

## **CONSENT FOR BLEPHAROPLASTY SURGERY**

**Blepharoplasty** is the medical term for surgery of the eyelids to remove excess skin, possibly muscle, and/or fat from either the upper or lower eyelids. Usually this surgery is performed for cosmetic reasons, which is elective in nature. Surgery performed for functional reasons is considered reconstructive and may sometimes be performed out of medical necessity; other forms of eyelid surgery may be needed should you have disorders affecting the function of the eyelid such as drooping eyelids from muscle problems (eyelid ptosis).

Blepharoplasty surgery is customized for every patient, depending on your particular needs. There are several different techniques used to rejuvenate the area around the eyes. The technique best suited for your anatomy and skin type will be recommended to improve the appearance of your eyelids. This depends on many factors such as the amount of excess fat and skin in the eyelid area, the position of your eyebrows, and the condition of muscles around your eyelids. Blepharoplasty can be performed alone involving upper, lower, or both eyelid regions, or in conjunction with other surgical procedures of the eye, face, brow, or nose.

### **UPPER BLEPHAROPLASTY**

Very heavy upper lids may limit the ability to see well. A browlift may be recommended instead of, or in addition to, an upper lid blepharoplasty if a low brow position is adding to the problem of excess upper lid skin. Not performing a browlift when one is indicated can affect the final results, giving a less than ideal result. Blepharoplasty will not lift sagging eyebrows.

Underlying fatty tissue that produces bagginess of the upper lid can be selectively removed or repositioned. Blepharoplasty can improve this bagginess and remove excess skin. It can help improve vision in older patients who have hooding of their upper eyelids. Although it can add an upper eyelid crease to the Asian eyelid, it will not erase evidence of one's racial or ethnic heritage.

### **LOWER BLEPHAROPLASTY**

Lower lid blepharoplasty can be performed through either an internal or external incision. If excess lower eyelid skin requires removal, an external incision is hidden just below the lower lashes. In contrast, an internal incision (referred to as a "transconjunctival blepharoplasty") can not be used to remove excess skin; it only involves removal of excess fatty tissue contributing to bagginess or puffiness of the lower lids. Thus, a skin-tightening procedure is often recommended in addition to transconjunctival blepharoplasty if there is a small degree of excess skin. This wrinkling may be improved through chemical peels, laser resurfacing, or other skin treatments. Risks and potential complications are associated with these alternative surgical forms of treatment as well.

Blepharoplasty will not remove "crow's feet" or other wrinkles, nor will it eliminate dark circles under the eyes.

As we age, the lower lids become more lax and may fall away from the eyeball (called an ectropion), and a special kind of eyelid surgery similar to a blepharoplasty may be necessary to correct this problem. In patients with an ectropion, consideration for tightening of the lower eyelid (canthoplasty/canthopexy) at the time of blepharoplasty may be recommended.

Every surgical procedure involves a certain amount of risk and it is important that you understand these risks and the possible complications associated with them. In addition, every procedure has limitations. An individual's choice to undergo a surgical procedure is based on the comparison of the risk to potential benefit. When considering elective surgery, the risks and benefits must be carefully weighed because the only way to avoid the risks entirely is by choosing not to have surgery. Although the majority of patients do not experience

complications, you should discuss each of them with your plastic surgeon to make sure you understand all possible consequences of blepharoplasty surgery.

We often describe patients as being “good” or “poor” candidates for a particular procedure. This decision is made after taking into consideration factors such as physical findings (i.e., skin quality, body weight, degree of deformity), medical health, history of smoking, emotional state, level of expectation, and whether, in our hands, we can achieve a result that will meet your expectations. If you are told you are not currently a good candidate for a particular procedure, be sure to find out what, if anything, can be done to change this.

The most common risks associated with blepharoplasty surgery are as follows:

- **Bleeding**- It is possible, though unusual, to experience a bleeding episode during or after surgery. Bleeding may occur under the skin or internally around the eyeball. Significant blood loss is not expected during blepharoplasty, but just a small amount of bleeding either during or after surgery can lead to problems. The most common problem is bruising, which is to be expected. A greater degree of bleeding can lead to what is called a retro-bulbar hematoma, and this is a medical emergency. Blood collects behind the eyeball creating pressure that pushes the eyeball forward, putting tension on the nerve that is responsible for vision. This is extremely painful and obvious when it occurs, and in the worst case scenario can lead to *blindness*. The occurrence of this is very rare and not predictable. Do not take any aspirin or anti-inflammatory medicine for two weeks before or after surgery, as this may increase the risk of bleeding. Hematoma, an accumulation of blood under the eyelids, can occur at any time following surgery and may delay healing or cause scarring. Hypertension (high blood pressure) that is not under good medical control may cause bleeding during or after surgery. Your blood pressure should be well controlled before surgery. Any exertion or straining following surgery needs to be avoided for several days.
- **Infection**- This is actually quite rare following blepharoplasty. Redness and irritation are more commonly due to an allergic reaction to ointments being used around the eyes. If redness, swelling, or itching is increasing rather than decreasing you should be seen as soon as possible. Should an infection occur, additional treatment including antibiotics, hospitalization, or additional surgery may be necessary.
- **Globe Injury** - Blepharoplasty surgery is performed so close to the eyeball (or globe) that it is at risk for getting scratched or injured. This is why I prefer to use some type of anesthesia in addition to numbing medicine when performing surgery on the lower lids. The globe is somewhat protected when doing the upper lids alone because the surgery can be performed with the eye closed.
- **Muscle Injury** - One muscle that moves the globe can be injured during a lower lid blepharoplasty. This may lead to double vision when looking in certain directions until the swelling has resolved or the muscle has healed.
- **Asymmetry** - The human face is normally asymmetrical. Eyes are rarely symmetric either before or following blepharoplasty surgery. There can be a variation from one side to the other in the results obtained from blepharoplasty surgery. Additional surgery may be necessary in an attempt to revise asymmetry. Swelling is also very different from one side to the other following surgery. If the asymmetry is correctable by additional surgery after the healing is complete, this will be offered. It is possible to waive the surgeon’s fee, but not the facility or anesthesiologist’s fee.
- **Visible Scars** - All surgery leaves scars, some more visible than others. Although good wound healing after a surgical procedure is expected, abnormal scars may occur within the eyelid and deeper tissues. Scars may be unattractive and of different color than the surrounding skin tone. Scars on the upper lid will always be

