

PERI-OPERATIVE INSTRUCTION

In preparing for your surgery, we have compiled all the information that you may need before, during, and after your procedure in this handout. Please read these instructions to prepare and guide you through this process.

MEDICATIONS TO AVOID PRIOR TO SURGERY

All patients scheduled for surgery should **discontinue** taking all products containing **Aspirin** and **Vitamin E** for **2 weeks prior** to the procedure. Aspirin and Vitamin E may cause bleeding during and after surgery. It is extremely important to **discontinue** use of all **medications** below.

PLEASE STOP ALL WEIGHT LOSS MEDICATIONS SUCH AS **OZEMPIC, MOUNJARO, WEGOVY 2-3 WEEKS BEFORE SURGERY** TO REDUCE SURGICAL COMPLICATIONS. CONSULT YOUR PRESCRIBING DOCTOR BEFORE DOING SO. DO NOT RESUME UNTIL CLEARED TO DO SO.

PLEASE STOP ALL **HORMONE PILLS, PATCHES, CREAMS 2-3 WEEKS BEFORE SURGERY** TO REDUCE RISK OF BLOOD CLOTS. CONSULT YOUR PRESCRIBING DOCTOR BEFORE DOING SO. DO NOT RESUME UNTIL CLEARED TO DO SO.

Advil	Disalcid	Percodan
Alcohol	Doan's	Percodan-Demi
Aleve	Dolia	Persantine
Alka-Seltzer	Dolobid	Persistin
Anacin	Dristan	Quagesic
Anaprox	Duradyne	Relafen
Anaproxn	Duragesic	Robaxial
Ansaid	Easprin	Rufen
APC	Ecotrin	Sine-aid
Arthritis Pain Formula	Empirin	Sine-off
ASA	Emprazil	Soma with
Ascriptin	Equagesic	Soma Compound
Ascodeen-30	Excedrin	Stanback Powder
Aspercream	Feldene	Max Powder
Aspergum	Fiorinal	Stendin
Aspirin	Flurbiprophen Sodium	Stero-Darvon
Bayer Aspirin	Four Way Cold	Supac
BC Cold Powder	Goody's Extra Strength	SX-65compound
BC Powders	Ibuprofen	Synalgos
Brufen	Indocin	Synalgos DC
Buff-A-Corn	Indomethacin	Talwin
Buffadyne	Magsal	Tolectin
Bufferin	Measurin	Toradol
Buffex	Meclomen	Trandate
Butalbital	Medipren	Trental
Cama Arthritis Pain Reliever	Midol-200	Trialgesic
Cama-Inlay	Midol	Triaminicin
Caprin	Midol PMS	Trilisate

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Caspirin
Cephalgesic
Cheracol
Children's Aspirin
Clinoril
Conaterol
Congespirin
Cope
Coricidin
Coumadin
Darvon with ASA
Darvon Compound

Mobigesic
Monacet with codeine
Momentum Muscle Back Form
Motrin
Naprosyn
Norgesic
Norgesic Forte
Nuprin
Pabirin buffered
Panadynes
Panalgesic
Daypro

Ursinus Inlay
Vanquish
Vivo Med
Vitamin E
Voltaren
Wesprin
Zactrin
Zorpin
Gingko
Rogaine
Pepto-Bismol

SUPPLEMENTS TO EXCLUDE 3 WEEKS BEFORE AND AFTER SURGERY

Many of the following supplements will thin your blood and increase your risk of complications

Bilberry
Ephedra
Garlic
Ginseng
Kava Kava
Red Clover
Vitamin E

Dong quai
Feverfew
Ginger
Goldenseal pressure
Licorice
St. John's Wort
Yohimbe

Echinacea
Fish Oil Capsules
Ginkgo
Hawthorne
Melatonin
Valerian

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ENHANCED RECOVERY AFTER SURGERY

SUPPLEMENTS TO INCLUDE BEFORE AND AFTER SURGERY

It is well known that nutrition profoundly influences the wound healing process, such that nutrition depletion exerts an adverse effect and nutrition supplementation has a positive effect. Multiple published studies have confirmed a significant reduction in post-operative infections, length of hospital stay, and complications in subjects receiving nutritional supplementation. The greatest improvement was observed in patients receiving specialized nutritional support before their operation.

In 2008, Dr. Siamak Agha compiled the results of over 200 scientific papers on importance of nutrition in surgical patients and completed a review on this subject that was published in the prestigious Journal of Plastic and Reconstructive Surgery.

Applying the findings of these research papers, Dr. Agha has applied the concept of “enhanced recovery” to all his surgical procedures and recommends the following supplements in concentrations that are much higher, but necessary for the healing process.

