

CONSENT FOR FAT TRANSFER

Fat injections have been used for decades to add volume using a patient's own tissue as a donor source. Fat has been used successfully in many parts of the body including the face, breast, torso, buttocks, and extremities. While increased volume is the typical goal. Fat has also been shown to improve tissue that has been injured by radiation, and even provide anti-aging effects to the skin.

While fat transfer has been a wonderful workhorse in the field of plastic surgery, it does have some limitations. Typically, a significant portion of the fat will resorb over the several months after placement until a final placement amount has reached a steady state. This can vary between patients, with younger and thinner patients having superior results to elderly or significantly overweight patients. In general, you can expect approximately 20-30% final take in the final take in the face, 50% take in the body and breast, and up to 80% if pre-treating the breast with BRAVA device for pre-expansion.

The fat can also continue to change in size with weight fluctuations, just like the rest of the fat on your body. The final results can also be inexact, and fillers may be needed fine-tune the results in the face. Fillers are also more appropriate for some areas such as commissures (corners of the mouth), lip lines, and templates. Some fillers also have superior lifting ability to the tissue because their stiffness, as opposed to the soft results that fat provides.

Fat injections used in the breast can only be expected to achieve about one half to one cup size in volume, but can also be used just in selective areas like the upper pole of the breast for improved shape without a significant increase in size. The minority of patients are excellent candidates for fat injections to the breast, so many still prefer the use of implants.

Because of mammographic changes associated with fat injections, and the inherent risk of breast cancer in all women, a baseline mammogram is required for all patients 35 and over. A baseline ultrasound or MRI may also be indicated based on a patient's medical and family history. There is an increased chance of needing a biopsy to determine the nature of palpable or radiographic abnormalities that might occur after fat transfer.

Fat injections can always be repeated to maximize results, but caution should be used in young patients who may go on to gain weight as they age. While this might be great in some instances, it can also be a problem if it results in an overcorrected look.

Patients need to have adequate donor sites of fat for the procedure they are considering. While the "donor defect" of less fullness is often very advantageous to most patients, there can be contour irregularities left in the donor areas because of the harvest of fat. This is typically a risk for thin patients who may not have enough fat to donate.

Additional risks can include bleeding, bruising, palpable or visible irregularities, infection, scarring, and over or under-correction.

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 following 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-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 skin graft 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 A FAT TRANSFER SURGERY 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 LIPOSUCTION SURGERY

Liposuction is a surgical technique to remove unwanted deposits of fat from specific areas of the body, including the face and neck, upper arms, trunk, abdomen, buttocks, hips and thighs, and the knees, calves and ankles. This is not a substitute for weight reduction, but a method for removing localized deposits of fatty tissue that do not respond to diet or exercise. Liposuction may be performed as a primary procedure for body contouring or combined with other surgical techniques such as facelift, abdominoplasty, or thigh lift procedures to tighten loose skin and supporting structures.

The best candidates for liposuction are individuals of relatively normal weight who have excess fat in particular body areas. Having firm, elastic skin will result in a better final contour after liposuction. Skin that has diminished tone due to stretch marks, weight loss, or natural aging will not reshape itself to the new contours and may require additional surgical techniques to remove and tighten excess skin. Body-contour irregularities due to structures other than fat cannot be improved by this technique. Liposuction by itself will not improve areas of dimpled skin known as “cellulite.”

Suction-assisted lipectomy surgery is performed by using a hollow metal surgical instrument known as a cannula that is inserted through small skin incision(s) and is passed back and forth through the area of fatty deposit. The cannula is attached to a vacuum source, which provides the suction needed to remove the fatty tissue.

In some situations, a special cannula may be used that emits ultrasonic energy to break down fatty deposits. This technique is known as **ultrasound-assisted lipectomy**. Depending on your needs, your surgeon may recommend suction-assisted lipectomy alone, or in combination with ultrasound-assisted lipectomy.