present, but they are usually hard to see because they sit in or near the natural skin crease. What can sometimes be more obvious is the color or texture change that occurs at the scar because of the removal of intervening skin. Look at your eyelid in the mirror, and note the difference in skin quality below the brows and above the lashes. The change from one area to the next is gradual. When skin is removed between these areas the change can be more abrupt, and can be helped by cosmetics if necessary. Scars on the lower lid are usually well hidden by the lashes, but they too can be seen when looking closely. Scars may be asymmetrical (appear different on the right and left side of the body). There is the possibility of visible marks in the eyelid or small skin cysts from sutures. In some cases scars may require surgical revision or treatment.

- **Dry Eyes** - Permanent disorders involving decreased tear production can occur after blepharoplasty. The occurrence of this is rare and not entirely predictable. Individuals who normally have dry eyes may be advised to use special caution in considering blepharoplasty surgery. This can be a very uncomfortable problem following blepharoplasty, especially in a climate as dry as Colorado's. If you already have dry eyes you need to consult with your ophthalmologist before having surgery. This is especially true when doing surgery on the lower lids. The surgery can lead to increased symptoms of dry eyes because more of the eyeball itself is exposed to the air following surgery. This may be helped with eye-drops and lubricants, but if it persists you may need to have your tear ducts temporarily or permanently closed.
- **Damage to Deeper Structures** - There is the potential for injury to deeper structures including, nerves, blood vessels, and eye muscles. The potential for this to occur varies according to the type of blepharoplasty procedure performed. Injury to deeper structures may be temporary or permanent.
- **Visual Disturbance** - Swelling and lubricants may lead to blurred vision for several weeks following surgery. Again, a major bleed after surgery could lead to *blindness*.
- **Ectropion** - The lower lid is a suspended structure that conforms to the shape of the lower portion of the globe. Displacement of the lower eyelid away from the eyeball is a rare complication following blepharoplasty. However, with age the eyelid loses elasticity and can naturally fall away from the eyeball or hang too low. This is called a "senile ectropion." When skin is removed or tightened following blepharoplasty the same thing can happen as a consequence of surgery. It is not uncommon to see this immediately post-operatively because of swelling, but if it persists after several months, additional surgery may be necessary. Tightening of the lower lid with a special stitch (canthopexy) is often performed at the time of surgery to help prevent this from happening. After surgery, a change in shape of the lower lid is expected with lower lid blepharoplasty. This can lead to drier eyes and possibly "scleral show" (too much white of the eye showing because of lowering of the lid).
- **Corneal Exposure Problems** - Some patients experience difficulties closing their eyelids after surgery, and problems may occur in the cornea due to dryness. This inability to close the eyes completely following upper lid surgery or brow lift is referred to as "lagophthalmos". This is usually temporary because of swelling, but if it persists it will be necessary to lubricate the globe, and possibly perform more surgery.
- **Allergic Reactions** - In rare cases, local allergies to tape, suture materials and glues, blood products, topical preparations or injected agents have been reported. Serious systemic reactions including anaphylaxis may occur to drugs used during surgery and prescription medications. Allergic reactions may require additional treatment.