Nutrient	Mechanism of Action	Dosage Range
Protein Supplements	Required for new cell growth, repair, and optimal healing	120 to 150 grams per day
Vitamin A (Carotenoid or Retinol palmitate)	Antioxidant. Required for new cell growth.	15,000 – 25,000 IUs daily Limit use to 4 weeks
Vitamin C (Ascorbic Acid)	Antioxidant. Necessary for tissue growth & repair. Primary role in formation of collagen	1,200 – 1,500 mg daily (divided doses)
B-vitamins	“Anti-stress” group of water soluble vitamins.	Best taken as B-complex
Zinc	Antioxidant. Essential for protein synthesis and collagen formation	15 – 21 mg daily
Selenium	Antioxidant. Inhibits the oxidation of fats and protects vitamin E	150 – 210 mcg daily
Copper	Required for cross-linking of collagen and elastin. Required for formation of red blood cells,	1.5 – 2.0 mcg daily

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Arnica Montana	Homeopathic remedy for bruising and swelling	30X formula. Taken three times a day postoperatively.
Bromelain	Proteolytic enzyme used to minimize inflammation and soft tissue injury	1,500 mg per day (Or 2,000 – 3,000 MCUs per day). Taken three times a day; starting 72 hours before surgery
Flavenoids (Quercetin & Citrus bioflavonoids)	Antioxidants. Function with Vitamin C to prevent bruising & support immune function	600 – 1,500 mg daily

PRE-OPERATIVE INSTRUCTIONS

A successful surgery requires a partnership between you and your plastic surgeon.

The following instructions are essential for a safe experience and good outcome. If you are unable to comply with these instructions, you should notify our office. As a result, your surgery may need to be postponed or delayed, at the judgment of your surgeon. This is essential to your health and safety.

THREE WEEKS OR MORE BEFORE SURGERY

Plan your pre-operative clearance and tests: Arrange to see your primary care physician for a full history and physical. Additional tests such as a chest x-ray or a heart trace may be necessary according to your age and past medical history. Make sure that all test results are received by our office 10-14 days prior to your surgery.

Practice proper fitness: Practicing good fitness habits is an important factor in your overall health and well-being. Upper body stretches and low-weight strength training can help to enhance your posture and your strength in the weeks following surgery.

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:

Protein Powder/Meal Replacement: Bariatric Advantage (www.bariatricadvantage.com). Bariatric Advantage nutritional supplements and products are scientifically formulated to meet the specialized nutritional demands of patients who are undergoing surgery. Start 2 weeks before the surgery. You should continue taking high amounts of protein per day until you are completely healed (3 to 6 weeks after your surgery). Any high protein powder of your liking will do.

Stop smoking: Nicotine can greatly impair your ability to heal since it compromises circulation at the site of surgery and can lead to skin death (necrosis) after surgery. You must not smoke, and you should be free of nicotine-based products for at least 3 weeks prior to surgery.

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 one is confirmed available to stay with you around the clock for 24 hours, at least, following 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.

Relax and enjoy life: Stress and anxiety over life's daily events, and even your planned surgery can affect you.

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TWO WEEKS 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.

Fill your prescriptions: You may be given one or more of these medications:

Refer to the given list of medications and herbal supplements to avoid. STOP taking the mentioned medications or remedies three weeks before your surgery. Taking any of these medications can increase your risk of bleeding and other complications.

Pre-operative clearance and information: If they have not been completed, 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 our office two weeks prior to your surgery. If medical clearance is not received, your surgery may need to be cancelled.

ONE WEEK BEFORE SURGERY

Confirm your plans for the day of surgery: This includes your transportation and after-care. You will need a responsible adult to stay with you for the first 24 hours after your surgery.

Review your prescription orders and instructions: Check your prescriptions for accuracy. Be certain all medications are packed.

Continue to practice healthy habits, nutrition and fitness: No smoking.

Find your comfort zone: Locate the most comfortable place where you can gently recline and recover.

Wax or shave your underarms/legs/e.t.c: It may be uncomfortable to do so in the days immediately after surgery.

Relax: Call our office with any unusual anxiety or concerns.

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ONE DAY BEFORE SURGERY

Pack your bag for the day of surgery:

This should include:

All paperwork.
All prescription medications.
Warm, cozy socks.
Rubber sole shoes.
Button up or zip-up sweater.

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/spray or other styling products, scented skin creams/oils or moisturizers. Do not use any deodorant, hair spray, perfume or cosmetics. Remove all finger nail and toe nail polish. Shave any areas adjacent to the site of surgery, e.g. arm pits for arm lift surgery and groin for tummy tuck and body lift surgery.

Do NOT eat or drink anything after 12:00am mid-night: 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.

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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, and mints.

