 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 which you are already taking. If you have an adverse reaction, stop the drugs immediately and call your plastic surgeon for further instructions. If the reaction is severe, go immediately to the nearest emergency room. 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.

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

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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.

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 activity needs to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative function depends on both surgery and subsequent care. Physical activity that increases your pulse or heart rate may cause bruising, swelling, fluid accumulation and the need for return to surgery. It is wise to refrain from intimate physical activities after surgery until your physician states it is safe. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

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. We 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 if you are having any problems.

Please ask any questions you may have regarding the surgery or potential risks prior to signing this form. Your signature means that you have had a chance to read and discuss the common risks associated with **Breast Reduction and Breast Lift 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 MASTOPEXY/BREAST REDUCTION 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 AND POST OPERATIVE INSTRUCTIONS FOR BREAST AUGMENTATION

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.

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. Bra
- 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.

THE FIRST WEEK

- You do not need to remove your bra or dressings unless there is problem or you have been given specific instructions. For most patients it is OK to shower in 24-48 hours. Keep the white tape on your incisions and have the water hit your back. Put your surgery bra back on after the shower. Some people find it very comfortable to wear a T-shirt under your bra.
- It is fine to bathe all of the area outside of the bra. You may want to even have your hair washed and styled, but you should not do it yourself this first week since it entails over using your arms.
- If you have drains, record the 24 hour totals from each side and be sure to strip them regularly; at least 3 times per day. Do not shower if you have drains – you must wait until drains are out.
- It is common for one side to hurt more or to appear slightly more swollen when peering down the top of the bra. If the difference is extreme, you need to be examined to be sure you don't have a hematoma. A hematoma is usually very obvious, with one side markedly swollen, tight and bruised.
- Low-grade temperatures (99-101°) are usually from not breathing deeply enough. Be sure you take 10 deep breaths an hour and get out of bed regularly. Your temperature should become normal. With continued or higher fevers, other things to check are for redness at your I.V. site, burning when you urinate and tenderness in your calves. Bad signs are increasing pain and redness, higher temperatures, rash, fainting, dizziness, persistent vomiting or diarrhea. Let us know immediately if you experience any of these symptoms.

- When you come back for your first follow-up appointment we switch you to a more comfortable bra. We recommend a Warner Bra soft style with no underwire or lace. You will wear this bra around the clock for the next three weeks. Pick your closest guess on sizes and leave the tags on so you can return it if it is the wrong size. Going up a band size for the first few weeks may be more comfortable.
- Everyone experiences pain differently. Some people feel fine right after surgery, while others are sore for up to 6 weeks. You should NOT drive for the first week, or while you are still on pain medication or muscle relaxants. Most people are still sore enough the second week that their reaction time behind the wheel of a car is still slow. Unless you feel completely normal, do not drive the second week either.
- Even though you may be feeling well, you still need to be very careful not to exert yourself and over-use your arms. Do not pick up anything heavier than a phone book or engage in activities that make your face turn red for the first four weeks. Try and keep your upper arms within 6 inches of your body for the first 3-4 weeks, and do not raise your hands higher than your head .
- Be sure to get your implant information and keep it in a safe place.
- Be sure to get information regarding your implant warranty information. Extended warranty paperwork must be submitted to the manufacturer within 30 days of your surgery (with Mentor implants you can get the paperwork at www.mentorcorp.com).

THE SECOND WEEK

- Wear the bra at all times and continue following arm movement and sleep precautions as described in week one.
- We will change the white tape over your incisions. Once healed, you can start scar care.
- You can shower after your drains come out. Allow water to fall on your back and shoulders rather than directly on your chest.
- If you have SMOOTH IMPLANTS you should also start breast massage this week as tolerated. The goal of massage is to keep the scar capsule and space around the implant larger than the implant itself for a softer and more natural result. It can also be used to move the implant into a more desirable location (for example if one is slightly high). The direction is usually up and in for most patients, but your specific instructions will be given to you at your appointment.
- If you have TEXTURED IMPLANTS you should never massage. Wear a comfortable supportive bra that is not too compressive, and avoid bouncing or heavy impact for 3 months.

THE THIRD AND FOURTH WEEKS

- You should be feeling better, but still be good and keep those arms down.
- Those with SMOOTH IMPLANTS should increase massaging to three or four times per day for at least one minute each session. Longer massage sessions are also fine. This should become second nature and should be done daily to help keep your implants soft.
- You may feel a sharp bump along your incision or get an irritated pimple that is likely a “spitting” suture, or one that is coming up to the surface. Keep it clean and make an appointment to have it removed.

LONG TERM

- The standard follow-up schedule is as follows: appointment in 3-5 days, then at two weeks, one month and one year. More appointments can be made as needed or as recommended.
- Be sure you have our implant information for your records and be sure you understand manufacture’s warranty information. (With Mentor implants you can send in for an extended warranty @ www.mentorcorp.com, and for Sientra at warranty@sientra.com)
- Be sure to tell future mammography technicians that you have implants.

