

# PREPARING FOR SURGERY

## STARTING NOW

- **STOP SMOKING:** Smoking reduces circulation to the skin and impedes healing.
- **TAKE MULTIVITAMINS:** Start taking multivitamins twice daily to improve your general health once you have scheduled your surgery.
- **TAKE VITAMIN C:** Start taking 500 mg. of Vitamin C twice daily to promote healing.
- **DO NOT TAKE ASPIRIN OR IBUPROFEN:** Stop taking medications containing aspirin or ibuprofen 10 days before surgery. Review the list of drugs containing aspirin and ibuprofen carefully. Such drugs can cause bleeding problems during and after surgery. Instead, use medications containing acetaminophen (such as Tylenol).
- **HERBAL/NATURAL VITAMINS:** please discontinue all herbal/natural vitamins 2 weeks prior to surgery.

## THE DAY BEFORE SURGERY

- **CLEANSING:** The week before surgery, shower and wash the surgical areas with **Dial** soap. **TWO DAYS PRIOR TO SURGERY** and **MORNING** of surgery, shower with **Hibiclens** (sold at drug stores. If you do not find it, ask the pharmacist.)
- **EATING AND DRINKING:** Do not eat or drink anything 6 hours prior to surgery. This includes water.

## THE MORNING OF SURGERY

- **SPECIAL INFORMATION:** Do not eat or drink anything! If you take a daily medication, you may take it with a sip of water in the early morning.
- **ORAL HYGIENE:** You may brush your teeth (do not swallow the water)
- **MAKE-UP:** Please do not wear moisturizers, creams, lotions, or make-up.
- **CLOTHING:** Wear only comfortable, loose-fitting clothing that does not go over your head. Remove hairpins, wigs and jewelry. Please do not bring valuables with you. Please wear comfortable shoes. If you are a 23-48 hr. admit, you may bring your robe, slippers and personal hygiene kit with you to the hospital.

## MEDICATIONS TO AVOID BEFORE AND AFTER SURGERY

If you are taking any medications on this list, they should be discontinued 10-14 days prior to surgery and only Tylenol should be taken for pain. All other medications that you are currently taking must be specifically cleared by your doctor prior to surgery. It is absolutely necessary that all of your current medications be specifically cleared by your doctor and the nursing staff.

### ASPIRIN MEDICATIONS TO AVOID

4-way cold tablets	5-Aminosalicylic Acid	Acetilsalicylic Acid
Adprin-B products	Alka-Seltzer products	Amigesic
Anacin products	Anexsia w/Codeine	Argesic-SA
Arthra-G	Arthriten products	Arthritis Foundation products
Arthritis Pain Formula	Arthritis Strength BC Powder	Arthropan
ASA	Asacol	Ascriptin products
Aspergum	Asprimox products	Axotal
Azdone	Azulfidine products	B-A-C
Backache Maximum Strength Relief	Bayer Products	BC Powder
Bismatrol products	Buffered Aspirin	Bufferin products
Buffetts 11	Buffex	Butal/ASA/Caff
Butalbital Compound	Cama Arthritis Pain Reliever	Carisoprodol Compound
Cheracol	Choline Magnesium Trisalicylate	Choline Salicylate
Cope	Coricidin	Cortisone Medications
Damason-P	Darvon Compound-65	Darvon/ASA
Dipentum	Disalcid	Doan's products
Dolobid	Dristan	Duragesic
Easprin	Ecotrin products	Empirin products
Equagesic	Excedrin products	Fiorgen PF
Fiorinal products	Gelpirin	Genprin

Gensan	Goody's Extra Strength Headache Powder	Halfprin
Isollyl Improved	Kaodene	Lanorinal
Lortab ASA	Magan	Magnaprin products
Marthritic	Magsal	Marnal
Methocarbamol	Micrainin	Mobidin
Night-Time Effervescent Cold	Momentum	Mono-Gesic
Olsalazine	Orphengesic products	Oxycodone
Pabalate products	P-A-C	Pain Reliever Tabs
Panasal	Pentasa	Pepto-Bismol
Percodan products	Phenaphen/Codeine#3	Pink Bismuth
Propoxyphene Compound	Robaxisal	Rowasa
Roxeprin	Saleto products	Salflex
Salicylate products	Salsalate	Salsitab