Dress appropriately:

Do not wear cosmetics, jewelry of any kind, contact lenses, hair clips, body piercing(s)
(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, and/or clean cotton socks as the operating room may feel cool.

When you wake up from your procedure, you will be in the recovery room and will be wearing an abdominal binder and/or ACE wraps. Depending on your procedures, you may also have drains. (see page 14 for drain care)

Compression Garments (dependent on surgery, not usually needed until a few weeks post-op)
You should plan to wear some form of compression garment for 4-6 weeks following surgery.

Make sure you follow the sizing chart – measure yourself before you order. Keep in mind you may not fit into the garment in the first few weeks due to swelling, drains and your incisions. In most cases, it is best to wait a few weeks to get into the garments. Do not buy garments that stop mid-abdomen, as they will leave dents/lines of demarcation. For lower body surgery, a garment that goes to your ankles will provide the best support.

www.marenagroup.com

www.makemeheal.com

www.leonisa.com

www.contourmd.com

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PREPARATION CHECKLIST

Before any surgery it is best to review a checklist that can prepare you for the period before and after your surgery. Having some simple items on hand can help to make your post-surgical period as comfortable as possible.

The following checklist is very helpful in making sure that you are well prepared for your surgery:

- ✓ Do not take aspirin or anti-inflammatory medications.
- ✓ If you smoke, quit smoking for at least 2 weeks pre-op (and anticipate no smoking for the recovery, smoking increases your risk of complications)
- ✓ Make arrangements to have someone drive you to and from your surgery.
- ✓ Arrange for someone to care for you the first 24-72 hours after surgery, if at all possible.
- ✓ Fill prescriptions (especially pain medications and antibiotics) **before** surgery.
- ✓ Set up home recovery area: by having what you will need close at hand—lots of pillows, books, magazines, TV remote control, videos, and favorite CDs positioned where you can access them easily—can help make your post-op period more conducive to relaxation.
- ✓ Prepare meals for 1 or 2 weeks (consider quick snacks: protein shakes, soup, applesauce, jell-O, frozen dinners, yogurt, oatmeal, cottage cheese, juice (purchase flexible straws for easier drinking). Be sure to have adequate protein—the body needs it for proper healing. Consider limiting high-sodium foods to reduce swelling.
- ✓ Prepare icepacks (can also use packs of frozen veggies or fruit, gel packs, etc) to reduce post-op swelling.
- ✓ Obtain Bacitracin ointment or Neosporin for incisions.
- ✓ Laxatives (pain medications are often binding)
- ✓ Eye drops (after any surgery, eyes can be dry)
- ✓ Consider hand-held shower head and bathroom chair.

GENERAL POST-OPERATIVE INSTRUCTIONS

Your plastic surgery procedures may be performed in an ambulatory surgical facility. For out-of-state patients, you should plan to stay locally for two to four weeks depending on your planned procedures.

- **Garment:** When you wake up from your procedure, you will be in the recovery room and will be wearing a binder or garment. You should plan to wear the compression garment for four to six weeks following surgery.
- **Caregiver:** Both lower and upper body contouring procedures involve multiple surgical procedures performed in one setting. Thus, it is very important to have someone who can assist you with getting around and taking your medications for at least the one to two weeks.
- **Nausea:** Most people are nauseated during the first 24-48 hours. To reduce this, wear your scopolamine patch for the first 3 days. If you are given an anti-nausea medication, we suggest that you take your nausea pill one hour before taking your pain medication or antibiotics.
- **Painkillers:** You're likely to feel sore for a few days, but you should be up and around in 24 hours. Most of your discomfort can be controlled by the prescribed painkillers.
- **Dressing:** It is important to keep your incisions dry and clean after surgery. Change your dressings on daily basis starting on the second or third day after your surgery. Remove old dressings and replace with fresh dressings. Replace bandage, foams, binder, or garment exactly as it was placed on you.
- **Shower:** **DO NOT SHOWER** until you have been cleared to do so at a follow up appointment. Showering too early may result in incisions opening or infection. If you have drains or openings you cannot shower but can sponge-bath around the areas.
- **First Post-operative Visit:** We will schedule your first post-operative visit.
- **Drains:** If you have drains, these will be taken out on day 1-2 after facial surgery and day 10-14 after body surgery typically.
- **Swelling:** Any swelling may take 4 to 6 weeks to subside.
- **Driving:** You may drive when driving does not cause pain. This usually occurs in 1-3 weeks. **It is not safe to drive a car within twenty-four hours of taking pain medication as your reflexes and alertness may be altered.**
- **Incisions:** It is important that the surgical incisions are not subjected to excessive force, abrasion, or motion during the time of healing.
- **Walking:** You will probably be unable to stand fully upright for 7 to 10 days after most body procedures. Even if you can't stand straight, it is still important to start walking as soon as possible, usually the evening of surgery. This is the best way to reduce the chance of getting a blood clot in the legs. **You should walk for 5 to 10 minutes every 2-3 hours** while awake with a

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walker and a caregiver to help. This does not mean you should be walking in public such as going to the store or doing laps outside since this can impede healing.