- **Eyelash Hair Loss** - Hair loss may occur in the lower eyelash area where the skin was elevated during surgery. The occurrence of this is not predictable. Hair loss may be temporary or permanent.
- **Delayed Healing** - Wound disruption or delayed wound healing is possible. Some areas of the skin may not heal normally and may take a long time to heal. Areas of skin may die. This may require frequent dressing changes or further surgery to remove the non-healed tissue. Smokers have a greater risk of skin loss and wound healing complications.
- **Change in Skin Sensation** - It is common to experience diminished (or loss) of skin sensation in areas that have had surgery. Diminished (or complete loss of skin sensation) may not totally resolve after a blepharoplasty. Itching, tenderness, or exaggerated responses to hot or cold temperatures may occur after surgery. Usually this resolves during healing, but in rare situations it may be chronic.
- **Skin Contour Irregularities** - Contour irregularities and depressions may occur after blepharoplasty. Visible and palpable wrinkling of skin can occur. Residual skin irregularities at the ends of the incisions or “dog ears” are always a possibility and may require additional surgery. This may improve with time, or it can be surgically corrected.
- **Skin Discoloration / Swelling** - Some bruising and swelling normally occurs following blepharoplasty. The skin in or near the surgical site can appear either lighter or darker than surrounding skin. Although uncommon, swelling and skin discoloration may persist for long periods of time and, in rare situations, may be permanent.
- **Sutures** - Most surgical techniques use deep sutures. You may notice these sutures after your surgery. Sutures may spontaneously poke through the skin, become visible or produce irritation that requires removal.
- **Surgical Anesthesia** - Both local and general anesthesia involve risk. There is the possibility of complications, injury, and even death from all forms of surgical anesthesia or sedation.
- **Poor Cosmetic Result** - Although good results are expected, there is no guarantee or warranty expressed or implied, on the results that may be obtained. You may be disappointed with the results of eyelid surgery. People usually request eyelid surgery because they feel they look tired, and want a brighter appearance. Another goal may be to reduce the wrinkles around the eyes, including the crow’s feet. Dark circles under the eyes are also a common complaint. There are definite limitations to what can be achieved by blepharoplasty alone, and trying to overcorrect and remove too much can lead to a more tired or hollowed out look. Crow’s feet are not treated by blepharoplasty alone, but laser treatments may help. Botox may also help. Dark circles may be due to bulging fat causing a shadow, but often it is from being able to see the deeper tissue through thin skin. This is corrected by make up, not surgery. Be sure your expectations are realistic.
- **Need for Further Surgery** - Remember that your eyelids have a very important job, and if made too tight they will not function properly. In some situations, it may not be possible to achieve optimal results with a single surgical procedure. On occasion, surgical revisions may be required to improve your results. If what needs correction is due to a problem with the original surgery, there will be no charge by the surgeon, but a facility or hospital fee cannot be waived.

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## **ADDITIONAL ADVISORIES**

**Skin Disorders / Skin Cancer** - A blepharoplasty is a surgical procedure to tighten the loose skin and deeper structures of the eyelid. Skin disorders and skin cancer may occur independently of eyelid surgery.

**Long-Term Results** - There are many variable conditions that may influence the long-term result of surgery. Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, pregnancy, menopause or other circumstances not related to your surgery. Blepharoplasty surgery does not arrest the aging process or produce permanent tightening of the eyelid region. Future surgery or other treatments may be necessary to maintain the results of a blepharoplasty.

**Female Patient Information** - It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

**Intimate Relations After Surgery** - Surgery involves coagulating blood vessels, and increased activity of any kind may open these vessels leading to a bleed, or hematoma. Increased activity that increases your pulse or heart rate may cause additional bruising, swelling, and the need for return to surgery for the control of bleeding. It is wise to refrain from sexual activity for 2 to 3 weeks until it is safe to elevate your heart rate and blood pressure.

**Mental Health and Elective Surgery** - It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery, and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health issues. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

## **PATIENT COMPLIANCE**

Follow all physician instructions carefully; this is essential for the success of your outcome. It is important that the surgical incisions are not subjected to excessive force, swelling, abrasion, or motion during the time of healing. Personal and vocational activities such as lifting and straining need to be restricted. Protective dressings and drains should not be removed unless instructed by your plastic surgeon. Successful post-operative results depend on both surgery and subsequent care. It is important that you participate in follow-up care, return for aftercare, and promote your recovery after surgery.

## **DISCLAIMER**

Informed-consent documents are used to communicate information about the proposed surgical treatment of a disease or condition along with disclosure of risks and alternative forms of treatment(s), including no surgery. The informed-consent process attempts to define principles of risk disclosure that should generally meet the needs of most patients in most circumstances.

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However, informed-consent documents should not be considered all-inclusive in defining other methods of care and risks encountered. Your plastic surgeon may provide you with additional or different information which is based on all the facts in your particular case and the current state of medical knowledge.

Informed-consent documents are not intended to define or serve as the standard of medical care. Standards of medical care are determined on the basis of all of the facts involved in an individual case and are subject to change as scientific knowledge and technology advance and as practice patterns evolve.

It is important that you read the above information carefully and have all of your questions answered before signing the consent on the next page.

Medicine is not an exact science, so no guarantees can be made regarding complications or outcome of blepharoplasty. We do everything possible to ensure your safety, and strive for the best result in every case. We hope that you will also do your part by following your post-operative instructions, using good judgment, and letting us know if there are any problems.

Please ask any questions you may have regarding the surgery or potential risks prior to signing this form. Your signature means that you have had a chance to read and discuss the common risks associated with **Blepharoplasty Surgery**, and that you agree to proceed. A separate consent form from the hospital will also need to be signed for the medical record.

I CONSENT TO THE TREATMENT OF BLEPHAROPLASTY AND I HAVE READ THE ABOVE LISTED ITEMS. I AM SATISFIED WITH THE INFORMED CONSENT PROCESS

\_\_\_\_\_  
Patient or Person Authorized to Sign for Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## **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\* 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.

