

PRE-SURGERY INSTRUCTIONS: SCAR REVISION (SURGICAL)

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 your health and safety.

THREE WEEKS OR MORE BEFORE SURGERY

There may be several weeks between your planned surgery and your actual surgical date. During this time there are several important considerations:

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:

_____ _____ _____
_____ _____ _____

Avoid Sun Exposure: Sun exposure can greatly affect the outcome of your procedure. Avoid any direct sun exposure to the area which will be treated and wear a SPF 30 daily even if the region to be treated is covered by clothing.

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 enlisted and confirmed to drive you to and from surgery, and that someone is confirmed available to stay with you around the clock for 24 hours, at least, following surgery.

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 surgery can affect you. While some anxiety is common, any serious stress, or distress over the thought of surgery 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 of confidence.

ONE WEEK BEFORE SURGERY

This is an important planning and preparation time. Follow all of the good 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 surgery. Share this with all of your key support people. This includes your transportation and after-care (a responsible adult for the first 24 hours, around the clock).

Purchase Polysporin or other ointment as recommended and a supply of 4x4 gauze pads.

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
Topical	_____	mg	_____ x per day
Topical	_____	mg	_____ x per day
Other	_____	_____	_____
Supplements	_____	_____	_____

STOP taking or using 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"/> Gingko |
| <input type="checkbox"/> Retinoids | <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 nutrition:** Continue taking your supplements as directed.

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

_____ **NO SUN EXPOSURE:** Your procedure may have to be post-poned if you have any tan at all. The need to post-
pone your procedure may ***be at your cost.***

_____ **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. No saunas, hot tubs, steam baths, or mud wraps.

_____ **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 SURGERY

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

- | | |
|---|---|
| <input type="checkbox"/> All paperwork | <input type="checkbox"/> Warm, clean cotton socks |
| <input type="checkbox"/> Your identification | <input type="checkbox"/> Reading glasses |
| <input type="checkbox"/> All prescription medications | |

_____ **If you will have an anesthetic block, intravenous sedation or general anesthesia, expect a pre-anesthesia call to review your state of health and anesthesia for surgery.**

_____ **Confirm your route to and from surgery or the recovery center, 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 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 midnight, if you will have intravenous sedation or general anesthesia.** Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel surgery. This includes candy, gum, and mints.

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

THE DAY OF SURGERY

NOTHING by mouth if you will be sedated or have general anesthesia: Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel surgery. This includes candy, gum, and mints.

_____ **If you are permitted,** you may eat a small, bland meal prior to your procedure.

_____ **Dress appropriately.**

- **Do not wear cosmetics, jewelry of any kind, contact lenses, hair clips, body piercing:** (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. Wear slip-on shoes. Wear clean cotton socks, as the operating room can be 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