



OFFICE BASED
SURGERY INFORMATION

SURGERY TIME: To be determined. *A nurse will contact you with the arrival time a few days prior to your surgery.*

IMPORTANT INFORMATION:

Your safety is our Number 1 priority.

Performing your surgery involves a large staff of medical professionals dedicated to take care of you. It is essential to arrive at the assigned time.

It is also required to have a ride home arranged with a responsible adult. Taking a cab or ride sharing service home is NOT appropriate after a surgical procedure.

Failure to arrive on time or to have a proper ride home arranged may result in re-scheduling or cancellation of your surgical procedure, with associated financial costs.

If you have any questions about the above dates or times, please call our office at 617-786-7600.

BEFORE AND AFTER SURGERY:
WHAT DO I DO?

10-14 Days before Surgery:

STOP all Aspirin, Motrin/Advil/Ibuprofen/Aleve/Naprosyn, any anti-inflammatory medications.

Please refer to 'Medications to Avoid' for a more complete list. If you are not sure, please ask.

Tylenol/Acetaminophen is okay if needed.

2 Days before Surgery:

Cleanse area with Hibiclens (Chlorhexidine) if instructed to do so

Day before Surgery:

Cleanse area with Hibiclens (Chlorhexidine) if instructed to do so

Take Gabapentin 300 mg in the evening

No Food or Drink after Midnight- unless instructed otherwise

Day of Surgery:

Morning (before surgery):

No Food or Drink

If showering, use Hibiclens if instructed to do so

Take (with small sip of water):

- Gabapentin 300 mg
- Celebrex 400 mg (2 x 200 mg capsules)
- Tylenol/acetaminophen 1000 mg (2 extra-strength tabs)

After Surgery (once you get home):

Hydrate (sip on water, ginger ale, etc.)

Eat in small amounts, bland foods, only as tolerated

Take:

- Tylenol/Acetaminophen 1000 mg (2 extra strength) every 8 hours
- Zofran as needed for nausea
- Oxycodone if needed for uncontrolled severe pain

Evening:

Take:

- Celebrex 200 mg (1 capsule)
- Gabapentin 300 mg

Before and After Surgery- What do I do?

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Following Days:

Continue to take:

- Tylenol/Acetaminophen 1000 mg (2 extra strength) every 8 hours
- Celebrex 200 mg (1 capsule) morning and evening for 4 more days
- Gabapentin 300 mg in the evening for 2 more days
- Oxycodone if needed for uncontrolled severe pain

Refrain from alcohol, marijuana, other drugs while taking medications.

Continue to avoid all Aspirin, Motrin/Advil/Ibuprofen/Aleve/Naprosyn, any anti-inflammatory medications for at least 5 days postop. If you are not sure, please ask.

Refer to your postop instructions on how to manage bandages, dressings, garments, etc.

Refer to your postop instructions on when to shower

If you have not made a follow-up appointment, please call ASAP to make one.

CALL with any questions @ **617-786-7600**.

Please call with routine questions during Office Hours (M-F 8:30-5).

For urgent matters after hours, please call and the physician on call will be paged.

Please do not rely on email or text.

POST-OPERATIVE PAIN MANAGEMENT

Background:

Management of postoperative pain should be carefully designed to reduce pain to a manageable level while limiting the side effects and undesirable consequences of pain medication.

Our Approach:

- Attempting to eliminate postoperative pain entirely, although desirable in concept, is not recommended, as it could be associated with increased risk of side effects such as constipation, nausea and vomiting, and itching, in addition to the risk of dependency and addiction to opioid medications. Rather, it is advisable to strike a balance between keeping postoperative pain to a moderate and manageable level and reducing the risk of undesirable side effects.
- Based on proven concepts of pain management, we use standing doses of non-opioid medications starting before surgery, and we use opioid medications as sparingly as possible to address residual uncontrolled pain.

Standard protocol:

- Gabapentin starting the evening before surgery, taken for three days.
- Celebrex starting the morning of surgery, taken for five days.
- Acetaminophen (Tylenol) 1000 mg (two extra strength tabs) three times daily, starting the morning of surgery.
- Oxycodone (an opioid medication) to be taken as needed for residual uncontrolled severe pain.