### **MEDICATIONS TO AVOID BEFORE AND AFTER SURGERY**

Scot-Tussin Original 5-Action	Sine-off	Sinutab
Sodium Salicylate	Sodal Compound	Soma Compound
St. Joseph Aspirin	Sulfasalazine	Supac
Suprax	Synalgos-DC	Talwin
Triaminicin	Tricosal	Trilisate
Tussanil DH	Tussirex products	Ursinus-Inlay
Vanquish	Wesprin	Willow Bark Products
Zorprin		

### IBUPROFEN MEDICATIONS TO AVOID

Actron	Acular (ophthalmic)	Advil products
Aleve	Anaprox products	Ansaid
Cataflam	Clinoril	Daypro
Diclofenac	Dimetapp Sinus	Dristan Sinus
Etodolac	Feldene	Fenoprofen
Flurbiprofen	Genpril	Haltran
IBU	Ibuprin	Ibuprofen
Ibuprohm	Indochron E-R	Indocin products
Indomethacin products	Ketoprofen	Ketorolac
Lodine	Meclofeenamate	Meclomen
Mefenamic Acid	Menadol	Midol products
Motrin products	Nabumestone	Nalfon products
Naprelan	Naprosyn products	Naprox X
Naproxen	Nuprin	Ocufen (ophthalmic)
Orudis products	Oruvail	Oxaprozin
Piroxicam	Ponstel	Profenal
Relafen	Rhinocaps	Sine-Aid products
Sulindac	Suprofen	Tolectin products
Tolmentin	Toradol	Voltaren

**OTHER MEDICATIONS TO AVOID**

4-Way w/Codeine	A.C.A.	A-A Compound
Accutrim	Actifed	Anexsia
Anisindione	Anturane	Arthritis Bufferin
BC Tablets	Children's Advil	Clinoril C
Contac	Coumadin	Dalteparin injection
Dicumerol	Dipyridamole	Doxycycline
Emagrin	Enoxaparin injections	Flagyl
Fragmin injection	Furadantin	Garlic
Heparin	Hydrocortisone	Isollyl
Lovenox injection	Macrochantin	Mellaril
Miradon	Opasol	Pan-PAC
Pentoxifylline	Persantine	Phenylpropanolamine
Prednisone	Protamine	Pyrroxate
Ru-Tuss	Salatin	Sinex
Sofarin	Soltince	Sparine
Tenuate Dospan	Thorazine	Ticlid
Ticlopidine	Trental	Ursinus
Vibramycin	Vitamin E	Warfarin

**TRICYCLIC ANTIDEPRESSANTS MEDICATIONS TO AVOID**

Adapin	Amitriptyline	Amoxapine
Anafranil	Asendin	Aventyl
Clomipramine	Desipramine	Doxepin
Elavil	Endep	Etrafon productsq
Imipramine	Janimine	Limbitrol products
Ludiomil	Maprotiline	Norpramin
Nortriptyline	Pamelor	Pertofrane
Protrityline	Sinequan	Surmontil

**HERBAL MEDICATIONS TO AVOID**

Ginkgo Biloba	Ginseng	St. John's Wort
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## GOING TO THE SURGERY CENTER

### The Operating Suite

- Going to the operating room is not a normal experience for most of us. Dr. Bayne and all the professional staff caring for you recognize the natural anxiety with which most patients approach this step in the process of achieving their goals. We believe a description of the surgery experience will be helpful.
- Your surgery will be performed at the Surgical Center of your choice, in a state-of-the-art operating suite. Specialists using modern equipment and techniques will attend you. The team includes a board-certified anesthesiologist, a trained operating room technician and a registered nurse in charge of the operating room.
- When you arrive at the Surgical Center of your choice, you will be escorted to the surgery suite. You will be asked to change into a gown and foot covers. Dr. Bayne and the anesthesiologist will meet with you before you enter the operating suite. This is the time for final surgical planning; it is also when we will do basic preparation or draw on your skin as needed. There will be time for last minute questions.
- Once you enter the operating room, the staff will do everything they can to make you feel secure. You will feel comfortable on a deeply padded operating table, and the nurse or anesthesiologist will start an intravenous drip in your arm. At the same time, you will be connected to monitoring devices. Medicines that will make you drowsy will flow through the tubing into a vein in your arm.

