OFFICE SURGERY PRE-OPERATIVE INSTRUCTIONS

SURGERY CLEARANCE

IF YOU ARE HAVING SURGERY IN OUR OFFICE AND ARE OVER 45 YEARS OF AGE, YOU WILL NEED BLOOD WORK. (CBC and CMP) and an EKG performed and interpreted by your primary care doctor.

BREAST SURGERY

If you are having breast surgery and you are over 45 years old, we strongly recommend a screening mammogram within one year prior to your surgery even if your insurance does not cover it. If you have a family history of breast cancer, we recommend a mammogram for women over 40 years old.

PREGNANCY

Anesthesia can cause spontaneous abortion or birth defects. Please be sure you are not pregnant at the time of your surgery. We will perform a pregnancy test on all women of child-bearing age if you are having surgery in the office.

SKIN PREP

Please begin using DIAL SOAP while bathing/showering three days prior to your surgery and for ten days after surgery. On the day of surgery, please do not wear moisturizers, lotions, nail polish, makeup, powder or antiperspirants. Shaving increases your risk of infection so please do not shave any areas of your body the day of surgery.

GARMENTS

If you are having **LIPOSUCTION**, you will need to bring either a pair of biker shorts, 3-panel binder, a girdle, or a light compression garment with you on the day of surgery. Please make sure the garment you purchase covers the area/areas that you will be liposuctioned. The garment should be snug, but not tight.

If you are having **ABDOMINOPLASTY**, you will need to buy a high-waisted girdle. Please bring the girdle on the day of surgery. It should be snug but not tight. These can be purchased on Amazon. An open crotch garment is really helpful for the 2 weeks. After 2 weeks, a high waisted pull-on compression garment is helpful.

If you are having **BREAST SURGERY**, please purchase two sleep bras before surgery. Sleep bras give gentle support and have a row of Hook & Eye closures down the front. These can be purchased at Buford Road Pharmacy or Ordered on Amazon. "Fruit of the Loom" is a great front closure bra. **DO NOT BUY A ZIPPERED BRA.**

If you are having **GYNECOMASTIA** or **BRACHIOPLASTY** surgery, we will assist you in ordering compression garment.

BLEPHAROPLASTY

If you are having eyelid surgery, you need to use a thin saline drop tear replacement (Refresh Tears, GenTeal Tears, or Thera Tears) during the day and in the evening a thicker lubricant (Lacri-Lube or Celluvise, both are made by Refresh). Please buy these prior to surgery. We recommend Inhance cream for bruising that you can buy through the office.

SMOKING

Smoking increases your risk of scabbing, skin loss, delayed wound healing and infection. **DO NOT SMOKE FOR 6-8 WEEKS BEFORE AND AFTER YOUR SURGERY. REMEMBER, "NICORETTE" AND E-CIGARETTES ARE JUST AS HARMFUL TO YOUR HEALING AS CIGARETTES ARE.** We will perform a nicotine screen test prior to the procedure if applicable.

COSMETIC SURGERY

Please be aware that medical complications can occur with cosmetic surgery and treatment associated with any complication will not be covered by your personal insurance policy. Therefore, Dr. Blanchet will purchase insurance for you that will help cover any medical complications up to 45 days after surgery. This program is called "CosmetAssure".

ADDITIONAL INSTRUCTIONS

Please have nothing to eat or drink after midnight the night before surgery. You may feel more comfortable post-op if you eat lightly the day before surgery. Wear loose, comfortable clothing with a shirt that opens in the front. Please do not wear jewelry including wedding rings or body piercings, contacts, or heavy makeup. **PLEASE DO NOT WEAR ANY SORT OF NAIL POLISH.** Bring all your medications with you on the day of surgery. If a post-op garment is required, please bring it with you as well.

Please realize that the time of your surgery may change. Be sure to leave a number where you can be reached on the day of surgery. You must have a reasonable adult (18 years or older) to drive you home and stay with you for at least 24 hours. In addition, if your driver is planning to leave our office during your surgery, they must provide the nurse with their cell phone number. Please let us know ASAP if you have any symptoms or any infection (urinary tract, upper respiratory, etc.) prior to surgery as this will increase your risk for surgical infection.

PATIENT'S SIGNATURE	DATE