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

### **One Week Prior to Surgery**

9. 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.
10. If your skin tolerates, use a germ-inhibiting soap for bathing, such as Dial, Safeguard, or Lever 2000 for at least the week before surgery.
11. DO report any signs of cold, infection, boils, or pustules appearing before surgery.
12. DO NOT take any cough or cold medications without permission.
13. DO arrange for a responsible adult to drive you to and from the facility on the day of surgery, since you will not be allowed to leave on your own.

14. DO arrange for a responsible individual to spend the first 24 hours with you, since you CANNOT be left alone.

### **Night Before Surgery & Morning of Surgery**

15. DO NOT eat or drink anything (not even water) after midnight the night before your surgery. Also, no gum, candy, mints or coffee the morning of surgery. Do not sneak anything as this may endanger you.
16. If you are on regular medications, please clear these with Dr. «Procedure\_Surgeon\_Last».
17. 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.
18. 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.
19. You may brush your teeth the morning of surgery but do not drink anything.
20. DO NOT wear contacts to surgery. If you do wear glasses, bring your eyeglass case.
21. DO wear comfortable, loose-fitting clothes that do not have to be put on over your head. The best thing to wear home is a button-up top and pull on pants. You will want easy-to-slip-on flat shoes.
22. DO NOT bring any valuables or wear any jewelry (no rings, earrings, chains, toe rings, other metal piercings or watches). We will need to tape wedding rings if worn.
23. You must have an adult drive for you – to and from surgery. Please note that a cab or bus driver will not be allowed to take you home after surgery. On arrival, be sure we know your driver's name, phone numbers, and how we will be able to reach them.
24. If you are not recovering at home, it is very important that we have the number where you will be after surgery.

### **Post-Operative Instructions – General**

The following instructions should be followed closely except when overruled by specific procedural instructions. You must follow your surgeon's instructions as indicated for your specific surgery. Notify «Doctor\_Last\_Name» of any unusual changes in your condition and feel free to call the office with any questions.



1. You **MUST HAVE AN ADULT DRIVE YOU** home from the facility. You will not be allowed to drive yourself or use public transportation.
2. After surgery you **MUST HAVE A RESPONSIBLE ADULT STAY WITH YOU** a minimum of 24 hours. You **CANNOT** be left alone. The 24 hours begin when you are discharged from the office or hospital. Have everything ready at home **PRIOR** to surgery. Make arrangements for someone to stay with you. Let the person or persons know you cannot be left alone. This is important because of the danger of falling and you may lose the concept of time for the day and overmedicate yourself.
3. The effects of anesthesia can persist for 24 hours. You must exercise extreme caution before engaging in any activity that could be harmful to yourself or others.
4. **DRINK** fluids to help rid the body of the drugs used in surgery. If you have straws in the house you will tend to drink more fluids the first few days after surgery.
5. Diet may be as tolerated. Eating foods that are bland and soft for the first day or so – foods like after you have had the flu – may be best tolerated. You must eat more than crackers and juice, otherwise you will continue to feel weak and will not heal as well. **REMEMBER** to take the medications with a little something to eat or you will get sick to your stomach.
6. Please avoid the use of alcoholic beverages for the first 24 hours (it dilates blood vessels and can cause unwanted bleeding) and as long as pain medications are being used (dangerous combination).
7. Take only medications that have been prescribed by Dr. for your postoperative care and take them according to the instruction on the bottle. Your pain medication may make you feel “spacey”; therefore, have someone else give you your medications according to the proper time intervals.
8. If you experience any generalized itching, rash, wheezing or tightness in the throat, stop taking all medications and call the office immediately, as this may be a sign of a drug allergy.
9. You can expect moderate discomfort, which should be helped by the pain medications. The greatest discomfort is usually during the first 24 hours. Thereafter, you will find that you require less pain medication.
10. Call (303) 321-6608 if you have: **SEVERE PAIN** not responding to pain medication; Swelling that is greater on one side than the other; incisions that are **RED OR FEVERISH**; a **FEVER**; or if any other questions or problems arise.
11. Keep any **DRESSINGS ON, CLEAN AND DRY** until cleared for showering. Do not remove them until instructed to do so. There may be some bloody drainage on the dressings. If you have excessive bleeding or the bandages are too tight, call the office immediately.
12. After surgery it is important to have a bowel movement within a day or two. If you do not, you may take over the counter laxatives to encourage your bowels to move.

13. Minimal activity for the first 48 hours. No house cleaning, furniture rearranging, etc. Relax, be pampered, and let your body heal. The less energy you use on doing things, the more energy your body can focus on healing.
14. Limit lifting, pulling or pushing for 10 days.
15. Position after surgery is different with different types of surgery. If your surgery is from the waist up we ask that the head of the bed be elevated 45 degrees. This requires a pillow under the small of your back, two pillows under your shoulders and head, and if you have a pillow under each elbow you will relax and stay in position.
16. You are requested to remain within a reasonable traveling distance of the office for approximately ten days.
17. Once cleared to shower you may do so every day. Please do not use the bathtub until cleared.
18. NO SMOKING for the first 14 postoperative days. Any cheating will delay healing.
19. You may drive two days after anesthesia, once you are off the pain pills, and when you experience no pain with this activity (you need to be able to react quickly).
20. All surgeries involve some scarring, which can take up to 2 years to fade. No matter how small they may be, we still want them to heal as well as they are able. Exposing red scars to the sun can cause permanent discoloration. A good sunscreen (SPF 30 or higher) can help and will protect the surrounding tissues that might not feel like a sunburn developing while the nerves are healing. Sunlight can even reach scars under a swimsuit, so take adequate precautions.
21. DO NOT use a hot tub for 4 weeks or until cleared.
22. AVOID sports or strenuous activities 4 to 6 weeks as your surgeon gives you clearance during your post-operative visits. This is to avoid any unnecessary complications (bleeding, bruising, or swelling).
23. You may return to work when you feel able and are cleared to do so by your surgeon.
24. Feel free to call upon us at any time. We want you to be as comfortable as possible during your healing period.

