

LIPOSUCTION

Plastic Surgery Institute
EDWARD J. LOVE, M.D.

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Little Rock, Arkansas 72205
(501) 224-1859**

Surgical Procedure

- Liposuction

Preparing For Surgery

Starting Now:

- **STOP SMOKING:** Smoking reduces circulation to the skin and inhibits the healing process.
- **TAKE MULTIVITAMINS:** Start taking multivitamins twice daily to improve your general health once you have scheduled your surgery.
- **TAKE VITAMIN C:** Start taking 500 mg of Vitamin C twice daily to promote healing.
- **LIMIT VITAMIN E:** Vitamin E increases the risk of bleeding, so limit your intake of Vitamin E to less than 400 mg per day.
- **DO NOT TAKE ASPIRIN, ALIEVE, or IBUPROFEN:** Stop taking medications containing aspirin or ibuprofen. Review the list of drugs containing aspirin and ibuprofen carefully. Such drugs can cause bleeding problems during and after surgery. Instead, use medications containing acetaminophen (such as Tylenol).

The Day Before Surgery:

- **CONFIRM SURGERY TIME:** We will call you to confirm the time of your surgery. If you are not going to be at home or at your office, please call us to confirm at (501) 224-1859.
- **PRESCRIPTIONS:** Make sure that you have filled the prescriptions you were given and set the medications out to bring with you to the hospital.
- **CLEANSING:** The night before surgery, shower and wash the surgical areas with Dial soap. Make sure that you clean your naval (belly button) thoroughly.
- **EATING AND DRINKING:** Do not eat or drink anything after 12:00 midnight. This includes water.
- **MEDICATIONS:** If you take medication, confirm what you should take with Dr. Love.

The Morning of Surgery:

- **SPECIAL INFORMATION: **Do not eat or drink anything!**** If you take a daily medication please confirm with Dr. Love or his nurse that you may take it with a sip of water the morning of surgery.
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- **ORAL HYGIENE:** You may brush your teeth but do not swallow the water.
- **CLEANSING:** Shower and wash the surgical areas again with Dial soap.
- **MAKE-UP:** Please do not wear moisturizers, creams, lotions, or makeup.
- **CLOTHING:** Wear only comfortable, loose-fitting clothing that button or zips in the front. Remove hairpins, wigs, and jewelry. Please do not bring valuables with you.
- **CHECK IN/PREPARATION:** You should plan to arrive 1 hour and 30 minutes earlier than your scheduled surgery time. Patients under 18 years old must be accompanied by a parent or legal guardian.
- You must have someone drive you home after surgery.

Going To The Hospital Operating Room

The Operating Suite:

- Going to the operating room is not a normal experience for most of us. Dr. Love and staff recognize the natural anxiety with which most patients approach this step in the process of achieving their goals. We believe a description of the surgery experience will help to prepare you for it.
- Your surgery will be performed at _____ in the operating suite. Specialists using the most modern equipment and techniques will attend to you. The team includes Dr. Love, his nurse, a board certified anesthesiologist, and a surgical technician. A registered nurse is in charge of the operating room.
- Once you enter the operating room, the staff will do everything they can to make you feel secure. You will be transferred onto the operating table, and the anesthesiologist will start administering medication and fluids into your IV. Medicines that will make you drowsy will flow through the tubing into a vein in your arm. At the same time, to ensure your safety, the anesthesiologist will connect you to monitoring devices. You will be completely asleep before any procedures begin!

The Recovery Room:

- When your surgery has been completed and your dressings are in place, you will be moved to the recovery room. You will constantly be connected to monitoring equipment, and fully trained recovery room nurses will remain with you at all times.
- These nurses are certified for advanced cardiac life support. You can be confident that you will be well cared for in the recovery room.
- When your initial recovery is completed and all of your vital signs are stable, you will be discharged home.
- Most patients have very little memory about their stay in the recovery room.