- **Light Exercise:** Light exercises reduce swelling and prevent clotting. Light exercise includes walking, stretching, and moving arms and legs while sitting. If you should feel pain or pulling from the scar area, cease the movement.
- **Activities** Exercise can be resumed around 4 to 6 weeks. During the 1st week after surgery, you want to avoid activities that raise your blood pressure. This could cause bleeding at the operative site, which could result in a hematoma (collection of blood). Walking is the safest exercise, especially during the 1st week. After this period, cardiovascular activities, such as riding a stationary bicycle or brisk walking can be initiated. Avoid heavy lifting, contact sports, and jogging for up to 6 weeks. Eight weeks after surgery, you will be nearing your pre-operative level.
- **Healing** You will need about 6 weeks to recover and heal from your procedures. During the early phase of healing, **avoid pulling of the operative site as this can worsen swelling and fluid accumulation.** This could cause development of a seroma (fluid collection) or cause separation of the incision (opening of the suture line or widening of the scar). Even though the skin is closed, healing is still taking place beneath the skin. It is important to give your body a chance to heal well before going back to work or resuming normal activities.
- **Scarring:** Every person's body is different, and many factors contribute to healing. Your scars will be firm and pink for about six weeks. Non-smokers and those who follow the Enhanced Recovery Nutritional Supplements routine have a better chance of rapid healing and thinner scarring. Expect to wait at least nine months before your scars lighten in color and become as flat as the rest of your skin. Although they will never disappear completely, scars will not show under most clothing, even bathing suits.
- **Sun Exposure:** Avoid sun on scars and bruised areas.
- **Follow-ups:** Regular check-ups protect against complications. Please make sure you keep your 3, 6 and 12 months follow ups. At these time points, we monitor your healing, scars, and recommend additional scar therapy if needed.
- **Emergencies:** Some discomfort is expected following surgery. Be sure to tell us if:
 - There is an increase in **swelling, pain, redness, drainage, or bleeding** in the surgical area.
 - You develop **fever, dizziness, nausea or vomiting, or a general ill feeling.**
 - If you experience **shortness of breath, chest pains, or unusual heartbeats**, seek medical attention immediately. Should any of these complications occur, you may require hospitalization and additional treatment.

KNOW YOUR MEDICATIONS

Pain Medication

Below are your prescribed pain medications. You can take also Tylenol 1000 mg every 8 hours that is available over-the-counter. They are all “as needed for pain”. Please take with food. If Oxycodone isn’t tolerable we can switch your narcotic.

Oxycodone: For moderate to severe pain: 1-2 tablets every 4 hours AS NEEDED for pain

- May cause dizziness, lightheadedness, drowsiness, headache, lack of energy, nausea.
- Constipation is a side effect of all narcotics. It is imperative to stay hydrated and to take an over-the-counter stool softener to ensure proper bowel movements (Colace, Miralax, Milk of Magnesium).

Other: Narcan Nasal Spray: To be used in the event of suspected pain medication overdose. It should be known that mixing narcotics with Benzodiazepines like Xanax and Ativan can also suppress breathing. Check for responsiveness: no response even if you shake them or say their name, breathing slows or stops, lips and fingernails turn blue or gray, skin appears pale or clammy.

- Peel back the package and remove device – dose is **1 spray into each nostril then call 911.**
- Place & hold the tip of nozzle in either nostril until your fingers touch the bottom of patient’s nose
- Press the plunger firmly to release the dose into the patient’s nostril

Gabapentin: For sharp, shooting nerve pain: 1 tablet every 8 hours AS NEEDED for pain

- May cause dizziness and drowsiness.

Celebrex: For pain and inflammation: 1 tablet every 12 hours AS NEEDED for pain

- May cause nausea, stomach pain and/or gas.

Antibiotics – Prevents & Treats Infection

You will be prescribed one of the following antibiotics based on which procedure or allergies. Take 1 with dinner the night before surgery, then begin again once home from surgery.

Augmentin, Bactrim DS, Ciprofloxacin: 1 tablet every 12 hours until finished.

Keflex & Clindamycin: 1 tablet every 6 hours until finished.

Ciprofloxacin Soaks: for rhinoplasties. Crush Cipro pills and put into saline bottle, store in fridge. Get a gauze wet with the soak every 6 hours, and soak in each nostril for 5 minutes. Begin a week before surgery, and continue 2 weeks post-op.