## **BLEPHAROPLASTY (EYELID LIFT) POST-OPERATIVE INSTRUCTIONS**

After surgery, your eyes will be somewhat bruised and swollen. The degree of bruising and swelling varies from person to person. To help reduce the swelling and bruising, take your Arnica Montana and Bromelain as directed, starting before and continuing after surgery.

You may lay gauze or a washcloth soaked in ice water on your eyes to help decrease swelling. You may also use frozen peas placed into small zipper bags. **DO NOT PLACE ICE DIRECTLY ON THE SURGICAL AREA.** The tissue is extremely fragile after surgery and you could cause a frostbite injury.

Keep your head elevated above your heart for at least the first week after surgery. Prop yourself up on pillows or in a reclining chair to sleep. This will also help to reduce swelling.

Your stitches will be removed anywhere from 4-7 days, depending on the rate at which you heal.

You may experience some blurred vision and some temporary visual changes. Blurred vision can be caused by the ointment that is put into your eyes before you wake up from surgery, or is frequently a temporary effect of the surgery. You may gently splash cold water in your eyes to help relieve this.

After surgery, you may or may not be able to read and/or watch TV, depending on how much swelling you have. You will need to limit the use of your eyes if you can see well. Do not “strain” your eyes. Limit your reading, TV viewing and computer work to about one hour at a time. Rest your eyes between viewing sessions.

**DO NOT SMOKE!** The time after surgery is crucial to healing. Even one cigarette can damage blood flow.

Your eyes may not be closing completely after surgery and it is important to prevent them from drying out. If they do dry out it can be quite painful. There are multiple over the counter products that can help. The individual “bullets” of saline (Refresh, Bausch & Lomb) are great for moisturizing your eyes throughout the day. These individual doses do not have preservatives, which we prefer right after surgery. At night you will likely need a more lubricating product (Lacrilube, Genteal) that will last longer, but these products can temporarily blur your vision.

Please purchase these over the counter eye care products before your surgery in addition to filling your prescription medications:

1. **Lacrilube/Ocubube/Duolube, etc.** An oily feeling eye ointment to be used at bedtime only. This ointment helps your eyes to stay moist (not dry out) while you sleep. You will apply it into your eye by looking up as far as you can, pulling gently downward on your lower eyelid and putting a thin ribbon of the ointment all the way across your eye. Do not touch the tip of the tube to your eye. This will blur your vision, so put it in right before you go to sleep.
2. **Artificial tears** (any brand) – this will help to keep your eyes from drying out during the hours you are awake. Use it as often as you like for comfort. Be sure to read the ingredients and check for alcohol before you buy the product. Using alcohol in eye drops is an old trick. The alcohol dries out your eyes so you need to use more of the product. Avoid any drops with alcohol as an ingredient. Do not touch the tip of the bottle to your eye.

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3. **Saline for eyes** (any brand) – look in the contact lens section of your store’s pharmacy department to find saline. After any type of eye surgery, it is common for your eyes to become “goopy”. Clean your eyes as needed to avoid them being stuck together by the “goop”. Hold the bottle over your eyes and squeeze. Do not put the tip of the bottle into your eye. Pat your eyes dry. Avoid rubbing.
4. Lotomax – These drops are very soothing to the eyes and can be used up to four times per day.

Prescription Antibiotic Ointment (bacitracin ophthalmic) – You may be given a prescription at your pre-op appointment or a small tube of ointment the day of surgery that you can use on your sutures 2-3 times per day.

Prescription Steroid Ointment (tobradex, cortisporin) – These ointments have antibiotics and also a steroid that soothes the eyes but **USE NO LONGER THAN ONE WEEK.**

## MEDICATION GUIDE

**ANTIBIOTICS:** These are used to treat or help prevent infection. Always finish off all of your pills unless you check with us first.

- **Keflex (cephalexin)**—take 1 four times per day until they are gone. Start when you arrive home from surgery.
- **Cleocin (clindamycin)**—take 1 three times per day until they are gone. Start when you arrive home from surgery.
- **Levaquin (levofloxacin)**—take one 1 time per day until they are gone. Start the day after surgery.
- **Doxycycline**—take 2 the first day; then one daily until they are gone. Take pill with a full glass of water and do not lie down immediately after taking one. This medication can make you sunburn more easily.

**ANTI-VIRALS:** These are used to prevent cold sore outbreaks when irritating surgeries (peels, laser, etc.) are done around the mouth. Always finish these as well.

- **Zovirax (acyclovir)**—take 2 three times per day until gone. Start two days prior to surgery.
- **Valtrex (valacyclovir)**—take one 500 mg twice per day or one 1000 mg once per day until gone starting the day before your procedure.

