

PRE-PROCEDURE INSTRUCTIONS: SKIN RESURFACING

Patient Name _____ Date _____
Surgical Facility _____ Surgery Date _____
Arrival Time _____

A successful surgery requires a partnership between you and _____, MD

The following instructions are essential to a safe experience and good outcome. Use this as a checklist as you approach your surgery date. If you are unable to comply with these instructions, you must notify our office as soon as possible. As a result, your surgery may have to be postponed or delayed, at the judgment of _____, MD. This is essential to you health and safety.

THREE WEEKS OR MORE BEFORE SURGERY

There may be several weeks between your decision to have skin resurfacing and your actual surgical date. During this time there are several important considerations:

Practice proper skincare. Practicing good skincare is an important factor in your overall appearance and the quality of your skin. This includes gentle cleansing morning and evening, proper moisture and daily use of a broad spectrum sunscreen, whether you are expecting outdoor sun exposure, or just the incidental exposure of daily life. Proper skincare is also important to help you maintain your results. Special recommendations for your skincare include:

- _____ _____ _____
 _____ _____

Good nutrition: Eat well during the weeks prior to surgery. Crash dieting, over-eating or high alcohol intake can greatly affect your overall health and well-being. A healthy, balanced diet is essential. Also, begin taking the following supplements daily:

- _____ _____ _____
 _____ _____

Stop smoking: Smoking can greatly impair your ability to heal. You must be nicotine and smoke-free for at least 4 weeks prior to surgery. You must also be free of any nicotine patch or nicotine-based products for a minimum of 4 weeks prior to surgery.

Lead a healthy lifestyle. In the weeks prior to surgery maintain the best of health and hygiene. A lingering cold, virus or other illness can result in your surgery being rescheduled. Make certain to address any illness immediately, and advise our office of any serious illness or change in your health.

Prepare and plan: Schedule any time off of work, and any support you will need at home in the days following surgery, including housework, childcare, shopping and driving. Make certain a responsible adult is confirmed to drive you to and from your appointment, and that someone is confirmed available to stay with you around the clock for 24 hours, at least, following the procedure.

Pre-operative treatment: Make certain to schedule all of the pre-operative treatments as prescribed:

Botulinum Glabella Crow's Feet Other _____ None prescribed
 _____ _____

Pre-operative testing: Make certain to schedule all of the pre-operative testing and clearance you have been given. Refer to the **Pre-surgical Lab and Testing Orders** form.

_____ Make certain all test results are received by Dr. _____ as required.

Relax and enjoy life. Stress and anxiety over life's daily events, and even your planned resurfacing can affect you. While some anxiety is common, any serious stress, or distress over the thought of the procedure is something you must discuss with our office. We are here to support you and answer all of your questions. We want your decision to be one made with confidence.

TWO to THREE WEEKS BEFORE RESURFACING

This is an important planning and preparation time. Follow all of the skincare and health habits you have begun in addition to the following:

Prepare and plan: Put your schedule together for the day before, day of and first few days following the procedure. Share this with all of your key support people.

Schedule your hair care: You may not color or perm your hair in the 4-6 weeks following resurfacing. So be certain to schedule these services now.

Fill your prescriptions: Some pain medication prescriptions may need to be filled **ON THE DAY** these prescriptions are written. Our office will advise you accordingly. Your prescriptions include:

Antibiotic:	_____	mg	_____	x per day
Pain medication:	_____	mg	_____	x per day
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Supplements:	_____	_____	_____	_____
	_____	_____	_____	_____

STOP taking the following for the duration before your surgery. Taking any of the following can increase your risk of bleeding and other complications:

- | | |
|---------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Aspirin and medications containing aspirin | <input type="checkbox"/> Garlic Supplements |
| <input type="checkbox"/> Ibuprofen and anti-inflammatory agents | <input type="checkbox"/> Green Tea or green tea extracts |
| <input type="checkbox"/> Vitamin E | <input type="checkbox"/> Estrogen supplements |
| <input type="checkbox"/> St. John's Wort | <input type="checkbox"/> All other medications indicated |

Pre-operative clearance and information: Make certain to undergo **ALL** pre-operative testing. Refer to the **Pre-surgical Lab and Testing Orders** form. Make certain all test results are received by Dr. _____ as required. If medical clearance is required and not yet received, surgery may be cancelled at **your cost**.