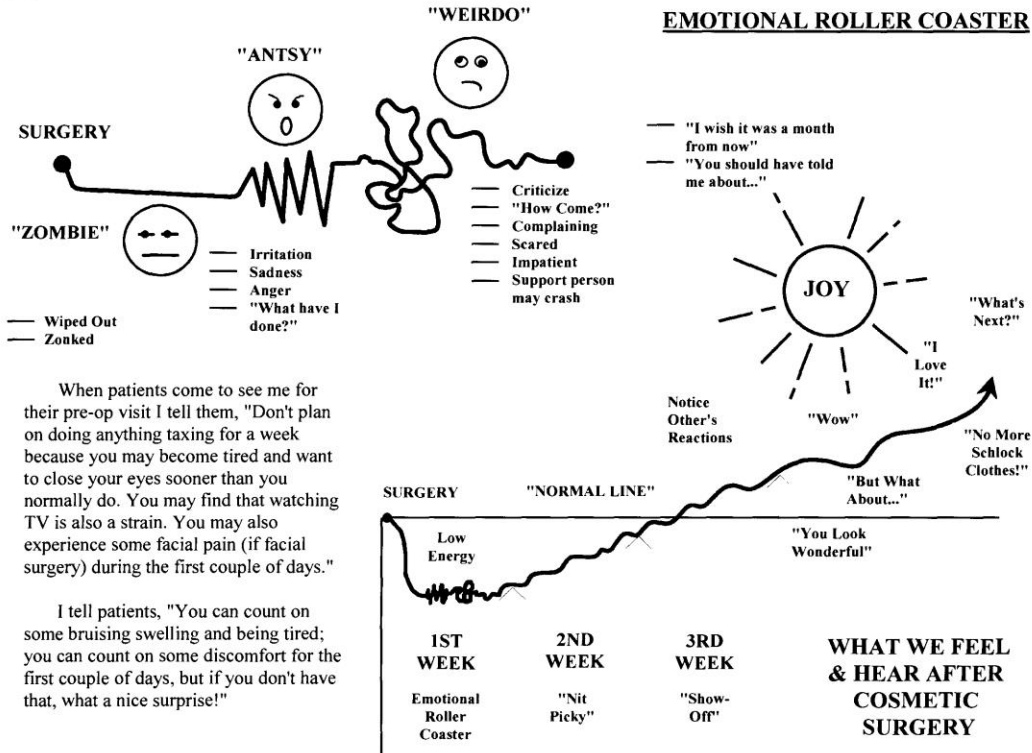
Important information:

- The standard protocol may need to be modified to account for specific situations, such as allergies, inability to tolerate certain classes of medications, prior medical history, etc.
Please refer to [your individual postoperative pain management treatment plan](#).
- Some of these medications may not be covered by health insurance plans, depending on the policy. Unfortunately, we are unable to provide 'prior approval' for health insurance coverage.

We wish you a smooth recovery from your procedure.

EMOTIONAL & PHYSICAL REACTIONS

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!"

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.

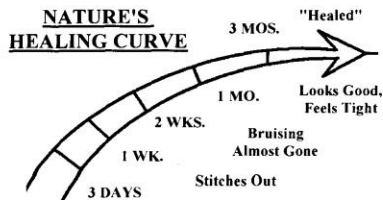
Surgery affects each person differently. These curves are just a basic outline. The most common reaction is to be depressed on the third or fourth day. However, some patients say, "Well, not me. I didn't feel depressed." But three weeks later, they may have a crying jag while driving to work."

"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."

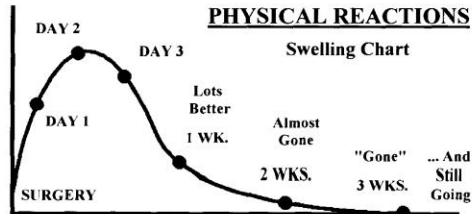
"Patients experience feedback, both positive and negative. Some people tell

me that they're a bit irritated because people are now paying them more attention than they did before." And I say to them, "Isn't that why you had the surgery? Because you wanted to be more attractive?" And they reply, "Yes, but why didn't they like me the way I was?" But eventually people start to really enjoy the extra attention.

Anyone who has 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 too afraid to do that."



1 YEAR...
... and Healing Still Continues



MEDICATIONS, VITAMINS AND SUPPLEMENTS TO AVOID

Your safety in surgery requires that you disclose all medications, vitamins and supplements that you regularly take. In the days prior to surgery, you will be required to stop taking certain medications, vitamins and supplements, both those you regularly take, and those that may be taken incidentally for pain or other symptoms.