**PAIN MEDICATION:** These medications are to be taken as needed for pain. Each contains Tylenol (Acetaminophen), so while you can take Tylenol *in place* of these medicines, you should not take Tylenol *with* them. Do not take pain medication on an empty stomach if you can avoid it.

- **Percocet (oxycodone)**—take 1 or 2 every four hours as needed. **\*We cannot telephone in refills for Percocet, Vicodin, or Dilaudid.**
- **Vicodin (hydrocodone)**—take 1 or 2 or two every four hours as needed.
- **Ultracet (tramadol and Tylenol)**—take 1 or 2 every four hours as needed.

**PAIN MEDICATION/ANTI-INFLAMITORY:** These are non-narcotic, prescription-grade, medications to help with pain and inflammation.

- **Celebrex (Celecoxib)** – take 1 capsule two times daily beginning the day after your surgery (You may be given two capsules (400mg) by the nurses in pre-op before surgery, if ordered by the doctor). You can then use the narcotic pain medication (e.g. Percocet, Vicodin, Dillaudid, etc.) for any additional discomfort. Celebrex contains a sulfa-based derivative, so do not take it if you have a sulfa allergy that prevents you from taking Lasix or Imitrex (not all Sulfa allergies apply).

Celebrex is a Non-Steroidal Anti-Inflammatory Drug (NSAID) that can be used around the time of surgery because it does not potentiate bleeding (unlike other NSAID, such as Ibuprofen, aspirin, Aleve). Celebrex is highly recommended and encouraged by your physician but it is also a bit costlier than some of the other medications and is rarely covered by insurance companies. A generic is now available too.

***No pre-authorization will be obtained from your insurance company; therefore you must pay out-of-pocket if you choose to take this medication.***

**MUSCLE RELAXANT, ANTI-ANXIETY:** This helps with pain following surgeries such as breast augmentation, breast reconstruction, and tummy-tucks, where muscles are stretched. We *will not* refill this prescription because it can be addictive.

- **Valium (diazepam)** — take one every six hours as needed.

**ANTI-NAUSEA:** All pain medications have nausea as a side effect, and everyone has varying sensitivities to them. During surgery your anesthesiologist will give you medication to help as well.

- **Dramamine (dimenhydramine)**—this is over the counter. Take 50-100 mg every four to six hours as needed. It's good to take on the morning of your surgery with a small sip of water.
- **Bonine (meclizine)**—this is also over the counter. Take 25 mg every six hours as needed.
- **Compazine (prochlorperazine)**—we give this in a suppository form, so if you are throwing up, it ensures absorption. Take one suppository by rectum every twelve hours as needed.
- **Scopolamine Transdermal Patch** -this patch is for nausea and motion sickness and is usually placed behind the ear about 1 hour prior to surgery if order by the doctor. Patch should be removed after approximately 72 hrs (3 days) after surgery. Wash hands and skin with soap and water after removal. Do not touch eyes after touching patch, may cause pupillary dilation.
- **Zofran (Ondansetron)** – Place it under your tongue and let it dissolve every 8 hours as needed for nausea/vomiting.

**STEROIDS:** A short course of high dosage steroids is often used to keep swelling down, especially after facial surgery. The side effects can include increased acid in the stomach (so Tums, Pepcid AC are good to take) and mood elevation (which is not such a bad thing until you stop them).

- **Medrol Dose Pack** - Bring this to the hospital if you are staying overnight. You will start the day after surgery. Follow the instructions on the packet until they are gone.

**LOVENOX<sup>®</sup>:** Certain procedures, such as an abdominoplasty, carry a higher risk for developing a blood clot in the leg known as a Deep Vein Thrombosis (DVT) which may lead to a Pulmonary Embolism (PE). You will receive a dose of Heparin in pre-op holding if ordered by your physician and may be instructed to continue the therapeutic blood thinning injections at home with Lovenox<sup>®</sup> on a case by case basis.

**ANTI-HISTAMINES:** These can help with itching, sleep, and, to some extent, with nausea.

- **Benadryl (diphenhydramine)**—this is over the counter. Take one or two every six hours as needed.
- **Atarax Elixir (hydroxyzine)**—used for children after surgery. Give prescribed dose every six hours as needed to help your child sleep.

**EYE-DROPS:** For lower and quad blepharoplasties

- **Lotomax** - anti-inflammatory eye drops. Use 1-2 drops in each eye 2-4 times per day for one week
- **Tobrodex** - Steroid eye drop. 1-2 drops every 4-6 hours for one week only.

## **MEDICATION INSTRUCTION SHEET**

This instructional sheet was put together to help all patients get ready for surgery. There may be many items that do not apply to you. We will try to highlight the instructions that apply to you and your surgery.

### **THINGS TO *STOP* PRIOR TO SURGERY**

- Stop medications that thin your blood two weeks prior to surgery. These include aspirin, ibuprofen, fish oils, flax seed, Omega-3 and high doses of vitamin E. Check any other medications against the included list, and ask your pharmacist about any other new medications you start prior to surgery. If you are on a prescription blood thinner, be sure to discuss this with your prescribing doctor and surgeon.
- Stop untested herbal supplements two weeks prior to surgery. Very few of these have been tested, and many have been shown to increase bleeding, delay healing, or react poorly with anesthesia.
- If using oral contraceptives/hormone replacement therapy, there is a slightly elevated risk of developing a blood clot following surgery. We may recommend that you stop taking hormones two weeks prior to a higher risk surgery, such as an abdominoplasty. Also, please be aware that the antibiotics you will be taking after surgery may decrease the effectiveness of your birth control pill, so using a back-up method for the completion of your current cycle is recommended.

