

**AFTER SURGERY INSTRUCTIONS –**

**PLEASE READ THOROUGHLY AND KEEP!!!**

**IF THE HOSPITAL INSTRUCTIONS ARE DIFFERENT THEN FOLLOW THESE OR CALL THE OFFICE TO CLARIFY!!!**

Dear valued patient,

We are pleased that you have selected Dr. Kayser and Image by Design Plastic Surgery to provide you with the surgical care you have chosen. It is our hope that all aspects of your care are as comfortable as possible and this, of course, includes your post-operative management. An overview is provided for general questions after which sections regarding specific areas of concern will be addressed. Needless to say, if at any time, there are any questions or instructions that are not clear, you are always welcome and encouraged to call the office at 586-776-3223 and speak to any of our staff. Of course, I would be remiss if I didn't state the obvious that if you are having a medical emergency, call 911!

**PAIN-** the most immediate concern following your surgery will be that regarding pain or discomfort. Although you may initially feel minimal discomfort, you may experience varying degrees of pain during the first few days after your surgery. In most cases, this can be addressed with over the counter medications such as Tylenol, Motrin (ibuprofen), Aleve, aspirin, or whatever medication you normally take; the use of aspirin or Ibuprofen based products (NSAID's) are fine but should be avoided two weeks before surgery as they can increase the risk of bleeding. **Caution: do not exceed the recommended dosages (2400mg/day for ibuprofen)** as other complications such as stomach ulceration or injury to your kidneys (or liver for Tylenol) may occur. All gastric bypass patients are advised to avoid all NSAID's at all times. Tylenol is fine if you prefer but it doesn't help with the issue of swelling and inflammation (which can also cause discomfort) like the NSAID's do. As indicated, you will also be given appropriate narcotic medication such as Percocet or Vicoden/Norco but most patients find that these are no longer necessary after the first 2-3 days. Although you will be given medication to reduce vomiting and nausea, it is not uncommon to experience N/V even up to 24-48 hours after surgery. Narcotic medications may compound this problem, and therefore, the use of medication with food is advised. Frequent water consumption is encouraged!

The use of ice applied over the surgical areas for the first 24 hours may prove beneficial, however, after this time no significant benefits will usually be seen. Ice may be applied in cycles of 20 minutes on the 20 minutes off. It is always safer to not apply the ice directly to the skin. Elevation may also prove to be helpful. Most patients are able to return to work two weeks after surgery, especially if they have more clerical positions but this may be longer for more labor intensive activities. Remember, that your body

will need about 6-8 weeks to recover and feel like it did before the surgery so be kind to yourself during this healing process.

**WOUND CARE-** since surgery requires making cuts in the skin, there will be the creation of a wound which the body will heal over time with scar tissue. If the skin is cut, there will be a scar. Scar development and outcome is influenced by many factors but is mostly by its location on your body and your genetics. Scar maturation, which is the time from the initial surgery to the point where the final flat white scar develops requires at least 9-12 months to occur and can often take over two years to lose the thick and red appearance and feel. This is normal healing and all scars go through a phase where they are red and raised. If you have had surgery or a scar in the past you may recall the healing time and process yourself. The use of scar products such as mederma, silicone sheets or even paper tape is encouraged but only after the scar has begun to turn red – again at around 6 weeks; cocoa butter does absolutely nothing to finalize or improve the scar result so its use is not necessary or helpful. Vitamin E may help with thicker scars but may also cause scars to widen so its use is discouraged, at least until the six week period where you will return to the office anyway for follow up, at which point, it can be discussed. Avoiding direct sun exposure until they are completely mature (1-2 years) to the scars is also advised (as this may darken the final scar) but, if you choose to tan before the surgery, this should not be a problem.