General Surgical Risks

About Risks:

- We want you to understand fully the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. All of us at Plastic Surgery Institute will use our expertise and knowledge to avoid complications as much as possible. If a complication does occur, we will use those same skills in an attempt to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overestimated.
- In general, the least serious problems occur more often and the more serious problems occur rarely. If a complication does arise, you, Dr. Love, and the nursing staff will need to co-operate in order to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your final result.

Normal Symptoms:

- **SWELLING AND BRUISING:** Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection.
- **DISCOMFORT AND PAIN:** Mild to moderate discomfort or pain is normal after any surgery. If the pain becomes severe and is not relieved by pain medication, please call us at (501) 224-1859 or you may page the plastic surgeon on call through the medical exchange (501)663-6900.
- **SCABBING ALONG THE INCISION LINES:** We usually treat this with antibiotic ointment. You may also clean this with Hydrogen Peroxide.

- **NUMBNESS:** Small sensory nerves to the skin surface are occasionally cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns usually within 2 or 3 months as the nerve endings heal spontaneously.
- **ITCHING:** Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massages are helpful. These symptoms are common during the first few weeks of the healing process.
- **REDNESS OF SCARS:** All new scars are red, dark pink, or purple. Scars on the face usually fade within 3 to 6 months. Scars on the breasts or body may take a year or longer to fade completely. Tanning or sun exposure to the incision can permanently tattoo the scar a dark color.
- **SCARRLESS:** This is a scar cream that is applied 2 weeks after surgery to the incision line. It will help fade the redness of the scar and soften the scar. This can be purchased at Dr. Love's office.

Common Risks:

- **HEMATOMA:** Hematomas are small collections of blood under the skin which are usually absorbed spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result.
- **INFLAMMATION AND INFECTION:** A skin infection may require antibiotic ointment. Deeper infections are treated with antibiotics. Development of an abscess usually requires drainage.
- **THICK, WIDE, OR DEPRESSED SCARS:** Abnormal scars may occur even though we have used the most modern plastic surgery techniques. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally necessary. Some areas on the body scar more than others, and some people scar more than others do. Your own history of scarring should give you some indication of what you can expect.

Rare Complications:

- If they are severe, any of the problems mentioned under Common Risks may significantly delay healing or necessitate further surgical procedures.
- Medical complications such as pulmonary embolism (blood clot to the lungs), severe allergic reactions to medications, cardiac arrhythmias (irregular heartbeat), heart attack, and hypothermia (low body temperature) are rare but serious and life-threatening problems. Having a board-certified anesthesiologist present at your surgery reduces these risks as much as possible. (Failure to disclose all pertinent medical data before surgery may cause serious problems for you and for the medical team during surgery.)

Specific Surgical Risks

Liposuction

- **CONTOUR IRREGULARITIES:** The most common post-operative concern of liposuction is contour irregularities. This is visible waviness or ridging on the surface after liposuction. These contour irregularities usually will respond to massage and they are treated conservatively for at least six months after the initial surgery. Very rarely will these contour irregularities require further surgery to correct them.
- **ASYMMETRY:** Your left leg compared to your right leg can appear somewhat different due to different amounts of volume taken from one side to another and swelling. It is important to realize that each leg is a separate surgery and decreasing of swelling, pain, and healing process will differ with each liposuction site.