Mupirocin Ointment: swab each nostril for 5 days before surgery. This helps prevent surgical site infection since our nostril naturally harbor bacteria.

Nausea/Vomiting Medications

Scopolamine Patch: Apply behind your ear the night before surgery with dinner. The patch works for 72 hours (3 days).

Zofran: Place one under tongue if nauseous and let dissolve. 1 tablet every 8 hours AS NEEDED for nausea/vomiting.

Blood Clot Prevention

Heparin: Inject every 12 hours starting the morning after surgery. If you are traveling from out of town you will receive separate instructions for when to begin Heparin at home before you travel.

- Choose a fatty area away from incision lines such as thighs, arms, or belly. Clean the area with alcohol wipe, pinch up an area of skin and inject into the fatty tissue. Be sure to alternate injection sites. Bruising is normal and to be expected.

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SIDE EFFECTS OF NARCOTIC PAINKILLERS

You may be given narcotic pain killers after your surgery. Although, these are great at controlling pain, it is important to be aware of their potential side effects. Check with your doctor immediately if any of the following side effects occur while taking oxycodone:

- chills
- cold sweats
- confusion
- difficult or labored breathing
- dizziness, faintness, or lightheadedness when getting up suddenly from a lying or sitting position
- fever
- tightness in the chest
- twitching

WARNINGS AND PRECAUTIONS WITH ALL NARCOTIC MEDS

Addiction, Abuse, and Misuse

Oxycodone is a Schedule II controlled substance. As an opioid, oxycodone exposes users to the risks of addiction, abuse, and misuse. Although the risk of addiction in any individual is unknown, it can occur in patients appropriately prescribed oxycodone tablets. Addiction can occur at recommended dosages and if the drug is misused or abused.

Life-Threatening Respiratory Depression

Serious, life-threatening, or fatal respiratory depression has been reported with the use of opioids, even when used as recommended. Respiratory depression, if not immediately recognized and treated, may lead to respiratory arrest and death. While serious, life-threatening, or fatal respiratory depression can occur at any time during the use of oxycodone, the risk is greatest during the initiation of therapy or following a dosage increase. Monitor patients closely for respiratory depression, especially within the first 24 to 72 hours of initiating therapy with and following dosage increases of oxycodone hydrochloride tablets.

Risks of Interaction with Other Medications

Concomitant use of oxycodone with erythromycin, ketoconazole and ritonavir, may increase plasma concentrations of oxycodone and prolong opioid adverse reactions, which may cause potentially fatal respiratory depression. Similarly, discontinuation of rifampin, carbamazepine, and phenytoin, may increase oxycodone plasma concentrations and prolong opioid adverse reactions.

Risks from Concomitant Use with Benzodiazepines or Other CNS Depressants

Profound sedation, respiratory depression, coma, and death may result from the concomitant use of oxycodone with benzodiazepines or other CNS depressants (e.g., non-benzodiazepine sedatives/hypnotics, anxiolytics, tranquilizers, muscle relaxants, general anesthetics, antipsychotics, other opioids, alcohol).

Severe Low Blood Pressure

Oxycodone may cause blood pressure drop.

Risks of Driving and Operating Machinery

Oxycodone may impair the mental or physical abilities needed to perform potentially hazardous activities such as driving a car or operating machinery. Warn patients not to drive or operate dangerous machinery.

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HOW TO USE NALOXONE

What is an opioid overdose?



Opioids can cause bad reactions that make your breathing slow or even stop. This can happen if your body can't handle the opioids that you take that day.

TO AVOID AN ACCIDENTAL OPIOID OVERDOSE:

- Try not to mix your opioids with alcohol, benzodiazepines (Xanax, Ativan, Klonopin, Valium), or medicines that make you sleepy.
- Be extra careful if you miss or change doses, feel ill, or start new medications.

Now that you have naloxone...

Tell someone where it is and how to use it.

Common opioids include:

GENERIC	BRANDNAME
Hydrocodone	Vicodin, Lorcet, Lortab, Norco, Zohydro
Oxycodone	Percocet, OxyContin, Roxicodone, Percodan
Morphine	MSContin, Kadian, Embeda, Avinza
Codeine	Tylenol with Codeine, TyCo, Tylenol #3
Fentanyl	Duragesic, Actiq
Hydromorphone	Dilaudid
Oxymorphone	Opana
Meperidine	Demerol
Methadone	Dolophine, Methadose
Buprenorphine	Suboxone, Subutex, Zubsolv, Bunavail, Butrans

* Heroin is also an opioid.