### **THINGS TO *START* PRIOR TO SURGERY**

- Arnica Montana: This comes from a medicinal plant and helps to decrease swelling and bruising. Start three days prior to surgery and continue until bruising is gone.
- Bromelain: This is an approved supplement derived from pineapples. It helps decrease bruising after surgery. Start taking 1500 mg per day (on an empty stomach) at least three days prior to surgery, and continue after surgery until the bruises are gone. Bromelain can be found at: Wild Oats, Whole Foods, Vitamin Cottage
- Arnika Forte<sup>TM</sup>: (Arnica, Bromelain, Antioxidants and Bioflavonoids). Physician formulated combination of herbal supplement for rapid resolution of bruising and swelling. Begin taking the night prior to surgery, then one capsule two times a day until gone. Do not take on the morning of surgery.
- Iron: For surgeries where a larger blood loss is expected, you can start iron (over the counter) long before surgery. A good multi-vitamin with iron is fine.
- Stay regular: Surgery, pain medications, and iron can be very constipating. Surgeries such as tummy-tucks and TRAM flaps are very high risk, so we recommend you start Colace (100 mg twice per day) and Metamucil two weeks prior to surgery, and continue for several weeks after surgery. If you find that you are having problems after any surgery, try Milk of Magnesia or a tea called "Smooth Move."

- Cold Sores: If you are having surgery around your mouth (such as laser, peel, dermabrasion, or fat injections) you need to start an antiviral medication to decrease the chance of having a cold sore outbreak even if you have never had a cold sore before. This should be started two days prior to, and continuing for five days after, surgery.

#### **THINGS TO TAKE ON THE DAY OF SURGERY**

- Medicines: Only take important regular medicines (such as blood pressure meds, cold sore medication, half of your regular insulin, but no oral diabetic medications) the morning of surgery with a small sip of water. Medications that are not essential (such as antidepressants, thyroid medications, and tamoxifen) can be taken after surgery on the same day.
- Anti-nausea medication: If you are prone to nausea after anesthesia, or are afraid of throwing up after surgery, you can decrease the risk by taking Dramamine or Bonine (both over the counter) on the morning of surgery with a sip of water. It will make you sleepy, so don't plan on driving.
- Inhalers: Even if you only use your inhaler every once in a while, bring it with you on the day of surgery.

**For office procedures ONLY - BRING YOUR MEDICATIONS WITH YOU**



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## Medications to Avoid

If you are taking any medications on this list, they should be discontinued 2 weeks prior to surgery and only acetaminophen products, such as Tylenol, should be taken for pain. All other medications – prescriptions, over-the-counter and herbal – that you are currently taking must be specifically cleared by Dr. Folk prior to surgery.

### Aspirin Medications to Avoid: *Affect blood clotting.*

4-Way Cold Tabs	Cama Arthritis Pain	Kaodene	Phenaphen/Codeine #3
5-Aminosalicylic Acid	Reliever	Lanorinal	Pink Bismuth
Acetilsalicylic Acid	Carisoprodol Compound	Ibuprohm	Piroxicam
Actron	Cataflam	Lodine	Propoxyphene Compound products
Adprin-B products	Cheracol	Lortab ASA	Robaxial
Aleve	Choline Magnesium	Magan	Rowasa
Alka-Seltzer products	Trisalicylate	Magnaprin products	Roxeprin
Amigesic Argesic-SA	Choline Salicylate	Magnesium Salicylate	Saleto products
Anacin products	Cope	Magsal	Salflex
Anexsia w/Codeine	Coricidin	Marnal	Salicylate products
Arthra-G	Cortisone Medications	Marthritic	Salsalate
Arthriten products	Damason-P	Mefenamic Acid	Salsitab
Arthritis Foundation products	Darvon	Meprobamate	Scot-Tussin Original 5-Action
Arthritis Pain Formula	Diclofenac	Mesalamine	Sine-off
Arthritis Strength BC Powder	Dipenturn	Methocarbarnol	Sinutab
Arthropan	Disalcid	Micrainin	Sodium Salicylate
ASA	Doan's products	Mobidin	Sodol Compound
Asacol	Dolobid	Mobigesic	Soma Compound
Ascriptin products	Dristan	Momentum	St. Joseph Aspirin
Aspergum	Duragesic	Mono-Gesic	Sulfasalazine
Asprimox products	Easprin	Motrin products	Supac
Axotal	Ecotrin products	Naprelan	Suprax
Azdone	Empirin products	Naproxen	Synalgos-DC
Azulfidine products	Equagesic	Night-Time Effervescent Cold	Talwin
B-A-C	Etodolac	Norgesic products	Triaminicin
Backache Maximum Strength Relief	Excedrin products	Norwich products	Tricosal
Bayer Products	Fiorgen PF	Olsalazine	Trilisate
BC Powder	Fiorinal products	Orphengesic products	Tussanil DH
Bismatrol products	Flurbiprofen	Orudis products	Tussirex products
Buffered Aspirin	Gelpirin	Oxycodone	Ursinus-Inlay
Bufferin products	Genprin	Pabalate products	Vanquish
Buffetts 11	Gensan	P-A-C	Wesprin
Buffex	Goody's Extra Strength	Pain Reliever Tabs	Willow Bark products
Butal/ASA/Caff	Headache Powders	Panasal	Zorprin
Butalbital Compound	Halfprin products	Pentasa	
	IBU	Pepto-Bismol	
	Indomethacin products	Percodan products	
	Isollyl Improved		