There are a variety of different techniques used by plastic surgeons for liposuction and care following surgery. Liposuction may be performed under local or general anesthesia. **Tumescent liposuction technique** involves the infiltration of fluid containing dilute local anesthetic and epinephrine into areas of fatty deposits. This technique can reduce discomfort at the time of surgery, blood loss, and post operative bruising.

Support garments and dressings are worn to control swelling and promote healing. Your surgeon may recommend that you make arrangements to donate a unit of your own blood that would be used if a blood transfusion were necessary after surgery.

Liposuction is an elective surgery, which means that it is being performed by choice rather than out of medical necessity. 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.

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.

Alternative forms of management consist of not treating the areas of fatty deposits. Diet and exercise regimens may be of benefit in the overall reduction of excess body fat. The procedure is not a replacement for weight loss, and, if possible, diet and exercise should be used to improve your body rather than surgery. Liposuction is intended to sculpt or change your silhouette when you are at or near your ideal body weight. It can be performed on people significantly above their ideal body weight, but the complications may increase. Direct removal of excess skin and fatty tissue may be necessary in addition to liposuction in some patients.

Liposuction is currently one of the most commonly performed plastic surgery procedures. Medical advances in recent years have improved safety of the procedure and the quality of the results. 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 completely understand all possible consequences of liposuction. This consent will talk about the general risks of having surgery, as well as those specifically associated with **Liposuction Surgery**.

- **Patient Selection:** Individuals with poor skin tone, medical problems, obesity, or unrealistic expectations may not be candidates for liposuction.
- **Infection:** Infection is rare following liposuction. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary. In extremely rare instances, life-threatening infections, including toxic shock syndrome have been noted after liposuction surgery. Combining this surgery with a contaminated procedure, such as a hysterectomy, does increase the risk of an infection. Antibiotics are usually given immediately before, and for a few days after, surgery to decrease the risk of infection.
- **Bleeding:** When liposuction was first performed years ago, bleeding was a major problem. Only 1.5 liters could be removed at one setting before a transfusion was necessary. Now, thanks to the tumescent technique (infiltrating the tissue with saline and epinephrine to shrink the blood vessels) much larger volumes can be removed without needing a blood transfusion. It is possible, though unusual, to experience a bleeding episode during or after surgery. Should post-operative bleeding occur, it may require an emergency treatment to drain the accumulated blood or blood transfusion. Hematoma (collection of blood at the surgical site) can occur at any time following injury and may contribute to infection or other problems. Heparin medications that are used to prevent blood clots in veins can produce bleeding and decreased blood platelets. Do not take any aspirin or anti-inflammatory medications 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. It is a good idea to start taking iron supplements prior to surgery, and essential that all medications which thin the blood be stopped two weeks prior to surgery. You will have some bruising after surgery, and if severe, it could cause prolonged or even permanent color changes to the skin. We recommend that you start the Bromelain and Arnica Montana at least three days prior to surgery, and continue it until the bruises are resolved.
- **Asymmetry:** Symmetrical body appearance may not result from liposuction surgery. Factors such as skin tone, fatty deposits, skeletal prominence, and muscle tone may contribute to normal asymmetry in body features. Additional surgery may be necessary to attempt to improve asymmetry. During surgery the amount of time spent on each area as well as the volumes removed are recorded to maintain symmetry. People are rarely perfectly symmetric either before or after surgery.
- **Seroma:** The small incisions made to perform liposuction are usually left open to promote drainage after surgery. This allows for earlier resolution of the swelling, but it is pretty messy the first 24 hours. If this fluid gets trapped inside under the tissue, a seroma may develop. Fluid accumulations infrequently occur in areas where liposuction has been performed. Additional treatments or surgery to drain accumulations of fluid may be necessary.
- **Delayed Healing:** Wound disruption or delayed wound healing is possible. Some areas may not heal normally and may take a long time to heal. Some areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. **Smokers have a greater risk of skin loss and wound healing complications.**
- **Burn:** When ultrasound is performed heat is generated from the tip of the instrument. This is what helps to “melt” or emulsify the fat, making it easier to remove. Ultrasonic energy may produce burns and tissue damage either at the location where the cannula is inserted into the skin or in other areas if the cannula touches the undersurface of the skin for prolonged periods of time. If burns occur, additional treatment and surgery may be necessary.
- **Damage to Deeper Structures:** There is the potential for injury to deeper structures including nerves, blood vessels, muscles, and lungs (pneumothorax) during any 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.