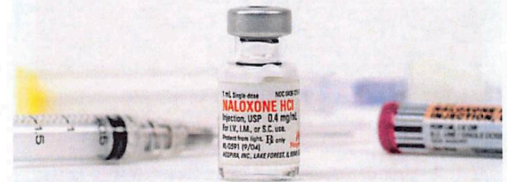
For patient education, videos and additional materials, please visit www.prescribtoprevent.org



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

2016

Opioid safety and how to use naloxone



A GUIDE FOR PATIENTS AND CAREGIVERS

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In case of overdose:

1 Check responsiveness

Look for any of the following:

- No response even if you shake them or say their name
- Breathing slows or stops
- Lips and fingernails turn blue or gray
- Skin gets pale or clammy

2 Call 911 and give naloxone

If no reaction in 3 minutes, give second naloxone dose

3 Do rescue breathing and/or chest compressions

Follow 911 dispatcher instructions

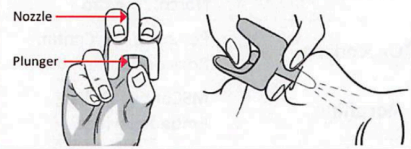
>> STAY WITH PERSON UNTIL HELP ARRIVES.

How to give naloxone:

There are 4 common naloxone products. Follow the instructions for the type you have.

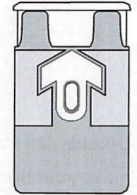
Nasal spray

This nasal spray needs no assembly and can be sprayed up one nostril by pushing the plunger.



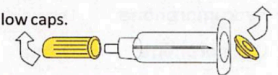
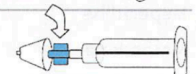
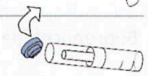
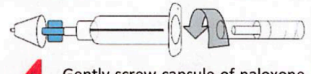

Auto-injector

The naloxone auto-injector needs no assembly and can be injected into the outer thigh, even through clothing. It contains a speaker that provides step-by-step instructions.



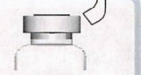
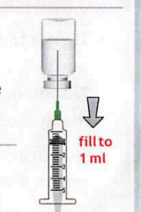
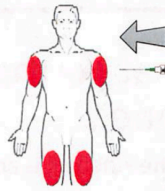
Nasal spray with assembly

This requires assembly. Follow the instructions below.

- 1 Take off yellow caps. 
- 2 Screw on white cone. 
- 3 Take purple cap off capsule of naloxone. 
- 4 Gently screw capsule of naloxone into barrel of syringe. 
- 5 Insert white cone into nostril; give a short, strong push on end of capsule to spray naloxone into nose: **ONE HALF OF THE CAPSULE INTO EACH NOSTRIL.** 
Push to spray.
- 6 If no reaction in 3 minutes, give second dose.

Injectable naloxone

This requires assembly. Follow the instructions below.

- 1 Remove cap from naloxone vial and uncover the needle. 
- 2 Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml. 
fill to 1 ml
- 3 Inject 1 ml of naloxone into an upper arm or thigh muscle. 
- 4 If no reaction in 3 minutes, give second dose.

INFORMATION FOR SMOKERS

Before your planned procedure, it is best to cease smoking for three weeks before and three weeks after the surgery. This is because nicotine has been shown to cause constriction (narrowing) of the small blood vessels in the skin. This compromises the blood supply to the incised and healing tissue, the survival of which depends totally or in part on the circulation in that area. Reduction of that blood flow can cause reduced or slower healing, blistering of the skin, or in the worst cases, actual loss of tissue.

If you have either stopped smoking very recently or have been unable to stop completely, you must accept these risks if you wish to proceed with surgery.

If a problem occurs after surgery, our staff pledge to care for you in resolving the problem to the best of their abilities. It is imperative that you are candid with us about this matter.

The Aesthetic Centers

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DEEP VEIN THROMBOSIS (DVT)

DVT: What it is?

DVT stands for deep vein thrombosis. This is a serious condition, and it can cause injury or death. DVT is the development of a blood clot in a deep vein, which typically occurs in the leg region. These clots can move through the bloodstream and cause harm to the vital organs of the body.

Risk factors with DVT

Patients taking certain medications or those with specific medical conditions are at a higher risk for DVT (see below). Medications that can alter normal blood-clotting mechanisms, affect blood flow or can cause blood-vessel damage can lead to DVT. Physical immobility for an extended amount of time, such as after surgery or in airplanes, can increase your risk of DVT as well.

Conditions Associated with Increased Risk of DVT

Cancer	Trauma
Increasing age or smoking	Personal/family history of DVT
Heart disease	Blood clotting disorder
Obesity	Use of oral contraceptive
Pregnancy	Use of hormone therapy
Recent surgery	

Symptoms of DVT

Symptoms may not occur every time when a DVT is formed. If it were to occur, the symptoms may include swelling, pain and redness in your legs and calves. Difficulty breathing and severe chest pain indicates that the blood clot has moved to the lungs. If you are concerned, please be evaluated by an emergency room immediately.

