

SPECIAL MEDICAL CONSIDERATIONS BEFORE SURGERY

SMOKING -- **Nicotine** severely interferes with the blood flow to your skin and dramatically increases the risk of infection and skin death after surgery, especially plastic surgery. Therefore, I will not do an elective operation on a smoker. Unfortunately, **Nicorette** is just as harmful for wound healing as cigarettes. We can prescribe medication to help you quit if you need it. For optimal wound healing, you should be nicotine-free for two to four weeks prior to surgery, and after surgery until you are completely healed. I will tell you when you may resume nicotine if you have to.

ESTROGENS -- **Birth Control pills** and **hormone replacement**, as well as some anti-estrogens, e.g. **Tamoxifen**, are all associated with an increased risk of clots in your legs, so we will stop these around the time of your surgery unless you are having a very minor procedure. By the way, I like to prescribe **Emend** for my patients to prevent nausea after surgery, and this can decrease the effectiveness of birth control pills. Please use an alternative birth control method around the time of your surgery.

OBESITY -- Obesity is associated with increased risk of post-operative complications. These include wound-healing problems, infection, clots in legs (deep venous thrombosis or “DVT”) and pulmonary embolism. Overweight patients are more likely to have Diabetes, and this can also negatively impact wound healing. We will figure out your BMI (body mass index) calculated by your height and weight and decide if surgery is prudent at that time, or whether we should put you on a weight loss program first.

THYROID DYSFUNCTION -- Patients who are hypothyroid heal poorly. If you are hypothyroid, we will make sure your thyroid test results are within normal range from the last six months to a year or request clearance from the doctor who manages your thyroid issues. An untreated overactive thyroid may interact with anesthesia causing heart irregularities.

IMMUNE CONDITIONS -- Patients with immune conditions, including autoimmune disorders such as Rheumatoid Arthritis, Lupus and Psoriasis, as well as organ transplant patients, may be on medications that suppress the immune system, slow wound healing and increase other surgical risks. If you are on the following medications or similar medications, we need to discuss temporarily stopping them around the time of surgery: **Prednisone, Remicade, Humira, Enbrel, Actemra, Rituxan, Cimzia, Simponi, Orencia, Methotrexate, Arava, Imuran, Cellcept, Tacrolimus, Sulfasalazine** and **Benlysta**. If you are on a medication that impacts your immune system, please let me know, even if it is not on this list.

BLOOD THINNERS -- If your doctor has placed you on **Coumadin, Aspirin, Plavix, Lovenox or Pradaxa**, we need to discuss this to see if you can safely stop these medications.

CARDIAC (HEART) MEDICATIONS -- If you are taking a “beta blocker” or other cardiac medication, we should discuss this before your surgery.

FLUID PILLS (SOME HIGH BLOOD PRESSURE PILLS) -- Please let us know if you are on a medication which causes fluid loss such as: **Bumex, Edecrin, Lasix, Demadex, Midamor, Moduretic, Dyrenium, Dyazide, Maxide, Inspra, Aldactone, Aldactazide, Bendroflumethiazide, Methyclothiazide, Thalitone, Lozol, Zaroxolyn, Diamox, and Theophylline.**

CHEMOTHERAPY -- Most, but not all, cancer medications impede wound healing. If you have recently had chemotherapy for breast cancer or if you are currently on medication for leukemia or other chronic malignancies, we should discuss this prior to your surgery.

DIABETES -- Diabetics can heal poorly. If you are a diabetic, we will discuss your blood sugar management prior to your surgery.

GOUT -- **Colchicine** interferes with wound healing. A temporary discontinuation of drug therapy may be warranted.

OSTEOPOROSIS -- Some drugs used for osteoporosis may also slow wound healing especially in the mouth, so we may try to stop these for a period of time around surgery. These include: **Fosamax, Aredia, Didronel, Actonel, Boniva, Zometa, Reclast** or another bisphosphonate.

PREGNANCY -- Anesthesia can cause a miscarriage or birth defects. Unless you are certain that you are not pregnant, we will order a pregnancy test.

MAMMOGRAPHY -- If you are having breast surgery and are over 35, we will require that you have a normal mammogram within the last year.

SLEEP APNEA -- If you have a history of sleep apnea or heavy snoring, you may not be a candidate for sedation. Please make us aware if this applies to you.

GERD -- Please let us know if you have this or a **REFLUX** condition.

ADHD, ADD, OCD -- Please inform us if you are on **Adderall** or **Ritalin** as these may interfere with anesthesia.

ASTHMA -- Asthma must be well controlled. You must bring all of your inhalers with you the day of surgery. Use prescription medications as ordered unless otherwise instructed by us.

OVER THE COUNTER MEDICINES -- Please avoid the following for two weeks before and after surgery: **Advil, Aleve, Alka Seltzer, Anacin, Aspirin, Ascriptin, Bufferin, Dristan, Empirin, Excedrin, Fioranal, Feldene, Ibuprofen, Indocin, Midol, Motrin, Naprosyn, Nuprin, Sudafed, and Vitamin E.** Cold and allergy medicines will be approved on an individual basis. **TYLENOL IS FINE !!**

DIET PILLS -- Some weight loss aids used to suppress appetite can increase cardiac risks associated with anesthesia. Examples are **Adipec (phentermine), Ephedra,** and **dextroamphetamines,** but other prescription and over-the-counter products may also contain stimulants. Please let us know if you are on **any** diet pills.

HERBAL SUPPLEMENTS -- Many herbals cause bleeding or other problems with surgery – **Echinacea, Ginko Biloba, Ginseng, Licorice Root, St. John's Wort,** and **garlic** tablets. Other herbals simply have not been studied well enough to know what impact on healing they will have, so it is prudent to stop **ALL** herbals two weeks before and after surgery.