Dr. Kayser closes almost all wounds with dissolving stitches within the skin and seals the outer layer with medical grade topical adhesive (super- glue). This means that there is no need to remove sutures in the office except for drains and selected procedures! **All dressings can be removed the next day** (unless otherwise instructed) and, in most circumstances, you may shower within 24 hours. We recommend that you do not soak in a tub for the first few weeks, but rather shower gently around any of the wound sites. **Nothing is to be placed on the wounds if they are sealed with glue** – nothing; the nurses may advise ointment but this is not indicated except at the drain sites only. You may use a dry dressing to cover the operative sites if that helps with comfort in your clothes. **Drains** have no glue and, therefore, do require antibiotic ointment while in place and for a few days after they have been removed until the drain site closes. If glue is not used then the use of Bacitracin or any other antibiotic ointment (available over the counter as a non-prescription in most drug stores) twice a day covered by a dressing is advised- we discourage Neosporin as this can cause irritation to the skin in a certain number of patients. As discussed previously during your initial consultation, should you be a **smoker**, this can significantly increase the risk for wound complications and is, therefore, **strictly prohibited!!!!** If someone in the family smokes, they are asked to go outside as even second hand smoke can affect wound healing- this is the least that a loved one should do for you so please insist on it.

To summarize:

All dressing may be removed the next day unless instructed otherwise

Do not apply any product to any wound sites that are glued

Apply antibiotic ointment to the drain sites only or as specified by Dr. Kayser

Absolutely **NO SMOKING** before or after your procedure

**ANTIBIOTICS** - will be given to you at the time of surgery and are usually not continued afterwards as this is not necessary in most cases (they may actually make it more difficult to treat an infection should you develop on later). For breast reconstruction patients undergoing their first procedure (mastectomy with reconstruction), you will be placed on antibiotics so be sure to continue taking all of them as instructed **until they are completed**.

**DRAINS**- drains are long plastic tubes with a bulb at the end to collect bodily fluids; they are used consistently in tummy tucks and breast reconstruction/reduction, and remain in place with a stitch/suture from 10-14 days depending on the amount of drainage. Certain procedures (such as breast reductions, mastopexies, arm and thigh lifts or in cosmetic revisional surgeries) may require their use but this is determined at the time of surgery and these are usually removed in 1-2 days; in these situations, they are NOT sewn in so they can be easily removed by you at home if ready. In these situations, they are secured by an adhesive flexible tape that should be **left in place until the drain is ready to be removed**. You can shower with this tape in place as it will not be affected by water. For drains that are sewn in place, the dressings may be removed the day after surgery and you may shower and care for your skin by applying antibiotic ointment to the drain site twice a day. The use of Bacitracin twice a day covered by a dressing is advised- we discourage the use of Neosporin as this can create irritation to the skin in a certain number for patients.

The collection of fluid in the bulb should be drained as often as is necessary and measured each time. Measuring can either be done with the supplied plastic cup or, if not provided, then by simply opening up the drain and allowing it to fully expand. The level of the fluid will fall close to one of the volume lines on the bulb and this can then be used as a guide. This may initially require drainage and measurements 2 or 3 times per day but will usually quickly decrease to a once a day cycle. The total amount of drainage usually decreases each day; drain removal usually occurs when the total output per drain/per day is less than 20-25 cc or about 25% of the volume of the collection bulb (when it is fully open and expanded). Be sure to measure the drainage so that you can bring the daily tallies with you to the office. The fluid will initially be bloody red but will clear to a golden straw color over the course of a week or so. Red string like collections in the tubing is normal so don't be concerned with these. Although blockage is unusual, if you feel that there may be an obstruction within the tubing, you can "milk" the tubing by pinching the end closest to where it exits the skin and then milk the tubing away from the skin and towards the bulb to clear any debris. Also, the skin surrounding the exit site of the drain tubing will often become a little red but this is normal and is not a sign of infection. Of course, after you have opened and drained the bulb, it must be closed properly for the drain to work; so be sure that the bulb is **fully squeezed and compressed** before the drain valve is re-applied in order to create the essential negative pressure for it to work properly. Following removal of the drains in the office

(which is remarkably painless) the drain sites will close on their own over the next few days, so during this time, apply the antibiotic ointment to keep it sealed.