Reducing Your Risk of DVT

When DVT develops, it is often unknown, therefore the definite methods to prevent it is still uncertain. In order to reduce the risk of developing DVT, patients are advised to follow these guidelines:

- Try to walk about 100 yards every 3 hours with help. Also, when you can try to sit in a chair and attempt leg exercises as recommended below.
- Alter your position by stretching your legs and feet. Leg exercises done every hour, such as; ankle circles, knee lifts, lifting your knee to your chest, and pumping your feet will help.
- Avoid crossing your legs at the knee and at the ankle.
- Loose fitting clothing is recommended for wear.
- Graduated-compression stockings for the legs is recommended
- Keep yourself hydrated. Drink non-diuretic fluids, such as water, milk, and juice. Also do minimize your caffeine and alcohol intake.
- Purchase sequential boots for calves that help promote blood flow while relaxing post-op.

Explanation of Exercises

Exercises should not be done if they are causing you pain in your calves, and if you are advised not to continue with your exercises by your surgeon or physician.

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Pumping Your Feet: Point toes and foot as high as you can, while keeping your heels on the ground. Hold for 30 seconds and then put both feet flat on the floor again. Next lift your heels off of the floor, while keeping the balls of your feet on the floor.

Ankle Circles: Put your foot in the air and draw a circle with your toes. Change directions and continue for 30 seconds. Put your foot down and raise the other foot and do the same.

Knee Lifts: Sit down and march your legs and contract each thigh muscle. Make sure you stay seated during this exercise. Do this for 30 seconds.

Lifting Your Knee to Your Chest: Raise your left knee and bring it to your chest region. Hold this position for 10-15 seconds. Return your leg to the floor in a slow motion. Make sure to alternate your legs 10 times.

INCISION AND SUTURE LINE CARE

Incisions and suture lines are a necessary part of surgery. These lines take many months to fully heal. There is no guarantee as to what a scar will look like once it has fully healed, however these instructions are important to good outcomes.

Do not smoke

This can reduce the oxygen in your blood and greatly impact your ability to heal. While it is advised for your overall health that you quit smoking entirely, it is imperative that you do not smoke whatsoever until your incisions have fully healed.

Showering/Bathing/Swimming

You should refrain from bathing until the incision site is completely sealed. Do not swim in any lake, ocean, swimming pool or other water until 10 days *after* your incision lines have fully sealed (about 6 weeks after the surgery) and any sutures are removed.

Suture Removal

Most of your sutures are placed internally and will absorb over the course of 2 to 6 months. However, a few stitches may be placed externally at times. These typically are removed on day 6 for facial surgery and day 10 for surgery on other areas.

Initial healing

Once your incision lines have closed at about 2 weeks, you may wish to apply a skin moisturizer to the suture line. This aids in softening the scar and may alleviate any itching in the surgically treated area. Choose something fragrance-free and free of glycolic, retinoid or other possibly irritating ingredients. Vitamin E oil and petroleum jelly are acceptable alternatives. At 3 weeks, you can apply silicone sheets over the scar line. Silicone sheets or silicone tapes have been shown scientifically to help with scar quality.

Once your incision lines have sealed at about 4 to 6 weeks, you may apply scar therapy ointments to the incision.

Avoid any vigorous physical activity over the following six weeks. Direct trauma and physical stress may result in a separation of the suture edges or a wider scar.

The first year

In the 12 months following surgery, you must wear a water-proof sunscreen with at least an SPF 30, at all times in the surgically treated area including the suture line. This is imperative at least 30 minutes before any prolonged sun exposure is expected. Protective clothing and a wide-brimmed hat for facial incision lines is highly recommended. New scars are very sensitive to sunlight and, if unprotected, may result in permanent changes in scar color to either a darker, lighter or discolored shade.

Irregular scars

Rarely, a scar will take on a nodular, bumpy, raised or thickened appearance; the scar formation may be hypertrophic or keloid. If this should happen, please contact our office as soon as possible. There are medications that may be effective to flatten and improve the scar as it is forming.

DRAIN CARE INSTRUCTIONS AND LOG

Drain care is required several times per day immediately following surgery. Follow these instructions explicitly and record drainage as required, below. You will be required to provide us with the drain log at each post-op visit. (see log attached)

Drains are your friends ☺ please do not remove or cut drains at home. Do everything you can to keep them intact. **You should not shower until all drains are out to prevent complications.**

You may leak around the hole the drain is coming out of- this is okay, as we want the fluid to leave the body. **You will be very leaky after surgery – place towels or pads down where you will be recovering at home.**

If fluid remains inside of you after surgery you will build up a **seroma**, or pocket of fluid, that will cause discomfort, can become infected and will need to be drained. **Seromas can become permanent complications.**

You must **“milk” or strip the drain tubing every 3 to 4 hours.** This is done to prevent small clots from blocking fluid flow. Blood clots can form gradually and prevent fluid.