- **SEROMA:** This is a collection of fluid under the operative sites. Unlike blood, it is usually taken care of by non-operative techniques such as needle aspiration of the fluid collection.
- **EDEMA:** This is swelling of the operative site. This usually takes at least two weeks to effectively resolve but the final result can take up to three months.
- **ECCHYMOSIS and DISCOLORATION:** This is related to blood being under the skin as seen through the skin is some discoloration. This usually resolves within 7 to 14 days.
- **HYPESTHESIA:** This is numbness of the operative site. This is not considered a complication but it is an inevitable consequence of the procedure. Normal sensation usually returns within 3 to 6 months of suctioning.
- **HEMATOMA:** This is an excessive collection of blood under the operative site. This usually requires operative intervention to drain and repair.
- Unfortunately, there continues to be reports of life-threatening and fatal complications from liposuction. These are frequently reported in the lay public literature. These are usually deaths related to fat emboli, excessive blood loss and excessively long procedures. There are specific risks in liposuction using it in combined procedures. Specifically, suction lipectomy combined with abdominoplasty magnifies the potential for thrombotic and fat embolic problems. There has been a proposed risk factor indexed for patients undergoing combined abdominoplasty and liposuction. Thus, a patient classified as high risk would not be a good candidate for this procedure and this type of patient is one who has had significant deep vein thrombosis risk, a smoking history, co-morbid medical conditions or multiple risk factors. If you are having a combined procedure and have these specific risks, Dr. Love will most likely recommend these be separated procedures. You need to understand that this is for your safety and not a financial decision.

Anesthesia & Other Information

General Anesthesia:

- When general anesthesia is used, you will be sound asleep and under the care of your anesthesiologist throughout the operation. Once you are settled on the operating table, you will be connected to several monitors and an intravenous catheter. A quick-acting sedative will be given through the intravenous tubing after you have breathed pure oxygen for a few minutes. Once you fall asleep, your anesthesiologist will place an endotracheal tube or another breathing device safely through your mouth into your windpipe to guarantee that your breathing is insured. An anesthetic gas that you will breathe and other medications that will be given through the intravenous catheter will keep you asleep and pain free.
- Many patients have an instinctive fear of general anesthesia. Extremely sensitive monitors used during surgery have greatly reduced the risks of anesthesia. A minute change in the oxygen level in your blood, in the amount of carbon dioxide you breathe out, in the percentage of anesthetic gas being administered, in your heart rate, or in your blood pressure would be reported immediately. Most complications of anesthesia in the past have occurred because of "simple" problems that were not recognized quickly enough. The sophisticated monitoring now used makes recognition and treatment of problems with anesthesia almost immediate.
- The anesthesiologist spends all of his or her time during the procedure ensuring your safety. Any significant changes in blood pressure, heart rate, or other vital functions are treated immediately.
- The current level of sophistication of anesthesia monitoring equipment makes general anesthesia much safer than in the past. The anesthesia and monitoring equipment is routinely maintained and is of the same quality as the equipment in any major hospital. Your anesthesiologist will discuss the specific risks of general anesthesia with you before your surgery.

Applicable Health Factors

Special Information For Patients Who Smoke:

- Smoking causes constriction (narrowing) of small blood vessels in the skin that may have a direct negative effect on your upcoming surgery. In any operation that involves undermining of the skin, survival of the skin depends totally (or in part) on blood flow through those small blood vessels. Reduction of that blood flow can cause reduced or slower healing, blistering of the skin, or in the worst cases, actual loss of tissue.
- If you have either stopped smoking very recently or have been unable to stop completely, you must accept these risks if you wish to proceed with surgery.
- If a problem occurs after surgery. Dr. Love and the office staff pledge to care for you in resolving the problem to the best of our ability. It is imperative that you are candid with us about this matter. We cannot care for you properly if we do not know what is actually happening.

Special Information About High Blood Pressure:

- High blood pressure, if it is under control, will not prevent you from having successful plastic surgery. If your blood pressure is outside safe levels, we will ask your physician to evaluate and treat you before we proceed with surgery.
- If your blood pressure is minimally elevated, with or without medication, we usually feel safe in proceeding. Although severely elevated blood pressure can cause serious risks to life, minimal elevations usually cause only extra oozing of blood during the procedure or increase the possibility of oozing or bleeding after surgery. This may cause your surgery to take a little longer or increase bruising during the healing phase.
- Your blood pressure may become elevated during surgery because of medications given or because of stress. Should this occur, medications are available and will be given intravenously to reduce your blood pressure.
- We will not proceed with your surgery if we feel unsure of your safety.
- Take your normal anti-hypertensive medication the morning of surgery with a sip of water only.

