

CONSENT FOR CLEFT LIP SURGERY

There are risks associated with all surgeries including medication reactions, allergic reactions, pneumonia, and anesthetic complications. These risks can be serious and possibly fatal. The risks that are specifically related to cleft lip surgery include:

- **Bleeding:** Generally this is a very small amount, and transfusion is never even considered a risk. It is not unusual to see small amounts of fresh blood in the spit or on the dressings for the first one or two days following surgery.
- **Infection:** Lots of bacteria live in the mouth and nose, so antibiotics are given through the I.V. at the time of surgery. The antibiotics will usually be stopped at the time of discharge unless nasal packing or a nasal splint is placed at the time of surgery. It is important that you complete the course of antibiotics as directed.
- **Dehiscence:** This is the medical term for the incision splitting open. This can happen because of too much tension on the closure (i.e. the stitches pull through), infection, or from trauma or bumping the lip. Sometimes small areas of the wound will split, and there may be no long term problems.
- **Poor Appearing Scar:** We do everything possible to help the scar look nice at the time of surgery, but a lot can happen after we leave the operating room. Some people are prone to keloid or hypertrophic scars, and others heal with fine lines. For the first three months after surgery the scar will usually become more firm, raised and red. This is a normal process. At about 6 months the scar will start to soften, and at one year the color should turn from pink to white. We strongly encourage you to start massaging the scar with a scar cream like Mederma at about two weeks after surgery, and also to be extremely good about putting sunscreen on the scar *every day* for a year.
- **Asymmetry:** Although it is our goal at the time of the cleft lip repair, no repaired lip will be perfectly symmetric or even from one side the other. (Remember that after a cleft lip adhesion the goal is to get tissue across the gap, not to make it even). The asymmetry may be due to a tight scar, slight mismatch when performing the repair, or lack of bone in the cleft space, or a number of other reasons. We try very hard to get the sides as even as possible at every surgery following the cleft lip adhesion.
- **Stunting of Facial Growth:** Any surgery performed on a growing child has the potential to create scar tissue that limits the potential growth in that area. This is especially true with cleft lip and palate surgery, and may result in a profile where the middle third of the face does not project as much as the lower jaw creating an “underbite.” Braces may be all that is necessary to correct this, but some children may require orthognathic (jaw) surgery once they reach adolescence. Really the only way to prevent this is to not perform surgery, or to delay surgery until growth is complete.
- **Need for Further Surgery:** We can never guarantee that this will be your child’s only lip surgery, and most have a revision prior to entering school.

Medicine is not an exact science, so no guarantees can be made regarding complications or outcome. We do everything possible to ensure your child’s 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 further questions 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 cleft lip surgery, and that you agree to proceed. A separate consent form from the hospital will also need to be signed for the medical record.

Parent or Legal Guardian

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.

PRE-OPERATIVE INSTRUCTIONS FOR CLEFT LIP SURGERY

THE WEEKS BEFORE SURGERY

- Please read through all of this paperwork several times before and after surgery. Any time you come up with a new question, we ask that you check this paperwork again. Chances are the answer is here.
- Instead of shocking your little one with too many changes at the time of surgery, try easing them into some of the things we will require. Wean that pacifier before surgery, because they will not be able to use it for three weeks post-op. Try sleeping in the car seat a few times, because this is the best position to protect the lip the week after surgery.
- Avoid ibuprofen or medications that could thin the blood two weeks prior to surgery.
- If the patient has an upper respiratory infection at the time of surgery, we will need to reschedule. It's nearly impossible to avoid those colds, but try to use good judgment on exposures when surgery is coming up.
- You may need some supplies at home. Tylenol drops, antibiotic ointment (any type), and possibly some reliable family members lined up for a few hours of valuable respite care the first week.