- **Skin Contour Irregularities:** Contour and shape irregularities or depressions may occur after liposuction. Visible and palpable wrinkling of skin can occur. This may improve with time, or it may need to be surgically corrected. This is the most common problem following surgery, and is so common that a small degree should be expected. When the fat is removed with liposuction, the overlying skin can develop irregularities such as ripples or mild dents. The thinner or more lax the overlying skin, the worse this problem can be. If your skin is perfectly smooth prior to surgery, these irregularities will likely be obvious after surgery. If you already have irregularities, such as cellulite, the difference following surgery may not be obvious. Over-suctioning areas can also leave contour irregularities. Most of all, weight gain after surgery will make these irregularities more obvious. There is no question that people look good after liposuction, but the goal is that you look better in your clothes. Because of these irregularities no guarantee can be made that you will look better naked, though the improvement in your overall shape usually outweighs the irregularities of the skin.
- **Loose Skin:** Liposuction does not tighten the overlying skin, and there may be excess skin following the procedure. If you already have loose skin, the results from liposuction may not be dramatic. Previous pregnancy, large weight loss, and genetic predisposition may all result in pre-existing loose skin. The inner thighs, arms, and sometimes abdomen are areas where the skin is typically less elastic due to the thinness of the skin.
- **Weight Gain in Other Areas:** Liposuction does not prevent you from gaining weight in the future. It is a very expensive, risky, and ineffective form of dieting. If you gain a significant amount of weight after liposuction, not only may the areas suctioned have more surface irregularities, you may gain weight in new areas such as the breasts, arms or face. As much as we hate to focus on the horrible bathroom scale, we do recommend weighing yourself intermittently after liposuction because weight can sneak on without you really noticing it.
- **Change in Skin Sensation/Nerve Injury:** It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. This usually resolves over a period of time. Diminished (or complete loss of skin sensation) infrequently occurs and may not totally resolve. Expect numbness in areas of your skin following surgery, which is not such a bad thing when you are wearing your garment. Sensation will gradually return, and it is very rare that this would be a permanent situation. Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolve during healing, but in rare situations it may be chronic.
- **Scarring:** All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the skin and deeper tissues. Scars may be unattractive and of different color than surrounding skin. Scar appearance may exhibit contour variations compared to the surrounding skin. Scars may be asymmetrical (appear different between right and left side of the body). In some cases scars may require surgical revision or treatment. Small incisions need to be made to perform the liposuction. They are usually about one centimeter in length, and initially look irritated and red. Once healed, we recommend using Mederma or acceptable scar care method to fade them as much as possible. These scars are usually well hidden and rarely a cosmetic problem.
- **Skin Discoloration / Swelling:** Bruising and swelling normally occur following liposuction. 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. Everyone heals at a different pace, and the degree of swelling will be different from person to person. Expect a large amount of swelling the first two weeks, and after that the swelling will go down more gradually. It may take months before you see your final results.