Vital information: A pre-operative visit or call is essential to review your health, your goals, and any vital information including allergies and health considerations.

Your pre-operative (visit)(call) is scheduled for: _____

_____ **Good skincare and nutrition:** Continue practicing proper daily skincare and taking your nutritional supplements as directed. Avoid all unnecessary sun exposure and wear an SPF 30 daily.

_____ **NO SMOKING:** Stay away from second-hand smoke, too. Your healing and health depend heavily on this.

_____ **Lead a healthy lifestyle.** Practice good hand-washing and avoid large crowds, or individuals who are ill. Do not risk catching a virus or cold: no kissing on the mouth, sharing beverages, or other high risk opportunities for contacting viral or other illnesses.

ONE WEEK BEFORE RESURFACING

_____ **Confirm your day of procedure plans.** This includes your transportation and after-care (a responsible adult for the first 24 hours, around the clock).

_____ **Review your prescription orders and instructions.**

_____ **Confirm all lab results and paperwork** have been received by Dr _____ if you have not already done so.

_____ **Shop for necessary post surgery items:** These may include:

- Soft white washcloths or gauze squares
- Sipping cups
- Ointment _____

_____ **Continue to practice healthy habits,** skincare and fitness. No strenuous exercise. No saunas, hot tubs, steam baths or skincare treatments other than those prescribed. **No smoking or alcohol.**

_____ **Find your comfort zone.** Locate the most comfortable place where you can gently recline and recover. You don't want to be testing locations or pillows the day of surgery. Shop for magazines, books and other things to keep you busy and entertained during the day or two following surgery.

_____ **Relax.** Call our office with any unusual anxiety or concerns. Get plenty of rest. If you have trouble sleeping, call our office.

ONE DAY BEFORE THE PROCEDURE

_____ **Pack your bag for the day of surgery.** This should include:

- All paperwork
- Your identification
- All prescription medications
- Warm, clean cotton socks
- Large-framed dark tinted sunglasses
- A wide brimmed hat or light scarf
- Saltines or other crackers in case of nausea during your ride home

_____ **Expect a pre-anesthesia call to review your state of health and anesthesia for resurfacing.**

_____ **Confirm your route to and from your appointment, with the responsible adult who will drive you.** Also confirm plans with your 24-hour support person and make certain he or she has all of your post-operative instructions.

_____ **Shower as directed.** Use an anti-bacterial, fragrance-free soap. Shampoo your hair. Do not use any hair gel or other styling products, scented skin creams or moisturizers. Do not use any deodorant, hair spray, perfume or cosmetics. Remove all finger nail and toe nail polish.

_____ **Do not eat or drink anything after 12 pm.** No candy, gum or mints. Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel the procedure.

_____ **RELAX!** Get plenty of rest and avoid unnecessary stress.

THE DAY OF THE PROCEDURE

_____ **NOTHING by mouth.** Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel the procedure. This includes candy, gum, and mints.

_____ **Dress appropriately.**

- **Do not wear cosmetics, jewelry of any kind, contact lenses, hair clips, body piercings.** (If there is something you cannot remove, let the admitting nurse know right away.)
- **Wear comfortable, clean, loose-fitting clothing.** Wear only a top that zips or buttons up the front. Do not wear pullovers, turtlenecks, or any tight-fitting top or bottom. You may wear a robe. Wear slip on shoes. Wear clean cotton socks, as the operating room can feel cool.

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask my doctor and his or her staff any questions I have related to these instructions or about my procedure, health and healing.

Patient Signature

Date

Printed Name of Patient

Signature of Practice Representative and Witness