



PREOPERATIVE INSTRUCTIONS **FOR BROW-FOREHEAD LIFT SURGERY**

1. THE DOCTOR MIGHT ASK YOU TO HAVE SOME BLOOD TESTS DONE (CBC, PFA, ETC.) TO ENSURE YOU ARE PROPERLY SCREENED TO UNDERGO THE SCHEDULED PROCEDURE. THE TESTS NEED TO BE TAKEN ONE WEEK AFTER STOPPING ANY MEDICATION WHICH CAN PROLONG YOUR BLEEDING (SEE BELOW), BUT ONE WEEK PRIOR TO SURGERY.
2. THE DOCTOR WILL GIVE YOU PRESCRIPTIONS FOR THE MEDICINES YOU WILL NEED TO START TAKING BEFORE AND AFTER SURGERY. BE SURE YOU GET THESE FILLED BEFORE YOUR SURGERY DATE. THESE WILL INCLUDE AN ANTIBIOTIC FOR INFECTION, A PAIN KILLER FOR COMFORT, AN ANTINAUSEA MEDICATION FOR VOMITING, A STEROID OINTMENT TO APPLY TO THE WOUNDS TO REDUCE THE SWELLING AFTER SURGERY.

FINALLY, START TAKING ARNICA MONTANA, A NATUROPATHIC SUPPLEMENT, THREE PILLS, THREE TIMES A DAY, STARTING THE DAY BEFORE SURGERY TO REDUCE THE AMOUNT OF BRUISING YOU WILL HAVE FROM SURGERY. NO PRESCRIPTION IS REQUIRED TO BUY THIS AND THIS CAN BE BOUGHT AT A NATURAL/HEALTH FOOD STORE.

3. TAKE ANY REGULAR MEDICATIONS AS YOU NORMALLY WOULD (I.E., HEART MEDICATIONS, BLOOD PRESSURE PILLS, ETC.) UNLESS OTHERWISE INSTRUCTED BY YOUR DOCTOR. IF YOU TAKE MEDICATIONS FOR DIABETES OR BLOOD THINNERS (INCLUDING ASPIRIN) YOU WILL BE GIVEN SPECIAL INSTRUCTIONS REGARDING THESE MEDICATIONS.
4. IF YOU ARE TAKING VITAMIN E, ASPIRIN, GARLIC, FISH OIL (I.E. OMEGA-3-6-9 FATTY ACIDS) OR GINKGO BILOBA ON A REGULAR BASIS (AT LEAST ONCE A WEEK), YOU NEED TO STOP THE USE OF THE MEDICINES, SUPPLEMENTS OR DRUGS **TWO (2) WEEKS** PRIOR TO SURGERY.

A LIST OF MEDICATIONS, SUPPLEMENTS AND COMPOUNDS WILL BE PROVIDED WITH THESE INSTRUCTIONS. THESE ARE COMMON COMPOUNDS AND MEDICATIONS WHICH CAN CAUSE EXCESSIVE BLEEDING DURING SURGERY. YOU NEED TO STOP THE USE OF ANY OF THE MEDICATIONS, DRUGS OR COMPOUNDS **TWO (2) WEEKS** BEFORE SURGERY TO PREVENT ANY BLEEDING PROBLEMS. IF YOU FEEL YOU WILL HAVE A SIGNIFICANT PROBLEM BY STOPPING ANY OF THESE PRODUCTS, PLEASE INFORM THE DOCTOR.

5. **STOP SMOKING TWO (2) WEEKS** BEFORE SURGERY. NO SMOKING AFTER SURGERY FOR **THREE (3) WEEKS**. A SPECIAL CONSENT WILL BE GIVEN TO YOU REGARDING THIS MATTER IF YOU SMOKE.
6. NO ALCOHOLIC BEVERAGE SHOULD BE CONSUMED 48 HOURS BEFORE OR 48 HOURS AFTER SURGERY.
7. SHAMPOO YOUR HAIR AND WASH YOUR FACE WITH AN ANTIBACTERIAL SOAP THE EVENING AND THE MORNING OF SURGERY. **DO NOT APPLY HAIR SPRAY.**

8. IF YOU DEVELOP A COLD, SORE THROAT, FEVER BLISTERS OR ANY SKIN ERUPTION OF THE FACE DURING THE WEEK BEFORE YOUR PROPOSED SURGERY, PLEASE CONTACT US IMMEDIATELY FOR INSTRUCTIONS.
9. WEAR COMFORTABLE CLOTHES, SOMETHING THAT BUTTONS OR ZIPS AND DOES NOT HAVE TO BE PULLED OVER THE HEAD. CLOTHING SHOULD BE LOOSE AND COMFORTABLE WITH A SHORT SLEEVE SHIRT OR BLOUSE. NO PANTYHOSE, STIRRUP PANTS OR BOOTS.
10. NO MAKE-UP OR NAIL POLISH ON THE THUMB OR INDEX FINGER OF ONE HAND. NO CONTACT LENSES. NO JEWELRY OR OTHER VALUABLES SHOULD BE WORN OR BROUGHT TO THE OFFICE ON THE DAY OF SURGERY AS THE CENTER CANNOT BE RESPONSIBLE FOR ANY PERSONAL ITEMS.
11. **MORNING OF SURGERY: NOTHING** TO EAT OR DRINK AFTER MIDNIGHT, THE NIGHT BEFORE SURGERY, EXCEPT FOR THE MEDICATIONS AS PRESCRIBED BY OUR DOCTOR.
12. **AFTERNOON SURGERY:** YOU MAY HAVE A LIGHT BREAKFAST **AT LEAST SIX (6) HOURS** BEFORE SURGERY. A LIGHT BREAKFAST CONSISTS OF LIQUIDS, ONE EGG, CEREAL, OR A PIECE OF TOAST. DO NOT EAT GREASY FOODS SUCH AS BACON OR SAUSAGE.
13. YOU **MUST** BE ACCOMPANIED BY A RESPONSIBLE ADULT TO DRIVE YOU HOME. YOUR DRIVER **MUST** REMAIN IN THE OFFICE DURING YOUR ENTIRE STAY. HE OR SHE WILL BE GIVEN INSTRUCTIONS FOR YOUR POSTOPERATIVE CARE AND SHOULD BE ABLE TO STAY WITH YOU FOR **AT LEAST FOUR (4) HOURS** AT HOME.

ADDITIONAL INSTRUCTIONS: _____

YOUR COOPERATION IS REQUIRED FOR YOUR SAFETY AND COMFORT. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL US.

PATIENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN: _____ ASST: _____