



Patient Name: _____

Pre-Operative Shopping List

The following is a list of items that should be purchased prior to surgery in order to prepare for and more easily recover from surgery.

Have	Need	
_____	X	Thermometer
_____	X	Prescriptions – have your prescriptions filled prior to surgery to save time on the way home when you won't be feeling up to stopping.
_____	X	Tylenol or a generic form of this drug – this will be the drug of choice once you do not need the prescription strength pain medications.
_____	X	Multivitamin – to take prior to surgery and during your recovery for maximum health.
_____	X	Germ-inhibiting soap, such as Dial , Safeguard , or Lever 2000 – to bath with prior/post to surgery in order to minimize germs.
_____	X	Straws – you need to drink a lot of fluids after surgery in order to help get the anesthesia out of your body quicker and straws will help you drink more.
_____	X	Frozen Peas – these are great as “ice packs” for facial and chest/breast areas. Get 4 packages so that you can use 1 or 2 and have the others freezing.
_____	X	Stool Softener (Tummy Tuck, Brazilian Butt Lift, Beltectomy, Full Body Lipo)
_____	X	Hydrogen Peroxide, Q-Tips - for facial procedures
_____	X	Gentle foods – to encourage eating and not upset the stomach initially. Clear Soda (not diet): Ginger Ale, 7-UP, Sprite, Sierra Mist. Plain crackers, saltine not buttery Soups , water based not cream based Pudding / Applesauce Jello Toast
_____	X	Arnica Montana 30c – 2 Days before surgery day: Take 1-2 pills 2x a day. Day of surgery: Take 1-2 pills before bedtime. After surgery: Take 1-2 pills 2x a day for the next 2 days after day of surgery. Stop tanning Arnica after this. <i>you would find Arnica in any GNC, WholeFoods or any other "natural" store</i>
_____	_____	Other _____ _____

Patient Initials: _____



Patient Name: _____

Pre-Operative Instructions – General

The following instructions should be followed closely except when overruled by specific procedural instructions.

2 Weeks Prior to Surgery

1. NO ASPIRIN or medicines that contain aspirin* since it interferes with normal blood clotting.
2. NO IBUPROFEN or medicines contain ibuprofen* as it interferes with blood clotting.
3. Please DISCONTINUE ALL HERBAL MEDICATIONS AND/OR TEAS as many have side effects that could complicate a surgical procedure by inhibiting blood clotting, affecting blood pressure, or interfering with anesthetics.
4. Please DISCONTINUE ALL DIET PILLS whether prescription, over-the-counter or herbal as many will interfere with anesthesia and can cause cardiovascular concerns.
5. NO "MEGADOSES" OF VITAMIN E, but a multiple vitamin that contains E is just fine.
6. NO SMOKING because nicotine reduces blood flow to the skin and can cause significant complications during healing.
7. You may take Tylenol or generic forms of this drug. These do not interfere with blood clotting or healing.
8. Start taking a multivitamin each day and continue taking through your recovery. The healthier you are, the quicker your recovery will be.
9. If you are on FTM/MTF HRT, Dr. Alexander will give you specific instructions on when to stop and return to your regular dosage.
10. If you are on regular medications, you **MUST** inform Dr. Alexander or the Anesthesiologist, there are some medications you will need to stop taking two weeks before surgery as they could interfere with the healing process.

(* See Medications to Avoid for a detailed list.)

One Week Prior to Surgery

11. DO NOT take or drink any alcohol or drugs for one week prior to surgery and one week after surgery as these can interfere with anesthesia and affect blood clotting.
12. If your skin tolerates, use a germ-inhibiting soap for bathing, such as Dial, Safeguard or Lever2000 for at least the week before surgery.
13. DO report any signs of cold, infection, boils, or pustules appearing before surgery.
14. DO NOT take any cough or cold medications without permission.
15. DO arrange for a responsible adult to spend the first 24 hours with you and to drive you TO and FROM the outpatient surgical center on the day of surgery, since YOU WILL NOT BE ALLOWED TO LEAVE ON YOUR OWN. Also to drive you to see Dr. Alexander the day after surgery for your first check up.



Patient Name: _____

Night Before Surgery & Morning of Surgery

16. DO NOT eat or drink anything (not even water, gum, candy, mints) after midnight the night before your surgery. Do not sneak anything as this may endanger you, and your surgery WILL BE CANCEL.
17. If you are on regular medications, please clear with Dr. Alexander or the Anesthesiologist on how to take your medications on the day of surgery.
18. DO take a thorough shower with your germ-inhibiting soap the night before and the morning of surgery. Shampoo your hair the morning of surgery. This is to decrease the bacteria on the skin and thereby decrease the risk of infection.
19. DO NOT apply any of the following to your skin, hair or face the morning of surgery: makeup, creams, lotions, hair gels, sprays, perfumes, powder, or deodorant. Using any of these products will add bacteria to the skin and increase the risk of infection.
20. You may brush your teeth the morning of surgery but do not swallow the water.
21. DO NOT wear contacts to surgery. If you do wear glasses, bring your eyeglass case.
22. DO WEAR COMFORTABLE, LOOSE-FITTING CLOTHES THAT DO NOT HAVE TO BE PUT ON OVER YOUR HEAD. THE BEST THING TO WEAR IS A BUTTON-UP TOP, PULL ON PANTS AND SOCKS. YOU WILL WANT EASY-TO-SLIP-ON FLAT SHOES.
23. DO NOT bring any valuables or wear any jewelry (no wedding rings or any other type or rings, no earrings, chains, toe rings, no piercings or watches). We will have you remove your jewelry if worn. The hospital or surgical center staff would not be responsible for these items.
24. You must have an adult drive you to and from the outpatient surgical center. Please note that a cab or bus driver will not be allowed to take you home after surgery, and you will not be allowed to leave on your own.
25. On arrival to the surgical center, be sure to provide your caretaker's name, phone numbers, and how the recovery nurse will be able to reach them.
26. If you are not recovering at home, it is very important that we have the number where you will be after surgery. If you are staying in a hotel, we would need the phone number and your room number. Please provide this information to the surgical center as well.

Print Patient Name: _____ **Date:** _____

Patient Signature or Person Authorized to sign for Patient: _____

Witness: _____