Please notify our office of any and all medications you take during the 14 days prior to surgery. If you have taken a medication that may put you at risk, it may require that your surgery be rescheduled, or postponed. This is for your safety.

Before you stop taking any prescription drugs, you must receive clearance from the prescribing physician. Please notify our office immediately if you do not receive clearance to stop taking your prescribed medications.

The following drugs could cause life-threatening problems with surgery. If you are on these you must discuss this with the doctor. Patients who take these drugs may require laboratory tests and a consultation with their physician to determine when they may safely undergo a surgical procedure.

- Warfarin (Coumadin)
- Apixaban (Eliquis)
- Dabigatran (Pradaxa)
- Edoxaban (Savaysa)
- Rivaroxaban (Xarelto)
- Elmiron-IC
- Methotrexate
- Plavix
- Persantine
- Any "blood thinner" medication
- Fragmin, Lovenox, and other Low Molecular Weight Heparin Drugs (dalteparin, enoxaparin, and tinzaparin)

Aspirin and aspirin-containing medications and anti-inflammatory agents must not be taken in the 2 weeks prior to surgery. Always read the active ingredients on any over the counter or prescription drug packaging. Attached is a listing of common drugs containing aspirin for your reference.

All Herbal or Dietary Supplements should be stopped 2 weeks prior to surgery. This includes vitamins, and anti-oxidants supplements, as well as consumption of any form of Green Tea.

There are several categories of additional medications that must not be taken in the 2 weeks prior to surgery. A listing of these drugs is attached.

Authorization

I have disclosed all of the medications, supplements and herbal remedies I take on a regular or incidental basis to my physician. I understand that I am required to refrain from taking any of the above and below listed medications in the days prior to surgery. Should I take any of the medications, supplements or herbal remedies I am instructed to avoid, it is my obligation to notify my physician immediately. I fully understand that my surgery may have to be rescheduled or postponed in the event that I have not complied with these medication restrictions listed. I also understand that it is my responsibility to obtain clearance from the prescribing physician before I stop taking any of my regularly prescribed medications.

MEDICATIONS, VITAMINS AND SUPPLEMENTS TO AVOID

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Aspirin and aspirin containing medications, include, but are not limited to the following:

Alka Seltzer	Carisprodal Compound	Momentum
Alka Seltzer Plus	Cope	Norgesic
Anacin	Darvon Compound	Norgesic Forte
APAC Tablets	Darvon Compound 65	Orphengesic
APC Tablets	Doan's Pills	Orphengesic Forte
Arthritis Pain Reliever	Ecotrin	PAC
Arthropan	Emprin Compound	Pamprin
Aspirin Tablets USP	Emprin Compound #3	Percodan
ASA	Encaprin	Percodan Demi
ASA + Codeine	Equagesic	Propox Compound
Ascriptin	Excedrin	Robixisal
Asperbuf	Fiorinal	Sine Off
Aspergum	Fiorinal #3	Sodium Salicylate
Axotoal	Lortab ASA	SOMA Compound
BAC	Magnaprin	Synalgos
Bayer Aspirin	Measurin	Synalgos DC
Bufferin	Medipren	Trigesic
Butalbital Compound	Midol	Vanquish

Anti-inflammatory medications include but are not limited to the following:

Advil	Feldene	Naproxen
Aleve	Ibuprofen	Nuprin
Anaprox	Ifen	Orudis
Ansaid	Indocin	Ovuvail
Butazoladin	Indomethocin	Phenylbutazone
Cataflam	Meclomen	Ruten
Clinoril	Motrin	Tolectin
Daypro	Nalfon	Toradol
Dolobid	Naprosyn	Voltaren

Additional medications to avoid, include, but are not limited to the following:

Chloratrimeton	Mutli-vitamin	St. John's Wort
Clinoril	Mysteclin F	Surmontil
Elavil	Nicobid	Tagamet
Endep	Oraflex	Tenuate Dospan
Etiafon	Pamelor	Tetracycline
Flagyl	Parnate	Triavil
Flexoril	Phendimetrazine	Vibramycin
Imitrex	Phentermine	Vitamin E
Lioresal	Ru-Tuss	Zomax