



DC PLASTIC SURGERY BOUTIQUE

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www.dcplasticsurgeryboutique.com

PRE-OPERATIVE INSTRUCTIONS

1. No blood thinners including Aspirin, Ibuprofen, Advil, or Aleve starting 2 weeks before surgery.
2. Review the medications you take with the doctor prior to surgery.
3. No alcohol for 1 week before surgery.
4. Nothing to eat or drink starting at midnight the night before surgery.
5. Take a thorough shower with an antibacterial soap (Dial, Safeguard, Lever 2000 etc) the night before and the morning of surgery. Wash the surgical site with soap and water.
6. No creams or lotions applied to your surgical site on the morning of surgery. Lotion on other body parts is okay.
7. Shampoo your hair the morning of surgery. No hairspray/gel/products in your hair.
8. No deodorant under your arms on the day of surgery if you are having breast or axillary surgery.
9. You need an adult to drive you home from the hospital and stay with you for at least 24 hours after surgery. You may take an Uber/taxi to surgery, but you must have an adult drive you home and stay with you after surgery.

POST-OPERATIVE INSTRUCTIONS

1. You must have an adult drive you home from surgery and stay with you for at least 24 hours.
2. Take it easy for the first few days after surgery. Do not lift anything heavy or attempt strenuous activity.
3. Walk around your house at least 3 times a day starting when you get home from surgery to prevent blood clots in your legs.
4. You may start your prescribed medications when you get home from surgery.
 - a. Antibiotics (e.g. Duricef, Clindamycin, Levaquin) start in the evening when you get home from surgery.
 - b. Pain medication (e.g. Percocet, Vicodin, Norco, Tylenol #3) can be taken as needed when you get home from surgery. Typically, you will receive a dose of pain medication before you leave the recovery room and your next dose will be approximately 4 hours after you are discharged.
 - c. Muscle relaxant (e.g. Valium) can be taken as needed when you get home.
 - d. Stool softeners (e.g. Colace, Senna, Senna-kot) should be taken starting the evening after surgery and continued until you are off pain medication.
 - e. Anti-nausea (e.g. Zofran, Phenergan) can be taken as needed when you get home. If you have a scopolamine patch behind your ear, leave it on for 72 hours total then remove and discard. Wash your hands immediately after removal and don't touch your eyes.
5. If you have drains, you should empty them 2-3 times per day and write down how much fluid is coming out of the drain. Bring the recording with you to the office so we know when your drain is ready to be removed.
6. Positioning After Surgery (varies by surgery type):
 - a. FACE: Sleep with head of bed elevated on at least 2 pillows to keep swelling down for the first week after surgery.
 - b. BREAST: Sleep with head of bed elevated at a 30-45 degree angle to keep swelling down for the first 1-2 days after surgery. After the first few days, you may sleep on your back or sides as comfortable. Do not sleep on your belly for at least 3 months after breast surgery.
 - c. ABDOMEN: Place a pillow under your knees and 2 pillows behind your back in a "beach chair" position. You may also place pillows under your arms to keep yourself from rolling to the sides.
 - d. BUTTOCKS: Sleep on either side or your belly, but not directly on your buttocks for 3 weeks after surgery. Do not sit directly on your buttocks for 3 weeks after surgery. Use a rolled towel under your thighs when sitting to keep the pressure off your buttocks.
 - e. OTHER: Discuss with doctor.
7. Showering After Surgery. You may not shower until your first set of dressings is removed by the doctor. Once your dressings are removed, you will receive instructions on when you can shower. For most patients, you can shower normally after your drains have been removed. If you do not have drains, you can typically shower 24 hours after surgery. Incisions can be gently washed with soap and water and patted dry. No creams or lotions should be applied to incisions for a minimum of 3 weeks.



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A GUIDE TO MEDICATION MANAGEMENT BEFORE SURGERY

***Discuss your specific medications with the doctor.**

I. You may take these medications on the morning of surgery with a small sip of water

- A. Heart medications
 - 1. Beta-blockers
 - 2. Clonidine
 - 3. Antiarrhythmics
 - 4. Blood pressure medicine
 - 5. *Exceptions: Hold DIURETICS, ACE-INHIBITORS, ARBs (see below)*
- B. Stomach medications for acid
 - 1. PPI (omeprazole)
 - 2. H2 blockers (ranitidine)
- C. Seizure medication
- D. Psychiatric medications
 - 1. Benzodiazepines
 - 2. Antipsychotics
 - 3. Antidepressants
- E. Asthma inhalers: bring with you on day of surgery
- F. CPAP Machine: bring with you on day of surgery
- G. Thyroid medication (synthroid)

II. You may take these medications until the day before surgery

- A. Diuretics
- B. Potassium supplements
- C. Diabetes Medication:
 - 1. Optimize Blood Sugar control prior to surgery
 - 2. Insulin
 - A. Long acting Insulin (Lantus, Levemir)
 - Take full Lantus dose the night before the procedure
 - Take 80% of the usual morning dose on the day of the procedure
 - B. Intermediate Insulin (NPH Insulin)
 - Take full NPH dose the night before the procedure
 - Take 66% of the usual morning dose on the day of the procedure
 - C. Mixed-Insulin (e.g. Insulin 70/30)
 - Do not take mixed Insulin on the morning of surgery
 - Give NPH at 66% of the usual morning dose (NPH component only of the mixed Insulin) on the day of the procedure
 - Calculate the usual NPH dose from the mixed Insulin
 - 3. Insulin Pump: Deliver basal rate only, no bolus
 - 4. Short-Acting, Rapid-acting or Bolus Insulin (e.g. Lispro, Regular, Aspart, Glulisine)
 - Do not take Bolus Insulin (Short-Acting Insulin) on the morning of the procedure
- D. Stop Oral Hypoglycemic agents and other diabetic agents before surgery (or Fasting)
 - 1. Hold long-acting Sulfonylureas 2-3 days before surgery
 - 2. Hold short-acting Sulfonylureas on the night before surgery



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3. Hold Metformin on day before surgery (risk of Lactic Acidosis)
4. Hold Byetta, Symlin on the day of surgery
5. Hold Flozins and encourage adequate fluid intake (reduces risk of normoglycemic ketoacidosis)
6. Thiazolidinediones may be continued

III. STOP these medications before surgery

- A. Anti-coagulants
 1. Aspirin, Plavix, Ibuprofen, Advil, Aleve, Meloxicam (Mobic), Nabumetone (Relafen), Piroxicam (Feldene), Effient (Prasugrel): 2 weeks before surgery
 2. Coumadin, Cilostazol, Ticlopidine: 5 days before surgery
 3. Xarelto, Pradaxa, COX 2 inhibitors (Celebrex): 2 days before surgery
- B. Hormone-Modulating Therapy
 1. Estrogen replacement: Stop 4 weeks before surgery, discuss re-starting with doctor
 2. Oral contraceptive pills: Stop 2 weeks before surgery, re-start 48 hours after surgery
 3. Tamoxifen/ Raloxifene (SERM): Stop 2 weeks before surgery, re-start 48 hours after surgery
- C. Antihypertensives
 1. Diuretics: Stop 24 hours before surgery
 2. ACE/ARB: Hold on the morning of surgery
- D. Herbal preparations
 1. Stop all herbals and supplements at least one week before surgery
 2. Specific agents with known risk in the perioperative period
 - a. Echinacea
 - b. Ephedra
 - c. Garlic
 - d. Gingko
 - e. Ginseng
 - f. Kava
 - g. St Johns Wort
 - h. Valerian