1. To do this, hold the tubing securely at the skin site with one hand. With the other hand, pinch the tubing between your thumb and index finger and apply firm pressure as you strip the tubing towards the bulb. (It is easier to milk the tube with an alcohol swab.)
2. If the tubing and bulb come apart, wipe the ends with alcohol and reconnect. Squeeze the bulb again and replace cap.
3. Record your drain output 2 to 3 times per day or at any time the drainage bag is more than 1/3 full.
4. Wash your hands well with anti-bacterial soap.
5. Open cap on the drain bulb. Record the amount of drainage and time of day as indicated. Dispose of drainage into a disposable cup, empty into the toilet and flush.
6. To close the bulb and maintain suction, check that the bulb is always deflated (or flat). Squeeze the air out of the bulb before capping it shut.*
7. You may change gauze around drain sites as frequently as needed.
8. You may apply Bacitracin ointment to the skin site to help with irritation.
9. Secure the drain to your clothing so that there is no tension on the drain.

Cleaning the Drain Site

Once per day or as instructed, change gauze and add bacitracin ointment around drain sites. Change the gauze more often if it becomes saturated.

Check the skin around the drains for leakage or redness (a slight redness immediately around the tube is not unusual). It is common to have leakage around the drain sites, which will require the gauze to be changed more. Leakage around the tube can happen when the tube is clogged, so be sure to milk drains appropriately.

Notify our office if any of the following occur

- **A large amount of leakage around the drain.**
- **A marked increase in drainage output (double your usual flow).**
- **Increased heat, redness, or tenderness around the insertion site.**
- **A change to a thick, white or smelly fluid.**

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SURGICAL RESULTS

There are many components to having a successful surgery and lasting results, including:

- 1) The surgery itself.
- 2) Recovery: Your preparation for surgery and follow through with the given post-op instructions
- 3) Your body's ability to heal. Some people are better healers than others. Smokers, people on steroids, older patients, gastric bypass patients, those who are nutritionally deficient (due to diet or weight loss surgery), diabetic patients are not good healers.

RECOVERY AFTER SURGERY

It is paramount that you allocate enough time to healing. Healing after any incision can take up to 6 weeks. At three weeks, the skin is typically healed more than the underlying tissues that require at least 6 weeks to heal. During this time, you are urged to optimize your nutrition for healing, to have help to care for you, and to avoid strenuous movements or activities since these can result in your incisions to open. If you develop separation of your incisions, we can not close the opening with sutures since the separated tissue often times are too fragile and will re-open again. When this happens, we have to wait for your body to heal from inside out. The process may take up to 6 weeks or longer.

Please make sure that you have a care giver after surgery for days to weeks, depending on the type of your surgery. If you are not local and having a tummy tuck or a lower body lift, you **MUST** arrange for a care giver. Lack of help will increase your risk of complications.

If you are out of town, and you leave too early after the surgery, you will increase your risk of openings and having complications. Also, since we will not be able to see you for regular follow ups, it is imperative that you keep in communication with our office after your get home so that we can continue to care for you.

MAINTAINING THE RESULTS OF SURGERY

We believe that the best time to have surgery is at your most stable weight. This is the weight that you are at, on most days of a year.

GAINING WEIGHT

If you have surgery and gain weight, this can distort your final results. Many patients gain weight after a tummy tuck procedure without realizing that they have done so. Even a few pounds of weight gain can become noticeable on thighs or arms or other areas.

If you gain weight after liposuction, areas that have been liposuctioned will not expand as much as areas that have not, since liposuction remove fat cells permanently. This can create distortion of your results and even deformity since some areas will look full (non-liposuctioned areas) and others will not as much (liposuctioned areas).

If you gain weight after any form of fat transfer (hand, face, breasts, mons, buttocks, hips), again you may end up with future expansion of where fat cells have been placed. The transferred fat cells will be able to store fat and will expand, resulting in further augmentation of the treated area. This is especially the case when you have also had liposuction where fat cells are removed from other areas.

If you gain weight after body contouring procedures, then you may end up with unpredictable deformities as a result of a change in your body fat cell distribution and concentration in different areas.

LOSING WEIGHT

If you lose weight after surgery (> 10-20 pounds), you will see skin laxity. Skin laxity presents itself as wrinkles, folds, and even cellulites.

FOLLOW-UPS.

We do not charge for follow ups perpetually. Follow ups are important to the success of a surgery and maintaining the results. We ask you to reach us with your concerns and questions and to attend your follow ups so that we can help you to maintain your results.

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