**GARMENTS-** support garments are given to you free of charge at the time of the initial surgery when necessary- breast augmentation, breast reduction and lifts, tummy tucks, arm and thigh lifts and liposuction. When support garments are used, they should be worn at all times and not be removed except for the purpose of bathing. The duration of use is usually 4-6 weeks. Should you find the garments uncomfortable, you may choose to purchase your own at any variety of stores that sell garments. Please ensure that any aftermarket support garments fit properly and do not create any excess tension or banding/grooves in the skin. Bras are to have individual cups and no underwires – no uni-breast sport bras. Abdominal binders are available from many sources and simply need to maintain compression on the front of the abdominal area. For liposuction, even two pairs of panty hose may be adequate and work quite well for surgery to the hips and thighs.

**ACTIVITY-** Do not be afraid to be up and around the next day. This is actually encouraged as it helps with circulation and breathing. Obviously overdoing it is not recommended, but your body will be a good reference, so use common sense and if there are any questions then call. Sexual activity can usually resume after two weeks (except for certain procedures such as thigh or body lifts) as long as the areas of the body that were operated on are respected.

**PERSONAL-** Make up is to be avoided the first 5 days after facial surgery. Constipation is not uncommon after anesthesia and may be made worse by narcotic pain medication so you may not feel the need to have a bowel movement for a couple of days. This is normal and over the counter bowel softeners may be helpful if you choose to use them. Your body will signal a return to normal function with the “passing of gas”. For extended surgery (greater than two hours or so) where a foley (urinary catheter) may have been placed, you may find it difficult to void but this does happen occasionally and usually resolves on its own, however, on occasion, a visit to the emergency room may be necessary to have a catheter placed or even an evaluation by a urologist in rare situations. If you are unable to void, contact Dr. Kayser immediately.

**SHOCK-** Do not be afraid of anything that you experience after surgery. Any surgery is trauma to your body and may cause changes such as swelling, pain, tingling, sloshing, etc. The most important thing to remember is that you are not alone and since there is no such thing as a stupid question, you can call Dr. Kayser and his staff at any time. It is not uncommon for patients to be surprised when they first see their results (especially facial procedures) and wonder if they made the right decision! You did. You are

going to love it when you are healed, if not sooner, so expect an emotion change and again feel free to share that with us- we are here for you.

**FOLLOW UP-** Dr. Kayser is very diligent about having you follow up in the office after surgery. This begins with the first visit within the first week after surgery and continues with a second follow-up the second week for tummy tucks or breast reconstructions. The next office visits are made sixth week, six months, and one year. Additional office visits will of course be scheduled, should they be necessary. While early post-operative follow up is expected, Dr. Kayser also encouraged long-term follow up to assure that your surgical experience and outcome have been met with great success. In many cases, a two year follow up is requested in order to allow an evaluation after complete scar maturation has occurred - that is, that the scar has completely faded from its initial red color to its final white and flat contour; and also to evaluate your progress that also provides feedback. These later follow up appointments are important and, although you have most likely completely forgotten about your surgery and have fully resumed your everyday normal life, they nevertheless, provide important information to better refine our practice and service to all patients.

#### **SPECIFIC PROCEDURES:**

**Breast Augmentation-** breast implants are usually placed below the muscle of the chest and as such, require the use of narcotics but only for a day or two. Indeed, most patients are off their narcotics the next day (Dr. Kayser uses an anesthetic/numbing solution in the breast pocket to help decrease pain after surgery)! NSAID's (motrin, Aleve, aspirin, etc., not Tylenol) can be used afterwards and are used afterwards and are actually encouraged as these help reduce swelling and inflammation which contribute to pain. All the incisions are sealed with glue (which peels off on its own in about 4-6 weeks) so the dressing can be removed the next day and you may shower as well. You will notice red marks at the shoulders, along the sides of your chest and abdomen- these are where staples were used in the skin to secure the drapes and prevent contamination during the surgery - they will fade quickly.