### The Recovery Room

- When your surgery has been completed and your dressings are in place, you will be moved to the recovery room. You will be connected to monitoring equipment constantly. During this period, a fully trained recovery room nurse will take care of you and remain with you at all times. The registered nurses in the recovery room are specially certified for advanced cardiac life support.
- Your stay in the recovery room will last from 1 to 4 hours, depending on how soon you are ready to leave. Most patients are fully awake within 30-60minutes after surgery but may not remember much about their stay in the recovery room.

### Post Surgery Arrangements

- **AT HOME:** You must arrange for someone to bring you to and drive you home from the surgery center. Either a family member, friend or a nurse must remain with you the first night after surgery because you will have been sedated.

## GENERAL SURGICAL RISKS

### About Risks

- We want you to understand fully the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. All of us at Plastic Surgery Associates, L.L.P. will use our expertise and knowledge to avoid complications in so far as we are able. If a complication does occur, we will use those same skills in an attempt to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overestimated.
- In general, the least serious problems occur more often and the more serious problems occur rarely. If a complication does arise, you, Dr. Bayne and the nursing staff will need to cooperate in order to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your final result.

### Normal Symptoms

- **Swelling and bruising:** Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection.
- **Discomfort and pain:** Mild to moderate discomfort or pain is normal after any surgery. If the pain becomes severe and is not relieved by pain medication, please call us at (309) 764-4600.
- **Crusting along the incision lines:** We may treat this with antibiotic ointment after removal of the Steri-strips/tape.
- **Numbness:** Small sensory nerves to the skin surface are occasionally cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns – usually within 2 or 3 months as the nerve endings heal spontaneously.
- **Itching:** Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massages are frequently helpful. These symptoms are common during the recovery period.
- **Redness of scars:** All new scars are red, dark pink, or purple. Scars on the face usually fade within 3 to 6 months. Scars on the breasts or body may take a year or longer to fade completely.

### Common Risks

- **Hematoma:** Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result.
- **Inflammation and infection:** A superficial infection may require antibiotic ointment. Deeper infections are treated with antibiotics. Development of an abscess usually requires drainage.
- **Thick, wide or depressed scars:** Abnormal scars may occur even though we have used the most modern plastic surgery techniques. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally necessary. Some areas on the body scar more than others, and some people scar more than others do. Your own history of scarring should give you some indication of what you can expect.
- **Wound separation or delayed healing:** Any incision, during the healing phase, may separate or heal unusually slow for a number of reasons. These include inflammation, infection, wound tension,

decreased circulation, smoking or excess external pressure. If delayed healing occurs, the final outcome is usually not significantly affected, but secondary revision of the scar may be indicated.

- **Sensitivity or allergy to dressings or tape:** Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape or sutures used during or after surgery. Such problems are unusual and are usually mild and easily treated. In extremely rare circumstances, allergic reactions can be severe and require aggressive treatment or even hospitalization.
- **Increased risks for smokers:** Smokers have a greater chance of skin loss and poor healing because of decreased skin circulation. Please quit smoking for 6 weeks before and 2 weeks after surgery.
- **Injury to deeper structures:** Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare.

#### **Rarer Complications**

- If they are severe, any of the problems mentioned under Common Risks may significantly delay healing and or necessitate further surgical procedures.
- Medical complications such as pulmonary embolism, severe allergic reactions to medications, cardiac arrhythmias, heart attack, and hyperthermia are rare but serious and life-threatening problems. Having a board-certified anesthesiologist present at your surgery reduces these risks as much as possible. (Failure to disclose all pertinent medical data before surgery may cause serious problems for you and for the medical team during surgery).

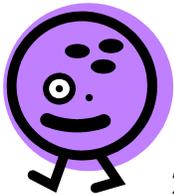
#### **Unsatisfactory Result & Need for Revisional Surgery**

- All Plastic Surgery treatments and operations are performed to improve a condition, a problem or appearance. While the procedures are performed with a very high probability of success, disappointments occur and results are not always acceptable to patients or the surgeon. Secondary procedures or treatments may be indicated. Rarely, problems may occur that are permanent.
- **POOR RESULTS:** Asymmetry, unhappiness with the result, poor healing, etc. may occur. Minimal differences are usually acceptable. Larger differences frequently require revisional surgery.