## Medications to Avoid

### **Ibuprofen Medications to Avoid**

*Affect blood clotting.*

Acular (ophthalmic)	Haltran	Nabumetone	Rhinocaps
Advil products	Indochron E-R	Nalfon products	Sine-Aid products
Anaprox products	Indocin products	Naprosyn products	Sulindac
Ansaid	Ketoprofen	Naprox X	Suprofen
Clinoril	Ketorolac	Nuprin	Tolectin products
Daypro	Ibuprin	Ocufen (ophthalmic)	Tolmetin
Dimetapp Sinus	Ibuprofen	Oruvail	Toradol
Dristan Sinus	Meclofenamate	Oxaprozin	Voltaren
Feldene	Meclomen	Ponstel	
Fenoprofen	Menadol	Profenal	
Genpril	Midol-products	Relafen	

### **Avoid ALL Diet Aids – Including Over-the-Counter & Herbal**

*Intensify anesthesia, serious cardiovascular effects.*

### **Tricyclic Antidepressants to Avoid**

*Intensify anesthesia, cardiovascular effects.*

Adapin	Doxepin	Maprotiline	Tofranil
Amitriptyline	Elavil	Norpramin	Triavil
Amoxapine	Endep	Nortriptyline	Trimipramine
Anafranil	Etrafon products	Pamelor	Vivactil
Asendin	Imipramine	Pertofrane	
Aventyl	Janimine	Protriptyline	
Clomipramine	Limbitrol products	Sinequan	
Desipramine	Ludiomil	Surmontil	

### **Other Medication to Avoid: Affect blood clotting.**

4-Way w/ Codeine	Dipyridamole	Macrochantin	Sinex
A.C.A.	Doxycycline	Mellaril	Sofarin
A-A Compound	Emagrin	Miradon	Soltice
Accutrim	Enoxaparin injection	Omega Fatty Acids	Sparine
Actifed	Ephedra	Opasal	Stelazine
Anexsia	Fish Oils	Pan-PAC	Sulfinpyrazone
Anisindione	Flagyl	Pentoxifylline	Tenuate
Anturane	Flax Seed Oil	Persantine	Tenuate Dospan
Arthritis Bufferin	Fleaxaril	Phenylpropanolamine	Thorazine
BC Tablets	Fragmin injection	Prednisone	Ticlid
Childrens Advil	Furadantin	Protarnine	Ticlopidine
Clinoril C	Garlic	Psuedoeohrdrine	Trental
Contac	Grape Seed Oil	Pyrroxate	Ursinus
CO-Q-10	Heparin	Qualfanzen	Virbamycin
Coumadin	Hydrocortisone	Robaxin	Warfarin
Dalteparin injection	Isollyl	RobitussionRu-Tuss	
Dicumerol	Lovenox injection	Salatin	

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## Medications to Avoid

### Salicylate Medications, Foods & Beverages to Avoid

*Affect blood clotting.*

Amigesic (salsalate)	Magsal	Pepto-Bismol (bismuth subsalicylate)	Trilisate (choline salicylate + magnesium salicylate)
Disalcid (salsalate)	Pamprin (Maximum Pain Relief)	Salflex (salsalate)	
Doan's (magnesium salicylate)	Mobigesic	Salsalate	
Dolobid (diflunisal)	Pabalate	Salsitab (salsalate)	

### Vitamins and Herbs to Avoid

*Affect blood clotting, affect blood sugar, increase or decrease the strength of anesthesia, rapid heartbeat, high blood pressure, liver damage. Note: Just because it is not of this list does not mean that it is safe to take while preparing for surgery.*

Ackee fruit	Devil's club	Goldenseal	Muwort
Alfalfa	Dong Quai root	Gotu Kola	Nem seed oil
Aloe	Echinacea	Grape seed	Periwinkle
Argimony	Ephedra	Guarana	Selenium
Barley	Eucalyptus	Guayusa	St. John's Wort
Bilberry	Fenugreek seeds	Hawthorn	Valerian/Valerian Root
Bitter melon	Feverfew	Horse Chestnut	"The natural Viagra®"
Burdock root	Fo-ti	Juniper	Vitamin E
Carrot oil	Garlic and Garlique	Kava Kava	Vitamin K
Cayenne	Ginger	Lavender	Willow bark
Chamomile	Gingko	Lemon verbena	Yellow root
Chromium	Gingko biloba	Licorice root	Yohimbe
Coriander	Ginseng	Ma Huang	
Dandelion root	Gmena	Melatonin	

**If you are taking anything not on this list, please call the office at 303-321-6608 to notify us and make sure that it is okay.**