A support garment is used for six weeks and will be provided. However, you may purchase one yourself as long as it has **individual cups and no under-wire**. We prefer not to have a "uni-boob" type of support. The Playtex 18 hour or similar bras are just fine. If you wish to not wear the support for a few hours because of a special event, etc, this is fine. You may also sleep on your side if desired but have the bra on. Many patients have young children or need to return to work so you will find that lifting is okay but uncomfortable. You will be able to move your arms and bend at the elbow but find it difficult to raise your arms above your shoulders which is not recommended for the first week or so. You may return to full, unrestricted activities, including exercising, at six weeks without restriction. Implants do not cause stretch marks so there is no need for cocoa butter or vitamin E (both discouraged). **Massage is also not recommended or necessary.** Patients often report a number of oddities (even in one breast only) such as sloshing, tingling, radiating pain, or movement of the implants; all is normal and resolves on its own. You may experience an increase or decrease in sensitivity to your nipples but is usually resolves over

time. On rare occasions, a band like cord may develop vertically under the breast; this is a clotted vein called a “Mondor’s cord” and causes no long-term problems as it goes away on its own over time. Warm compresses may be of help if you wish to use them.

The scars will turn red at about four to six weeks and often itch. After about four weeks, creams can be applied if desired. The implant will initially be firm but this will soften over time (9 - 12 months) so be patient - it takes about 4-5 months before your new breasts feel like they are yours and even up to two years before they acquire that soft and totally natural look and feel. The implants will also be higher and slightly larger right after surgery but this, too, will also settle over time and you will lose a small amount of that initial size that, hopefully, you haven’t become used too! These are all reasons why Dr. Kayser wants to see you at six and 12 months. For patients with silicone gel implants, current recommendations (by the FDA) are that you are seen on a yearly basis and that you have an MRI preformed at three years, but this is voluntary if you decide not to have one.

**Breast lift and reduction-** see the above instructions. Glue is used. Drains are also often used and are usually removed the next day. A support bra is used for six weeks. Nipple sensation may be decreased (about 3-5% of patients) but often improves over time. Occasionally, a small hole or wound may develop along the incision line, which is usually a result of the absorbable stitches working their way to the surface of the skin - this is not a concern and the defect will heal on its own with the help of Bacitracin. If the stitch is visible, you can actually remove it yourself. Sometimes, a small whitish pimple-like lesion may develop but this is again the stitch working itself to the surface of the skin and can be opened up if possible and cleaned with mild soap and water and covered with antibiotic ointment. In some cases, however, redness, swelling or tenderness may develop which could be a sign of an infection and may require further management such as antibiotics or opening of the wound; you are instructed to call the office to be evaluated. **Smoking is absolutely forbidden!** If someone in the family smokes, they are asked to go outside as even secondhand smoke can affect wound healing - this is the least that a loved one should do for you so please insist on it.

**Abdominoplasty** - see the above instructions. Glue is used. Drains are also used and are often the most annoying part of the surgery but are usually removed at 10 to 14 days. A support garment is used for six weeks so make sure the drains are placed above the garment and not directly on the skin as this will cause indentations and possible skin blistering, break down, and scarring. Should you desire additional garments, they are available at many stores such as Khol’s, Kmart and Wal-Mart, etc. You may also trim the garment by cutting off a strip to reduce its height if it is too tall for your waist. It needs to provide firm but not overly tight pressure to you abdomen so for women with wide hips or a short waist this may improve even pressure.

Sleeping with your head elevated slightly on a recliner or on pillows may be helpful for both comfort and swelling; you may also sleep on your side. You may shower the next day. You will also have a tendency to walk hunched over because of the pulling on your tummy. This is not necessary and will actually lead to soreness in your back if done for more than a day or two. Walk upright as soon as you feel comfortable - you will not hurt anything as your skin will quickly stretch. You may return to full, unrestricted activities, including exercising, at six weeks without restriction. The middle of the

abdominal skin will usually lose sensation but often improves over time (one to two years). Occasionally, a small hole or wound may develop along the incision line, which is usually a result of the absorbable stitches working their way to the surface of the skin - this is not a concern and the defect will heal on its own with the help of Bacitracin. If the stitch is visible, you can actually remove it yourself. Sometimes, a small whitish pimple-like lesion may develop but this is again the stitch working itself to the surface of the skin and can be opened up if possible and cleaned with mild soap and water and covered with antibiotic ointment. Should the defect become larger, you may require further management in the office but Dr. Kayser would have already seen you by then. **Smoking is absolutely forbidden!** If someone in the family smokes, they are asked to go outside as even secondhand smoke can affect wound healing-this is the least that a loved one should do for you so please insist on.

