

Plastic Surgery Specialists, Inc.
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PRE-SURGERY INSTRUCTIONS: LOWER BODY LIFT

Patient Name _____ Date _____
Surgical Facility _____ Surgery Date _____
Arrival Time _____

A successful surgery requires a partnership between you and Dr. Huai C. Pan and his staff

The following instructions are essential to a safe experience and good outcome. Use this as a checklist as you approach your surgery date. If you are unable to comply with these instructions, you must notify our office as soon as possible. As a result, your surgery may have to be postponed or delayed, at the judgment of Dr. Pan. This is essential to your health and safety.

THREE WEEKS OR MORE BEFORE SURGERY

There may be several weeks between your decision to have surgery and your actual surgical date. During this time, there are several important considerations:

_____ **Practice proper fitness:** You need not engage in an aggressive or new fitness routine; however practicing good fitness habits is an important factor in your overall health and well-being. Stretching exercises and low-weight strength training now, 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.

_____ **Stop smoking:** Smoking can greatly impair your ability to heal. You must be nicotine and smoke-free for at least 4 weeks prior to surgery. You must also be free of any nicotine patch or nicotine-based products for a minimum of 4 weeks prior to 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.

_____ **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 someone is confirmed available to stay with you around the clock for at least 24 hours following surgery.

_____ **Pre-operative testing.** Make certain to schedule all of the pre-operative testing, mammogram if requested and clearance you have been given. Refer to the *Pre-surgical Lab and Testing Orders* form. Make certain all test results are received by our office as required.

_____ **Relax and enjoy life.** Stress and anxiety over life's daily events, and even your planned surgery can affect you. While some anxiety is common, any serious stress, or distress over the thought of surgery is something you must discuss with our office. We are here to support you and answer all of your questions. We want your decision to be one made with confidence.

TWO to THREE 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 the surgery. Share this with all of your key support people.

_____ **Fill your prescriptions:** Your prescriptions will need to be filled ON THE DAY these prescriptions are written. Our office will advise you accordingly. Your prescriptions include:

- Antibiotic _____
- Pain medication _____
- Muscle Relaxant _____
- Other _____
- Supplements _____

_____ **STOP taking the following for the duration before your surgery. Taking any of the following can increase your risk of bleeding and other complications:**

- Aspirin and medications containing aspirin
- Ibuprofen and anti-inflammatory agents
- Vitamin E
- St. John's Wort
- Garlic Supplements
- Green Tea or green tea extracts
- Estrogen supplements
- All other medications indicated

_____ **Pre-operative clearance and information:** 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 as required. If medical clearance is required and not yet received, surgery may be cancelled at **your cost**.

_____ **Vital information:** A pre-operative visit is essential to review your health, your goals, and any vital information including allergies and health considerations.

Your pre-operative (visit) is scheduled for: _____

_____ **Fitness:** Don't over-do it. Avoid anything strenuous or that could potentially cause injury.

_____ **Good nutrition:** A healthy, balanced diet is essential

_____ **NO SMOKING:** Stay away from second-hand smoke, too. Your healing and health depend heavily on this.

_____ **Avoid sun exposure:** Sun damaged skin can more readily produce irregular scars.

_____ **Lead a healthy lifestyle:** Practice good hand-washing and avoid large crowds, or individuals who are ill. Do not risk catching a virus or cold: sharing beverages or other high risk opportunities for contacting viral or other illnesses.

ONE WEEK BEFORE SURGERY

_____ **Confirm your day of surgery plans.** This includes your transportation and after-care (a responsible adult for the first 24 hours, around the clock).

_____ **Purchase any compression garments required.** You may wish to purchase more than one garment for laundering purposes.

_____ **Confirm all lab results and paperwork** have been received by our office if you have not already done so.

_____ **Continue to practice healthy habits,** nutrition and fitness. No strenuous exercise. No saunas, hot tubs, steam baths or mud wraps. **No smoking or alcohol.**

_____ **Find your comfort zone.** Locate the most comfortable place where you can gently recline and recover. You don't want to be testing locations or pillows the day of surgery. Shop for magazines, books and other things to keep you busy and entertained in the day or two following surgery.

_____ **Wax or shave your bikini area and legs.** It may be uncomfortable to do so in the days immediately after surgery.

_____ **Relax.** Call our office with any unusual anxiety or concerns. Get plenty of rest. If you have trouble sleeping, call our office.

ONE DAY BEFORE SURGERY

_____ **Pack your bag for the day of surgery.** This should include:

- All paperwork
- Your identification

- Reading Glasses
- Warm, clean cotton socks
- Saltines or other crackers in case of nausea during your ride home

_____ **Expect a pre-anesthesia call to review your state of health and anesthesia for surgery.**

_____ **Confirm your route to and from surgery or the recovery center, with the responsible adult who will drive you.** Also confirm plans with your 24-hour 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 scented skin creams or moisturizers. Do not use any deodorant, hair spray, perfume or cosmetics. Remove all finger nail and toe nail polish.

_____ **Do not eat or drink anything after 12 am.** 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.

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:** (If there is something you cannot remove, let the admitting nurse know right away.)
- **Wear comfortable, clean, loose-fitting clothing:** Do not wear jeans or any tight-fitting bottom; rather have a pair of loose, drawstring sweatpants to wear home. You may wear a robe. Wear slip on, flat shoes with a slip proof sole; no heels. Wear clean cotton socks, as the operating room can feel cool. For your comfort, wear a zip or button front top. No turtlenecks.

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask my doctor and his staff any questions I have related to these instructions or about my procedure, health and healing.

Patient Signature

Date

Printed Name of Patient

Signature of Practice Representative and Witness