THE DAY BEFORE SURGERY

- Make sure you understand where the surgery is going to be performed, and what time you are supposed to show up.
- If you are coming in from out of town and staying locally the night before surgery, call the office with the phone number so we know how to reach you in case the surgery time changes.
- Your child needs to be N.P.O. (nothing by mouth) before surgery, or it will be cancelled by anesthesia. Solid foods or thick liquids need to stop 8 hours prior to surgery. Formula can be given up to 6 hours prior to surgery. Breast milk can be given up to 4 hours prior to surgery. Water or clear liquids (such as apple juice, pedialyte, or water) can be given up to 2 hours prior to surgery. The reason for this is to prevent aspiration, or sucking stomach contents into the lung, which can be very dangerous.

THE DAY OF SURGERY

- Bring all of the paperwork you were given. The hospital will need your Consent form and History and Physical, so don't forget these.
- Bring any special nipples and formula that your child uses.
- Bring in the car seat; they will need it in the hospital room.
- Make sure you are comfortable as well. Wear clothes that you can sleep in and bring something to read.

PLACE OF SURGERY:

DATE AND TIME: «Person_Next_Surgery_Appt_Date» at «Person_Next_Surgery_Appt_StartTime»

ARRIVAL TIME: 2 hours before surgery time

NO SOLIDS, FULL LIQUIDS 8 HRS PRIOR

NO FORMULA 6 HRS PRIOR

NO BREAST MILK 4 HRS PRIOR

NO CLEAR LIQUIDS 2 HRS (WATER, GATORADE, PEDILYTE)

FOLLOW-UP APPOINTMENT

CLEFT LIP SURGERY

DESCRIPTION OF THE CLEFT LIP

Clefts come in a variety of types, and it is good for you to accurately describe you own child's cleft. They range from being barely noticeable (called a formes fruste), to complete, which means they travel into the nostril. The cleft may be on one side, called a left or right unilateral cleft lip, or it can be bilateral. A cleft lip can occur with or without a cleft palate.

DESCRIPTION OF THE CLEFT PALATE

Cleft palates vary in degrees of severity. It is possible that only the gum line is involved behind the cleft lip. They cleft often extends all the way back through the end of the soft palate, and this would be called a complete cleft palate. Just like the lip, the cleft may be barely noticeable (called a submucous cleft palate) or occur without an associated cleft lip.

YOUR CHILD'S CLEFT IS BEST DESCRIBED AS:

DESCRIPTION OF CLEFT LIP SURGERY

Recommendations will be made as to whether the lip should be repaired in one or two stages. The wider, more severe unilateral clefts associated with a complete cleft palate, and the bilateral cleft lips usually do better with a two-stage lip repair. The first surgery is called a cleft lip adhesion, and it serves to bring the two sides of the lip together, bridging the gap. This is not meant to leave the lip anatomically correct, but will allow the tissue to stretch so that the final cleft lip repair heals without tension, leaving a prettier scar. The second surgery is scheduled approximately 6 months after the first, and the palate surgery may be performed at the same time. The incomplete or narrow unilateral cleft lips can be repaired as a single stage, and this surgery is called a cleft lip repair.

Cleft lip surgery takes about two hours, and will be performed under general anesthesia (meaning they will completely asleep). Numbing medicine will be placed at the time of surgery to keep them comfortable for several hours, and Tylenol is usually the only medicine needed once they are discharged. You are usually discharged the morning after surgery, but if your child is doing very well you may get to go home that evening.

YOUR CHILD IS SCHEDULED FOR THE FOLLOWING SURGERY:

CONSENT FOR CLEFT LIP SURGERY

There are risks associated with all surgeries including medication reactions, allergic reactions, pneumonia, and anesthetic complications. These risks can be serious and possibly fatal. The risks that are specifically related to cleft lip surgery include:

- **Bleeding:** Generally this is a very small amount, and transfusion is never even considered a risk. It is not unusual to see small amounts of fresh blood in the spit or on the dressings for the first one or two days following surgery.
- **Infection:** Lots of bacteria live in the mouth and nose, so antibiotics are given through the I.V. at the time of surgery. The antibiotics will usually be stopped at the time of discharge unless nasal packing or a nasal splint is placed at the time of surgery. It is important that you complete the course of antibiotics as directed.
- **Dehiscence:** This is the medical term for the incision splitting open. This can happen because of too much tension on the closure (i.e. the stitches pull through), infection, or from trauma or bumping the lip. Sometimes small areas of the wound will split, and there may be no long term problems.
- **Poor Appearing Scar:** We do everything possible to help the scar look nice at the time of surgery, but a lot can happen after we leave the operating room. Some people are prone to keloid or hypertrophic scars, and others heal with fine lines. For the first three months after surgery the scar will usually become more firm, raised and red. This is a normal process. At about 6 months the scar will start to soften, and at one year the color should turn from pink to white. We strongly encourage you to start massaging the scar with a scar cream like Mederma at about two weeks after surgery, and also to be extremely good about putting sunscreen on the scar *every day* for a year.
- **Asymmetry:** Although it is our goal at the time of the cleft lip repair, no repaired lip will be perfectly symmetric or even from one side the other. (Remember that after a cleft lip adhesion the goal is to get tissue across the gap, not to make it even). The asymmetry may be due to a tight scar, slight mismatch when performing the repair, or lack of bone in the cleft space, or a number of other reasons. We try very hard to get the sides as even as possible at every surgery following the cleft lip adhesion.
- **Stunting of Facial Growth:** Any surgery performed on a growing child has the potential to create scar tissue that limits the potential growth in that area. This is especially true with cleft lip and palate surgery, and may result in a profile where the middle third of the face does not project as much as the lower jaw creating an "underbite." Braces may be all that is necessary to correct this, but some children may require orthognathic (jaw) surgery once they reach adolescence. Really the only way to prevent this is to not perform surgery, or to delay surgery until growth is complete.
- **Need for Further Surgery:** We can never guarantee that this will be your child's only lip surgery, and most have a revision prior to entering school.

Medicine is not an exact science, so no guarantees can be made regarding complications or outcome. We do everything possible to ensure your child's 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 further questions 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 cleft lip surgery, and that you agree to proceed. A separate consent form from the hospital will also need to be signed for the medical record.

Parent or Legal Guardian

Date

Witness

Date

CLEFT LIP SURGERY POST-OPERATIVE INSTRUCTIONS

ACTIVITIES

For the first week or two following surgery it is best to keep your child's head elevated, and have them sleep face up to prevent injury to the incision. This is why the car seat is ideal.

ARM SPLINTS

The arm splints are mandatory for the first three weeks. These are not as bad as they look. The splints should be snug enough that they prevent bending at the elbow but because of the shape of an infant's arm they may slide off. Pinning them to clothing at the shoulder may be helpful or you can also try placing them under a long sleeved shirt. These need to be worn whenever the child is not being held, and be sure to perform range of motion at the elbow when the splints are off. Don't throw these away, we may be able to use them again if your child is going to have a second surgery this year.

DIET

You can immediately start using your pre-op nipple after surgery. Haberman nipples, Mead-Johnson feeders, or whatever you like. Sometimes it helps to make the hole in the nipple slightly bigger since it may hurt to suck. Breast feeding right away is also fine.

We usually try clear liquids first, then go to formula once your child has had a few sips. A liquid diet is mandatory the first week, then the second week you can increase the consistency to pureed foods. Keep all hard objects including spoons, straws, fingers, toys, and pacifiers out of the mouth for three weeks after surgery.

The goal is to have your baby drinking as much as they did before surgery, but chances are that will not happen for the first few days. There should be three or four wet diapers per day, and the following is a rough guide of their fluid requirements:

<u>For babies weighing</u>	<u>They need about</u>
3 kgs. or 6.6 lbs.	10 ounces per 24 hours
4 kgs. or 8.8 lbs.	13 ounces per 24 hours
5 kgs. or 11 lbs.	17 ounces per 24 hours
6 kgs. or 13.2 lbs.	20 ounces per 24 hours
7 kgs. or 15.4 lbs.	23 ounces per 24 hours
8 kgs. or 17.6 lbs.	26 ounces per 24 hours
9 kgs. or 19.8 lbs.	30 ounces per 24 hours
10 kgs. or 22 lbs.	33 ounces per 24 hours
12 kgs. or 27.5 lbs.	36 ounces per 24 hours
14 kgs. or 30 lbs.	39 ounces per 24 hours
16 kgs. or 35 lbs.	42 ounces per 24 hours
18 kgs. or 40 lbs.	45 ounces per 24 hours
20 kgs. or 44 lbs.	48 ounces per 24 hours

WOUND CARE FOR CLEFT LIP SURGERY

The incision has been closed in multiple layers, with strong absorbable sutures placed underneath the skin. There are many ways to close the skin and once surgery is finished we will tell you what kind of sutures were placed.