**Liposuction** - glue is not used. Drains are not used. The small puncture sites are sometimes left open to help with drainage which will also leak quite a bit over the first few days onto the garment (you will be given two). Leaking may be quite bloody at first but will clear up over the first few days. Keep Bacitracin on the wounds along with absorptive padding under the compression garments. A support garment is used for six weeks after which no further support will be necessary. You may wash your compression garments when they get soiled as needed. Skin sensation may be decreased but improves over time. Liposuction is also a procedure in which changes continue to occur slowly over time, so that even though immediate results will be obvious, continued improvement will be seen as the weeks and months go by - again, as the external scars begin to fade so are the internal scars maturing as well.

**Face** - depending on the procedure, most of the above items will apply. All facelift patients spend the night in the hospital so you will have nursing care. Sleeping with your head elevated slightly on a recliner or on pillows may be helpful for both comfort and swelling. Ice is recommended for the first 24 hours only. You will have a drain which will be removed on the first day after surgery along with the large facial dressings. A garment is used and is begun the first day after the dressings are removed by Dr. Kayser. You may wash your hair on day two but only with non-perfumed soap. Peroxide can be used to remove any blood but this may also bleach your hair. If hair coloring is planned it is suggested that it be done before the surgery or else wait four to six weeks after the surgery is performed. You will be seen in the office at day five when sutures are removed and in two weeks for removal of the staples in the hair. Glue is not used so the wounds will be cared for by the use of Bacitracin ointment twice a day. Bruising is not uncommon and usually resolves within 10 to 14 days. Numbness to the facial skin is also common but it does improve over time. **Smoking is absolutely forbidden.** If someone in the family smokes, they are asked to go outside as even secondhand smoke can affect wound healing - this is the least that a loved one should do for you so please insist on.

**Eyes** - expect swelling and bruising. Period. It's a given even to the point of sometimes not being able to open your eyes. Pain should not be excruciating but if it is or if a change in vision is noted, then Dr. Kayser needs to be notified immediately. Glue is not used so the wounds will be treated with sterile antibiotic ointment twice a day. Ice is recommended for the first 24 hours only and in cycles of 20 minutes on then off. You will be seen in the office at day two (2) for suture removal on the upper eyelids and day five (5) where sutures are removed from the upper and lower lids depending on what

you have had done. Sleeping with your head elevated slightly on the recliner or on pillows may be helpful for both comfort and swelling.

**Nose** – if your nasal bones were broken you can expect swelling and bruising. Period. It's a given even to the point of sometimes not being able to open your eyes. Pain should not be excruciating. Glue is not used so the wounds will be treated with Bacitracin ointment twice a day. You will be seen in the office at day five for suture removal. Sleeping with your head elevated slightly on a recliner or on pillows may be helpful for both comfort and swelling. You may have nasal packing that is often removed in the recovery room – if not, Dr. Kayser will want to see you the next day to remove it himself.

**CO2 Laser resurfacing** - resurfacing removes the outer layers of your skin in a way that is not dissimilar to scraping your knees as a child. However, with the newer fractional lasers, only part of the skin is affected and, therefore, allows the adjacent normal healthy skin to quickly heal your skin. Wound care is essential and requires keeping the area moist at all times until a new layer of skin develops-usually at five to seven days, after which makeup can be used. The use of a special ointment called Aquaphor will keep the skin moist and also reduce discomfort as it has numbing agent (lidocaine) in it as well. Bacitracin ointment can also be used if you develop sensitivity to Aquaphor. Dr. Kayser will need to see you either the first or second day after surgery. The laser can also change the pigmentation to the skin but this usually returns to normal in a few months after surgery. Because of this, strict sun avoidance is imperative. The use of a sun block with an SPF of at least 50 will be required following the procedure. Redness is to be expected but usually resolves within a week after the procedure. You will also be given anti-viral medication called Valtrex to help reduce the outbreak of the herpes virus, which can be stimulated after this procedure. Begin Valtrex the day **prior** to surgery and continue it for **one week afterwards**.