- **Pain:** You will experience pain after your surgery. There is no question that liposuction hurts, but the healing and resolution of the pain are much faster than with many other surgeries. The amount of pain is related to the amount of liposuction being performed. Numbing medicine placed in the tumescent fluid makes the first twelve hours after surgery easier to tolerate. Pain of varying intensity and duration may occur and persist after liposuction surgery. Chronic pain may occur very infrequently from nerves becoming trapped in scar tissue.
- **Deep Venous Thrombosis:** Blood clots in the legs are problematic after any surgery, but are more common in patients who are overweight, over the age of 40, sedentary after surgery, and having a procedure that lasts longer than 4 hours. Compression stockings are placed on you before surgery is started to improve the circulation in your legs. Move your ankles and tighten your calves regularly after surgery, and be sure to get up and walk frequently. If a clot breaks away and travels to the lung (pulmonary embolus) this can be a life-threatening complication.
- **Fat Embolus:** Fat can act like a blood clot during liposuction and cause the same type of problem in the lungs. This has become a very rare complication with the use of the tumescent technique and ultrasound.
- **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 shock (anaphylaxis) may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.
- **Fat Necrosis:** Fatty tissue found deep in the skin might die. This may produce areas of firmness within the skin. Additional surgery to remove areas of fat necrosis may be necessary. There is the possibility of contour irregularities in the skin that may result from fat necrosis.
- **Pubic Distortion:** It is possible, though unusual, for women to develop distortion of their pubic area. Should this occur, additional treatment including surgery may be necessary.
- **Persistent Swelling (Lymphedema):** Persistent swelling in the legs can occur following liposuction but this is a rare complication.
- **Tumescent Liposuction:** There is the possibility that large volumes of fluid containing dilute local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment including hospitalization may be necessary.
- **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. Liposuction can be performed using a variety of anesthetics and these can be discussed with your surgeon and anesthesiologist.
- **Allergic Reactions:** In rare cases, local allergies to tape, suture material and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including anaphylaxis may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.
- **Need For Hospitalization:** If you are having an extensive surgery, staying overnight in the hospital may be recommended or even required. If you have any problems during surgery, you may need to stay for your safety. Smaller liposuction procedures are routinely performed on an outpatient basis.
- **Need for Further Surgery:** On occasion a touch up surgery for a mild irregularity may need to be performed. This is usually done one year following your initial procedure, and you need to be at or below your pre-op weight.
- **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 liposuction surgery. This would include risks such as asymmetry, unsatisfactory or highly visible surgical scar location, unacceptable visible deformities, bunching and rippling in the skin near the suture lines or at the ends of the incisions (dog ears), poor healing, wound disruption, and loss of sensation. It may not be possible to correct

or improve the effects of surgical scars. Additional surgery may be required to attempt to improve results.

- **Photographs:** Pre-operative and post-operative photos will be taken to help with surgical planning and to document results. These photos (which never include your face) may also be used for teaching purposes to help doctors or other patients.

ADDITIONAL ADVISORIES

Metabolic Status of Massive Weight Loss Patients- Your personal metabolic status of blood chemistry and protein levels may be abnormal following massive weight loss and surgical procedures to make a patient lose weight. Individuals with abnormalities may be a risk for serious medical and surgical complications, including delayed wound healing, infection or even in rare cases, death.

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

Female Patient Information- It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you believe 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 control bleeding. It is wise to refrain from sexual activity until your physician states it is safe.

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.

Medications- There are many adverse reactions that occur as the result of taking over-the-counter, herbal, and/or prescription medications. Be sure to check with your physician about any drug interactions that may exist with medications 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.

ADDITIONAL SURGERY NECESSARY

There are many variable conditions in addition to risk and potential surgical complications that may influence the long-term result from liposuction. Secondary surgery may be necessary to obtain optimal results. Even though risks and complications occur infrequently, the risks cited are particularly associated with a liposuction surgery. Other complications and risks can occur but are even more uncommon. Should complications occur, additional surgery or other treatments may be necessary. 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.

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.

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

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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 Liposuction surgery, and 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 LIPOSUCTION AND I HAVE READ THE ABOVE LISTED ITEMS. I AM SATISFIED WITH THE INFORMED CONSENT PROCESS

Patient or Person Authorized to Sign for Patient

Date

Witness

Date

Pre-Operative Instructions – General

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

2 Weeks Prior to Surgery

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

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

One Week Prior to Surgery

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

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

Night Before Surgery & Morning of Surgery

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

Post-Operative Instructions – General

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

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

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

LIPOSUCTION POST-OPERATIVE INSTRUCTIONS

BEFORE SURGERY

- Please read all of the information in your pre-op packet three times, immediately after your appointment, the day before surgery, and again after surgery to ensure that you remember the details.
- By planning ahead, you can have a more relaxed recovery phase. Fill your prescriptions, stock the house with comfort foods, arrange a comfortable place to sleep and remember that you will need a ride to the first and second post-op appointment. Do not be alone the night of surgery; plan to have someone stay with you.
- NO SMOKING of any kind one month before or after surgery is recommended.
- Start taking Bromelain, Arnica Montana or Arnika Forte as directed.