When your child comes out of surgery there will be a dressing placed over the lip, consisting of a small piece of yellow greasy gauze (called Xeroform) and paper tapes (called Steri-strips). This dressing will get very bloody in the first 24 hours, and will probably be changed before you leave the hospital. You may need to change this at home, so be sure to take supplies home from the hospital.

This dressing helps protect the incision, keep it moist and you calm. The Xeroform gauze is cut into the size of a postage stamp, and is placed directly on the incision. You can add a pea-sized dot of antibiotic ointment to keep it extra moist so that it will never stick to the sutures. You can then secure the Xeroform with one or two Steri-strips or paper tape. As long as it looks pretty clean you can leave it for two or three days. The pink portion of the lip will tend to get dry, so add extra antibiotic ointment here a few times per day. This dressing is very nice for the first week, and it is fine if you want to continue using it into the second week.

- Blue or Black Removable Suture: If the skin was closed with blue or black sutures they need to be removed in 3-5 days. If you choose to leave the lip dressing off, antibiotic ointment (any kind is okay) needs to be applied to the sutures 3 or 4 times per day. Be sure to place a lot of ointment on the pink part of the lip where several white absorbable sutures are placed, as this tends to dry out and get crusty. It is okay if the sutures get wet after the first 24 hours, but you do not have to actively clean them. If they get really caked with junk, you can gently clean them with a gauze and dilute peroxide (half water). Peroxide tends to turn incisions red and delays healing, so do not overuse it.
- Dissolving Suture We often use a skin suture that will dissolve over time, especially for cleft lip adhesions. These can be covered with antibiotic ointment, Xeroform, and Steri-strips every few days, or left open with antibiotic ointment placed 3-4 times per day. The sutures on the skin will dissolve in a few days, but those on the pink portion of the lip or inside the mouth may take a few weeks. If they are still present after two weeks, we can snip any out that are irritating.
- Dermabond This is a medical type of super-glue that helps seal and close the skin. This requires no care the first week, but you can keep it covered with the Xeroform and Steri-strips if you would like. The only place that needs antibiotic ointment is the pink part of the lip. The Dermabond looks like clear nail polish on the skin, and it will start to lift off after the first 5 days. When it starts to peel up at the edges it can be removed like taking off a piece of tape. If there are any areas of scab or raw spots after the Dermabond has been removed, you can treat them with antibiotic ointment three times a day until they are healed.

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

NASAL SPLINT

A nasal splint, or soft rubber tubes in the nostrils, may be present following surgery. This will help to hold the nostrils in a more symmetric or even position while they heal. A suture is placed at the time of surgery to hold the splint in place. If for some reason the splint falls out, please do not throw it away. Further instructions will be given at the follow-up appointment. Remember that we want your child to be on oral antibiotics the first 5 days after surgery if the splint was placed.

SCAR CARE

Once the incision looks completely healed (usually between the first and second week) you may begin to massage the scar. This is a very important part of the care, and if neglected, you may end up with a much less attractive scar. We recommend using Mederma, which is a scar cream that comes from onion skin. A very small amount should be rubbed into the scar 3 or 4 times a day for 2 to 4 months after surgery. Sunscreen is also very important for the first year following surgery. Waterbabies is waterproof, higher than S.P.F. 15 and formulated for children, so it would work well if you need to buy some.

TAKE CARE OF YOUR SCARS

Scars are an unavoidable reality following a full thickness wound to the skin. They occur after accidents, surgery, or even infections, and are a permanent change in the skin, which can never be removed. You may be able to trade one scar for another more “attractive” scar, but it will be a part of you for a lifetime.