This is the basic overview for your care after the surgeries listed above. It is obviously impossible to cover everything so you are always welcome to contact Dr. Kayser at the office or through the answering service at 586-776-3223 should you have any further questions.

Again, we thank you for having chosen Image By Design Plastic Surgery and look forward to meeting all your needs.

Sincerely,

M. Kayser M.D. and staff

PS. please note the attached list of items to avoid two weeks prior to your scheduled surgery.

## **Supplements to discontinue During the Pre-Operative Period**

The “Natural products” listed below may be beneficial for the variety of ailments, but their use around the time of surgery may not be desirable. Therefore, it is advisable to stop taking these products to avoid problems with surgery and anesthesia. If time permits, discontinue the use of these products two weeks prior to surgery, and two weeks after surgery.

Specific nutritional supplements that should be discontinued include:

**Bilberry (*Vaccinium myrtillus*)** - Contains anthocyanosides, flavonoids compounds that improve visual acuity and are important in the treatment of eye disorders. Excellent antioxidant that strengthens capillaries and collagen. Has antiplatelet activity and may inhibit clot formation.

**Cayenne (*capsicum sinensis*)** - Used for GI tract disorders. Overdose may cause severe hypothermia.

**Dong Quai (*angelica sinensis*)** - The main application is in the relief of menstrual disorders and menstrual cramps. Often to relieve menopausal symptoms. Active constituent is coumarin derivatives, which may potentate existing anticoagulant medications.

**Echinacea (*echinacea augustifolia*)** - Immune system stimulant with anti-inflammatory, antiviral and antibacterial effects. Used as a prophylaxis for upper respiratory infections. Use of Echinacea may impact the liver when general anesthetic or certain other medications such as anabolic steroids or methotrexate are used.

**Feverfew (*tanacetum paithenium*)** – Used for migraine headache prevention and for arthritis, rheumatic disease and allergies. May increase bleeding, especially in patients taking certain anti-clotting medications.

**Fish Oil Caps-** Supplies important omega-6 fatty acid DHA, and EPA, used to reduce cholesterol and triglyceride levels. Has blood-thinning properties.

**Garlic (*allium sativum*)** – Garlic has a vasodilator, hypo-cholesterolemic effects and anti platelet effects. May augment effects if coumadin, warfarin and NSAIDs causing abnormal bleeding time.

**Ginger (*Zingiber officinale*)** – Useful as antispasmodic, anti-inflammatory and anti-nauseant. Prophylactic for motion sickness and used to stimulate appetite, useful for post-op emesis. Use of ginger may alter bleeding time. Ginger may interfere with cardiac and anticoagulant medication.

**Ginkgo Biloba** - One of the oldest living tree species which can live up to 1, 000 years and grow to a height of 120 feet. Used as an antioxidant and circulatory stimulant. Used for treatment of intermittent claudication, tinnitus, vertigo, memory enhancement, and sexual dysfunction. Anticoagulant activity is 3X stronger than vitamin E.

**Ginseng (panax ginseng/panax quinquefolium)** - At least 3 different varieties: Asian, American and Siberian. Improves physical and cognitive performance, mood or metabolism. An adaptogen and an antioxidant. Anticoagulant that may interact with cardiac, hypo/hypertensive medications and hypoglycemic agents.

**Hawthorne (crataegus laevigata)** - The extract is used for its ability to potentate the action of cardiac glycoside. Used in the treatment of ischemic heart disease. Hypertension, angina and chronic congestive heart disease. Potentates the action of digitalis and other cardiac glycosides.

**Kava Kava (piper methysticum)** - Sedative analgesic, soporific, anti-convulsing, muscle relaxant, anxiolytic. Similar to the effect of benzodiazepines in treatment of anxiety. May potentate CNS effects of barbiturates, alcohol, antidepressants, antipsychotic, and general anesthetics

**Licorice Root (glycyrrhiza glabra)** - Used for gastric and duodenal ulcers, gastritis and cough/bronchitis. Glycyrrhizic acid in licorice may cause high blood pressure, hypokalemia, and edema.

