

Patient's Instructions

MRN _____

PRE-OPERATIVE INFORMATION

The prevention of complications following surgery depends, in part, on following both the pre-operative and post operative instructions carefully.

1. The night prior to or the morning of surgery, shampoo your hair with shampoo. Do not use a cream rinse or any other hair treatment. Remove all cosmetics and false eyelashes the night before surgery. **DO NOT USE COSMETICS, MOISTURIZERS, OR EYE MAKE-UP THE MORNING OF SURGERY.**

2. **DO NOT** take any Aspirin or Aspirin containing compounds (i.e.. Alka-Seltzer, Anacin, Bufferin, Coricidin, Darvon, Dristan, Excedrin, Fiorinal, Midol, Percodan, Alleve, Etc.) for two (2) weeks prior to surgery.

ONLY TYLENOL MAY BE TAKEN!

Discontinue Ibuprofen (i.e. Motrin, Advil, Alleve or any other anti-inflammatory medication) for two (2) weeks prior to surgery.

Vitamin E should be discontinued for two (2) weeks prior and two (2) weeks after surgery.

3. **NO SMOKING** for two (2) weeks prior to surgery.

4. If you develop any signs of a cold, flu, infection, or fever, please notify the office immediately.

5. **YOU MAY NOT HAVE ANYTHING TO EAT OR DRINK (INCLUDING WATER) AFTER 12:00 MIDNIGHT THE NIGHT BEFORE YOUR SURGERY, UNLESS OTHERWISE INSTRUCTED BY THE ANESTHETIST.**

6. On the day of surgery, wear loose fitting clothes. **NO** pantyhose, girdles, or high heels. Wear a blouse or top that buttons down the front. Wear shoes that are flat and slip on easily.

7. You **MUST** leave all personal property at home or in the care of the person who will be taking care of you. This includes jewelry; earrings, necklaces, rings, watches, sunglasses, etc. We will not assume any responsibility for your belongings. It is recommended that you leave these items at home. **PLEASE REMOVE ALL PIERCED JEWELRY.**

8. If you live in town and have a responsible person to stay with you, you may go home. If you are from out of the area, you **MUST** stay in the Pinehurst area at a near-by hotel with a responsible person to care for you. If you do not have someone to stay with you, a home healthcare provider can be arranged for you at an additional cost. Those arrangements **MUST** be made in advance and will have an additional charge. **YOU MUST STAY IN THE PINEHURST AREA OVERNIGHT, AND YOU MUST HAVE A RESPONSIBLE PERSON STAY WITH YOU, UNLESS OTHERWISE ADVISED BY THE DOCTOR.** If possible, you may want to arrange for someone to check in on you for 2-3 days after surgery if you live alone.

9. If you take medication, please check with the office two (2) weeks before surgery. You may be instructed to take certain -medications on the morning of your surgery.

10. It is best to have someone at home with you for your first shower after surgery, so that you don't slip or fall.

I have read, understand and agree to follow these instructions.

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____

PINEHURST SURGICAL

Plastic Surgery Center
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