You may not be able to remove a scar, but you can influence its appearance. A variety of factors come into play that can ultimately affect the final appearance of the scar. Major factors, which you unfortunately cannot control, include the type of injury, location on the body, genetics and age. There are more factors, however, that you can influence. Taking advantage of good early healing with no infection or prolonged inflammation, scar massage, and protection from the sun can indeed improve the scar’s appearance.

Follow instructions on wound care given at the time of surgery, and allow adequate time for healing before pushing your body too hard. Clean wounds are good, but strong agents like hydrogen peroxide are actually bad for healing wounds. Elevation and ice may also help to reduce swelling.

A fresh scar will not have its ultimate strength for about 6 weeks, so during this time be gentle when it comes to activities. A fresh scar will appear pink or red, and will become firmer to the touch over the next several months. It is during this time that you can impact the appearance. A sign that a scar has “matured” and has its final appearance is when it turns white. This typically takes about one year and this mature scar is the one you will keep.

We recommend the following to make your scar look as nice as possible:

- 1) Mederma is a gel that comes from onion skin, and it acts as a natural anti-inflammatory. It needs to be massaged into the scar three to four times per day from the week the stitches are removed until the scar turns white.
- 2) Silicone Gel Sheeting is a rubber pad that is placed over the scar and worn for up to 24 hours per day. This is a very effective form of scar care, and helps significantly with the itching that can be uncomfortable during the healing phase. The sheet can be cut into different shapes and sizes, and is held in place on the scar with either paper tape or clothing (such as a bra after breast surgery). Each piece can be used daily for at least one month. A 14.5 cm. X 12 cm. sheet costs approximately \$60.00 and specially designed anchor shaped sheets for a breast reduction or mastopexy run \$42.00 each.
- 3) Embrace is a specially designed silicone gel that has an adhesive and is placed under tension to help pull the edges of the wound together during the healing phase. Each strip can stay in place for about a week, and use is recommended for approximately 8 weeks after your scar is healed. These are particularly useful after abdominoplasty, brachioplasty, thighlifts, and scar revisions in areas that notoriously heal with keloids or hypertrophic scars. A box of 4 strips is approximately \$150.00
- 4) BioCorneum is a gel that is 100% silicone with a SPF 30 UV protection and dries to form a transparent, flexible sheet. It is water resistant and reduces redness and discoloration. It will also

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

flatten and soften raised scars. It is ideal for the face and other areas that are exposed to the sun. Makeup can be applied after the product dries.

- 5) Sunscreen is essential for fresh scars on exposed body parts. A scar can easily burn and the redness may stay much longer if exposed to the sun. Use a SPF greater than or equal to 15. We have sun block here in the office. Elta MD carries a variety of excellent alternatives.
- 6) Broad Band Light and ProFractional Laser- Light and laser treatments help to reduce color and blend the texture of the scar. These procedures are typically performed in a series, and can either be done starting early (a few weeks after your procedure) or on mature scars (a year or more) that could benefit from a cosmetic improvement.

The care of your scar should start as soon as the incision is healed and it is in the first 6 months that you can influence the final outcome of the scar. As us for advice on your particular scar and if you think things are looking worse rather than better as time goes by, be sure to come back and have things checked.

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."

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

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

THINGS TO TAKE ON THE DAY OF SURGERY

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

For office procedures ONLY - BRING YOUR MEDICATIONS WITH YOU

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

Medications to Avoid

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

Aspirin Medications to Avoid: *Affect blood clotting.*

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

Medications to Avoid

Ibuprofen Medications to Avoid

Affect blood clotting.

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

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

Intensify anesthesia, serious cardiovascular effects.

Tricyclic Antidepressants to Avoid

Intensify anesthesia, cardiovascular effects.

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

Other Medication to Avoid: Affect blood clotting.

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

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

Medications to Avoid

Salicylate Medications, Foods & Beverages to Avoid

Affect blood clotting.

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

Vitamins and Herbs to Avoid

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

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

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