**Ma Huang (ephedra sin/ca)** - Used in weight loss and energy products; a natural amphetamine with powerful stimulant effects. More than 800 adverse reactions reported with the FDA. Causes hypertension, tachycardia, cardiomyopathy, and cardiac dysrhythmias.

**Melatonin** - A hormone secreted by the pineal gland. Regulates many other hormones that are involved in controlling circadian rhythm. Used for jet lag, insomnia and SAD (seasonal affective disorder). May potentate CNS effects of barbiturates and general anesthetics.

**Red Clover (trifolium pretense)** - Used to relieve menopausal symptoms. Active constituents include coumarin derivatives, which may potentate existing anticoagulant medications.

**St. John's Wort (hypericum perforatum)** - Herb used as a mild antidepressant, sedative, anxiolytic. May have a monoamine oxidase (MOA) inhibitory effect. Can interact with MAO inhibitors and other antidepressants. Many other drug interactions reported.

**Valerian (valeriana officinalis)** - Used as a sedative, hypnotic, and anti-spasmodic in the GI tract. Relieves anxiety, nervousness, and insomnia. May increase effects of sedative hypnotics.

**Vitamin E** - Important fat-soluble vitamin that acts as an antioxidant and prevents the oxidation of polyunsaturated fatty acids. Used in the prevention and treatment of cardiovascular disease, cancer, age-related degenerative disease. Anti-clotting benefits can prolong bleeding time.

**Yohimbe (corynanthe yohimbe)** - "Natural Viagra®" that has MAO effects. Yohimbine is the agent extracted from the bark of the yohimbe tree. The tree grows in African nations of Cameroon, Gabon and Zaire. Reported to have both psychological and physical effects. Increases the potency of anesthetics.

## MEDICATION LIST

### Section 1:

The following drugs either contain aspirin and/or have undesirable side effects that may affect your surgery (abnormal bleeding and bruising). These drugs should be avoided for two weeks prior to surgery. If you need to take something for relief of minor pain YOU MAY TAKE TYLENOL (or another “acetaminophen product”). Please let us know if you are currently taking any of these medications.

Advil	Buffets 2	Feldene
Alka-Seltzer	Buffinol	Fiorinal
Alka-Seltzer plus	Buff-Tabs	Fish Oil
Anacin	Butazolidin	Flagyl
Anaprox	Cams Arthritis Pain Reliever	Flexeril
Anadynos	Carisoprodol	Four Way Cold Tablets
Ansaid	Cheracol Capsules	Gaysal-S
A.P.C	Chlortrimeton	Gelprin
Argesic	Clinoril	Gemnisin
Arthropan Liquid	Conjesprin Chewable	Goody's
Arthritis Pain Formula	Cope Tablets	Ibuprofen
Arthritis Strength	Cosprin Tablets	Indocin
Bufferin	CP-2 Tablets	Indomethacin
A.S.A	Damason P	Lanorinal
A.S.A Enseals	Darvon Compound	Lioresal
Ascriptin	Darvon Compund-65	Lortab
Ascriptin A/D	Darvon N with A.S.A	Magan
Ascriptin with Codeine	Darvon with A.S.A Pulvules	Magsal
Ascriptin Extra Strength	Di-gesic	Marnal
Asperbuf	Disalcid	Maximum Bayer Aspirin
Aspergum	Dolobid	Measurin
Aspirin	Dolprin	Medomen
Atromid	Dristan	Methcarbamol with Aspirin
Axotal	Durasal Tablets	Micrainin
Azolid	Easprin	Mobidin
Bayer Aspirin	Ecotin	Midol
Bayer Aspirin Maximum	Efficin	Mobigesic
Bayer Children's Aspirin	Elavil	Momentum Muscular
Bayer Children's Cold	Emagrin	Backache Formula
Bayer Time Release Aspirin	Emprazil	Mortin
B.C Tablets and Powder	Empirin with Codeine	Mysteclin F
Buff-a-Comp	Encaprin	Nalfon
Buff-a-Comp No. 3	Endep	Naprosyn
Bufferin Arthritis Strength	Equagesic Tablets	Naproxen
Bufferin Extra Strength	Etrafon	Neocylate

