PRE-SURGERY INSTRUCTIONS: RHINOPLASTY

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 decision to have surgery 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 SPF 30 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. 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 within 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 to remain with you around the clock for 24 hours, at least, following surgery.

☐ _______________________________

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

TWO to THREE WEEKS BEFORE SURGERY

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 surgery. Share this with all of your key support people.

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
__________________________ mg x per day
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:

☐ Aspirin and medications containing aspirin
☐ Ibuprofen and anti-inflammatory agents
☐ Vitamin E
☐ Garlic Supplements
☐ Green Tea or green tea extracts
☐ Estrogen supplements
☐ St. John’s Wort
☐ Gingko
☐ 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 SURGERY

Confirm your day of surgery plans. This includes your transportation and after-care (a responsible adult must stay with you 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
- Cloth first aid tape
- Sipping cups or straws
- Ointment
- Liquid and soft foods
- Oral rinse or anti bacterial mouthwash

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 in the first few days 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:
- All paperwork
- Warm, clean cotton socks
- Your identification
- All prescription medications

Expect a pre-anesthesia call to review your state of health for surgery.

Confirm your route to and from surgery, with the responsible adult who will drive you. Also confirm plans with your 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.

Follow pre-anesthesia directions. You may not eat or drink anything after 12 midnight. This means 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 surgery.
RELAX! Get plenty of rest and avoid unnecessary stress.

THE DAY OF SURGERY

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 surgery. This includes candy, gum, mints.

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 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