## **EMOTIONAL ROLLER COASTER**

When patients come to see me for their pre-op visit I tell them, “don’t plan on doing anything taxing for a week because you may become tired and want to close your eyes sooner than you normally do. You may find that watching TV is also a strain. You may also experience some facial pain (if facial surgery) during the first couple of days.”

I tell patients, “you can count on some bruising, swelling and being tired; you can count on some discomfort for the first couple of days, but if you don’t have that, what a nice surprise!”



**ZOMBIE**

- Wiped Out
- Zonked



**ANTSY**

- Irritation
- Sadness
- Anger
- “What have I done?”



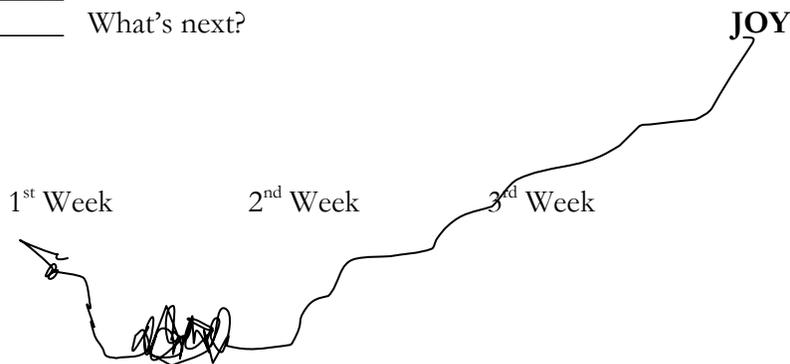
**WEIRDO**

- Criticize
- “How Come?”
- Complaining
- Scared
- Impatient
- “ I wish it was a month from now”



**JOY**

- Notice other’s reactions
- WOW
- But what about...
- I love it!
- What’s next?



One of the things I ask people in a pre-op visit is “Who will take care of you?” Then I say, “You want to have somebody who’s really going to take care of you, who won’t say to you when you first get home: “What the heck did you do that for?” Get somebody who’s going to be really supportive and caring and who will be warm, because you’re really going to need that.

The emotional stages the patient is going through affects the caretaker too. At the end of the first week the support person may be tired and need to go back to work.

Surgery affects each person differently. These curves are just a basic outline. The most common reaction is to be depressed on the third or fourth day. However, some patients say, “Well, not me. I didn’t feel depressed.” But three weeks later, they may have a crying jag while driving to work.”

Sometime near the end of the second week they’ve begun to feel good. And there’s a day in there when they realize that they look magnificent.

Patients experience feedback, both positive and negative. Some people tell me that they’re a bit irritated because people are now paying them more attention than they did before. I saw to them, “Isn’t that why you had the surgery? Because you wanted to be more attractive?” Eventually people start to really enjoy the extra attention.

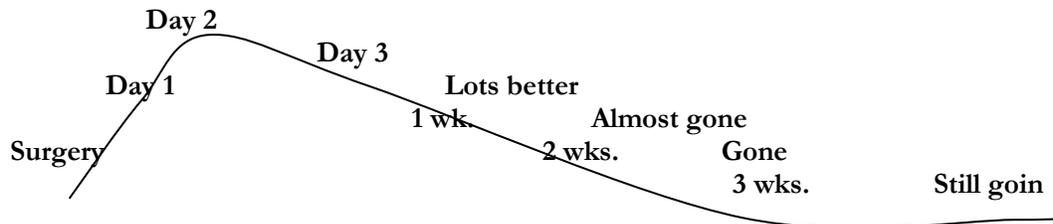
Anyone who’s had cosmetic surgery has shown they are a person of courage and they may now demand great deeds from themselves. They have given up the excuse called – “I’d be afraid to do that.”

### NATURES HEALING CURVE

3 days – 1 week	Stitches out
1 week – 2 weeks	Bruising almost gone
1 month	Looks good, feels tight
3 months	Healed
1 year	and still healing

### PHYSICAL REACTIONS

#### Swelling chart



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