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- Some procedures, such as dental work, spread bacteria in the bloodstream and although not required, we recommend that you take antibiotics before the procedure to prevent bacteria spreading to your implants. You can tell your dentist that the standard prophylaxis that they use is fine. If you do not want to tell them you have implants, you can use other reasons, such as a heart murmur. It is probably best not to schedule dental work for a few months after your breast surgery.

PRE AND POST OPERATIVE INSTRUCTIONS FOR MASTOPEXY/BREAST REDUCTION

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 will remember the details.
- By planning ahead, you can have a more relaxed recovery phase. Fill your prescriptions, stock your home with comfort foods and arrange a comfortable place to sleep. Do not be alone the night of surgery; plan to have someone stay with you. Remember that you will need a ride to the first and second post-op appointments as well.
- **NO SMOKING** one month before and after surgery. Smoking impedes healing.
- Start taking Arnica Forte the night before surgery.
- All patients 35 years and older are required to have a mammogram within one year prior to surgery.

THE DAY OF SURGERY

- Make sure you do not eat, drink, smoke or chew anything except essential medications (as approved by your doctor) 8 hours prior to surgery. You may take a small sip of water with your Dramamine 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.

THE FIRST WEEK

- The car ride home can cause nausea, so taking a Dramamine prior to discharge can help prevent a problem. A scopolamine patch (looks like a spot bandage) may be placed on your inner arm or behind your ear in pre-op. This helps with nausea for three days and can be removed per the instructions.
- 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 something to throw up into, if necessary, 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.
- You do not need to remove your bra or dressings unless there is a problem or you have been given specific instructions. A bloody stain may occur along the sides of the surgery bra or over the nipple area. This is nothing to worry about.
- If you have been sent home with your drains, strip and record the output three times per day. Keep a record of the 24 hour totals from each side and bring this information to your follow-up appointment.
- It is common for one side to hurt more or to appear slightly more swollen than the other when looking down the top of the bra. If the difference is extreme, you need to be examined to be sure you do not have a hematoma.
- Low-grade temperatures (99-101°) usually result from not breathing deeply enough. Be sure you take 10 deep breaths an hour and get out of bed regularly. Your temperature should get better doing these alone. With continued or higher fevers, other things to check are redness at your I.V. site, burning when you urinate and tenderness in your calves. Bad signs are increasing pain and redness, higher temperatures, rash, fainting, altered mental state, persistent vomiting, or diarrhea. Let us know immediately if you experience any of these symptoms.
- It is fine to bathe the area outside the bra. You may want to even have your hair washed and styled, but you should not do it yourself this first week since it entails lifting your arms. For some patients it is ok to

shower 1 -2 days after surgery. If you have drains and breast implants you must wait to shower until the drains are out.

- Itchiness under the bra may improve with oral Benadryl, or applying hydrocortisone cream to the skin (as long as it is not on an incision). If the itchiness persists, come in for an appointment so that we can remove the dressings.
- When you come back for your first follow-up appointment we will change your dressings and switch you to a more comfortable bra. We recommend a soft sports bra or cotton bra that hooks in the front. Avoid underwire and lace bras. We have a nylon style in the office that may work if you cannot find anything.
- Everyone experiences pain differently. Some people feel fine right after surgery, while others are sore for up to 6 weeks. **YOU SHOULD NOT DRIVE** for the first week, while you are still on medication or still in pain. Most people are still sore enough the second week that their reaction time behind the wheel of the car is still slow, so unless you feel completely normal, do not drive the second week, either.
- Even though you may be feeling well, you still need to be very careful not to exert yourself and over-use your arms. Do not pick up anything heavier than a phone book or engage in activities that make your face turn red for the first four weeks.
- You can shower after your first appointment, or after your drains come out. Allow water to fall on your back and shoulders rather than directly on your chest.

THE SECOND WEEK

- Wear the bra around the clock and continue following arm movement and sleeping precautions as described in week one.
- We will remove the white, cloth tape 10 days to two weeks post-op. You can then begin your scar care.

THE THIRD AND FOURTH WEEKS

- You will probably be feeling much better by this time. If you are off your pain pills and are feeling fine you can start driving.
- There are often areas along your incision that take longer to heal. Make sure you understand the wound care recommendations made at your appointment.
- Where the incision is completely healed you can start using Mederma or Silicone gel sheeting. Refer to your scar care instruction sheet for options.
- You may feel a sharp bump along your incision or get an irritated pimple that is likely a “spitting” suture, or one that is coming up to the surface. Keep it clean and make an appointment to have it removed. These may appear months after the actual surgery.
- Keep wearing your bra round the clock for the first month after surgery. Avoid underwire bras for about three months.

LONG TERM

- You can start exercising regularly once your incisions are healed or one month after surgery.
- Be sure to take good care of your scars. If keloid scars occur they may benefit from a steroid injection. These scars are very itchy, thick, and red.
- The shape of the breasts will continue to change for the first year. Please make a follow-up appointment for one year from the time of your surgery for photographs.

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[®]: 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[®] 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[™]: (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."

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- 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

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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	Psuedoeohdrine	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	

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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
Argimomy	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.