Buffrin With Codeine No. 3	Excedrin	Nicobid
Norgesic	SK-65 Compound	
Norgesic Forte	Stanback	
Nuprin	Stendin	
Oraflex	St. Joseph's Aspirin for Children	
Orudis	St. Joseph's Cold Tablets	
Pabalate-SF	Sulindac	
Pamelor	Surmontil	
Parnate	Synalgos	
Pepto Bismol Tablets	Tagamet	
Pepto Bismol Suspension	Talwin Compound	
Percodan	Tenuate Dospan	
Percodan Demi Tablets	Tetracycline	
Persantine	Tolectin	
Persistin	Tolmetin	
Phentermine	Triaminicin	
Phenylbutazone	Triavil	
Ponstel	Trigesic	
Propoxyphene Compound 65	Trilisate Tablets and Liquids	
Robazisal	Uracel	
Rufen	Vanquish	
Ru-Tuss	Verin	
S.A.C	Vibramycin	
Saleto	Vitamin E	
Salocal	Voltaren	
Sine Aid	Zomax	
Sine-Off Sinus Med.	Zorprin	
Sinutab		

**If you are taking any steroid and or medication for arthritis please call our office.**

**WAIVER OF FINANCIAL RESPONSIBILITY**

**HEALTH INSURANCE**

Most health insurance companies exclude coverage for cosmetic surgical operations or any complications that might occur from surgery. Please carefully review your health insurance subscriber-information pamphlet.

**FINANCIAL RESPONSIBILITIES**

The cost of surgery involves several charges for the services provided. The total includes fees charged by your doctor, the cost of surgical supplies, anesthesia, laboratory tests, and possible outpatient hospital charges, depending on where the surgery is performed. Depending on whether the cost of surgery is covered by an insurance plan, you will be responsible for necessary co-payments, deductibles, and charges not covered. Additional costs may occur should complications develop from the surgery. Secondary surgery or hospital day-surgery charges involved with revisionary surgery would also be your responsibility.

I hereby acknowledge that I have been fully informed regarding my financial responsibility both with regard to the cosmetic nature of the surgical procedure and coexisting fees and any subsequent fees that may be incurred as a result of care after surgery including those related to complications. I understand that insurance coverage may **NOT** be available for any or all portions of my care including the initial surgery, hospital stay, supplies, facilities, anesthesia or post-operative care, including those associated with the development of any side effects, complications, or other unexpected or anticipated result. I also hereby release Dr. Kayser and Image By Design Plastic Surgery, PLLC of any and all financial responsibilities both as related to the surgery and any subsequent care. And should any additional care, including those related to any complication or to results which are considered less than ideal or acceptable, be required beyond the initial procedure, I again relieve Dr. Kayser and Image by Design Plastic Surgery PLLC of any financial responsibility.

\_\_\_\_\_  
Patient Signiature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Image By Design Plastic Surgery, PLLC**

**Patient Consent for use of Credit Cards, Debit Card, and Financing –  
Disclosure of Protected Health Information**

It may become necessary to release your protected health information to financial parties, Credit card entities, banks, and financing companies, when requested, to facilitate your payment.

Services that are performed that are paid with a credit card, debit card, or financing third-party are not eligible for payment challenges after services are provided.

By signing this form, I am irrevocably consenting to allow Dr. Kayser and Image By Design Plastic Surgery, PLLC to use and disclose my protected health information to any Credit Card Entity, Bank, or Financing Company when they request such information to process and account and assist with payment.

\_\_\_\_\_ I will not challenge such credit, debit, or financing card payments once the services are provided. The practice encourages a complete post-op care and follow-up interaction to address any issues that might arise, which are further addressed in the Revision Policy.

\_\_\_\_\_ I agree that this non credit card challenge agreement is irrevocable.

\_\_\_\_\_  
Signature of Patient or Legal Guardian Date

\_\_\_\_\_  
Print Patient's Name Date