THE DAY OF SURGERY

- Make sure you do not eat, drink, smoke or chew anything except essential medications (as approved by your surgeon) 8 hours prior to surgery. You may take a Dramamine with a small sip of water the morning of surgery.
- Know where to go, when to be there, and please **DO NOT FORGET**
 1. Your pre-op packet
 2. Your garment
- Wear comfortable clothing, preferably something you do not have to pull over your head.
- You will be in the recovery room from 2 to 4 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 home and all others as needed or as directed.
- Pre-op - It is a good idea to take a shower and scrub well with antibacterial soap the morning of surgery.

THE FIRST WEEK

- Before you wake up from surgery, you will be put into a liposuction garment. You cannot remove the garment except to shower or to change into a clean one. The crotch of the garment is open to allow you to go to the bathroom without moving it. You will need to wear some type of compression garment for 4 - 6 weeks.
- You will have pads under your garment. These add extra compression to the areas that have been liposuctioned. You may move these around as desired. Try to keep the pads in as much as possible the first week. You may shower after 24 hours unless otherwise instructed. Make sure to have someone available to help during the first shower as you may become lightheaded. No bathing is allowed until all incisions are completely healed.
- Wash your garment on the gentle cycle with a detergent designed for undergarments. Allow your garment to air dry. Limit how often you use the dryer. You might want to purchase a secondary garment.
- Expect to be bruised for several weeks and swollen for several months. Walking is encouraged as soon as possible. Use pain as your guide when returning to cardiovascular activities and weight lifting.

- Make sure to take all of your antibiotics as ordered. Take your pain pills as needed. You may take plain Tylenol instead of your pain medications. If constipation is a problem (which is common after surgery), you may take any type of laxative or stool softener that you want.
- You will drain large amounts of blood tinged fluid for 24-48 hours after surgery. It is a good idea to put some old towels on the seat for the ride home. We also recommend putting trash bags or a shower curtain liner under towels on your bed to prevent stains.
- Keep the white tape over your incisions until they fall off or we remove them at 1-2 weeks. After your incisions are completely healed, you will start using the scar gel Mederma or silicone gel sheeting. You will need to use one of these for the first 3 to 12 months after surgery. Make sure to keep the incisions out of the sun for the first year as they will turn darker than the surrounding skin.
- You can expect the majority of your swelling to be gone in 4 to 6 weeks – but final changes may take up to a year. This will vary from person to person as healing is very individual. Be patient as you heal and do not expect instant results.
- You may resume your regular exercise routine in 2 weeks as tolerated.
- Weight gain after surgery will be more exaggerated where liposuction was not performed. Weight gain can also result in more contour irregularities where lipo was done. Keep track of your weight. It can really sneak up on you.
- Call the office with any questions that you may have.

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 ForteTM: (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."

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

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
Argimony	Ephedra	Guarana	Selenium
Barley	Eucalyptus	Guayusa	St. John's Wort
Bilberry	Fenugreek seeds	Hawthorn	Valerian/Valerian Root
Bitter melon	Feverfew	Horse Chestnut	"The natural Viagra®"
Burdock root	Fo-ti	Juniper	Vitamin E
Carrot oil	Garlic and Garlique	Kava Kava	Vitamin K
Cayenne	Ginger	Lavender	Willow bark
Chamomile	Gingko	Lemon verbena	Yellow root
Chromium	Gingko biloba	Licorice root	Yohimbe
Coriander	Ginseng	Ma Huang	
Dandelion root	Gmena	Melatonin	

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