Special Information For Patients with Mitral Valve Prolapse:

- The heart is a hollow, muscular organ with four chambers. The heart valves are like one-way doors. They open to let blood through and close to keep blood from flowing backwards. Sometimes heart valves open and close in different ways. Such is the case of mitral valve prolapse.
- Mitral Valve Prolapse (MVP) is a minor heart condition. Very little treatment (if any) is needed, but there are precautions and symptoms you should know. MVP does not put you at higher risk of a heart attack. Many people with MVP do however, have a greater chance of getting infective or bacterial endocarditis (an infection of the heart valves or inner heart lining that can cause scarring or damage to the valves).
- ANTIBIOTICS - For these reasons, you should take an antibiotic before you have dental work, surgery, or procedures that cause trauma to body tissues such as bladder, rectal or colon examinations. It is important that you take the pre-operative antibiotics as prescribed.

Special Information Regarding Diet Pills:

- It is advised that patients having surgery discontinue any diet pill for at least two weeks before surgery. This includes any prescription or non-prescription diet pills.
- Reactions between diet pills and anesthetic drugs could result in disturbances in your heart rhythms and could even cause cardiac arrest or death.
- You are REQUIRED to discontinue these medications for at least two weeks prior to surgery. Failure to do so will result in the cancellation of your procedure.
- If you have not informed Dr. Love of your usage of these medications, please do so immediately.

Special Information Regarding Herbal Medicines:

- Many people do not consider herbs to be “true” medicine and some people do not report taking these pills. You should inform us if you are taking any herbs. They are medicines and some are very potent and beneficial. You should discontinue all herbal medicine at least two weeks prior to surgery.
- Although herbal medicine can be helpful, they are poorly studied and can cause serious side effects with your anesthesia, etc.

PRE-SURGERY CHECKLIST

This page must be return prior to surgery! Please initial at the end of each statement to show that you have understood the necessary required step and return this form with consent(s).

- We have outlined the common and not-so-common risks of surgery in general. The specific risks and complications of each surgical procedure have been explained elsewhere in this pre-operative packet. We have not discussed every possible problem that may occur, and you cannot assume that a problem will not occur simply because it is not discussed here. _____
- I acknowledge that the risks and complications of the surgery I am to undergo have been explained and discussed with me in detail by Dr. Love and by the nursing staff. I have been given the opportunity to ask questions and any concerns I had about my surgery have been explained to me. My signature here attests to my understanding and satisfaction with the answers I have been given. _____
- I have had all my pre-surgery questions answered to my satisfaction. (Specifically regarding implants – if my surgery requires breast implants.) _____
- I understand the necessary incisions/excisions that will be required for this (these) procedure(s). _____
- I have read all items in my surgery package and understand the material. (If you do not understand, you need to call our office and talk with us.) _____
- I understand I cannot be by myself following surgery and must follow the instructions given for planning to have someone with me. _____
- I understand the required lab work necessary and will complete that in a timely manner so it may be in my chart prior to surgery date. _____
- I understand the hazards of smoking and the risks it may create with my undergoing surgery. I understand the doctor has instructed me to refrain from smoking three weeks prior to surgery and for three weeks after surgery if it applies to me. **VERY IMPORTANT.** _____
- I understand regarding the payments required prior to having surgery and will have those made prior to surgery. _____
- I understand the medications I am **NOT TO TAKE** prior to surgery and have referenced the list given to me. When in doubt, I will contact my pharmacist. **VERY IMPORTANT.** _____
- I understand the post-operative return visits required for Dr. Love and staff to thoroughly follow my healing period. _____
- I understand the time required for my initial healing for this surgery procedure, that healing cannot take place any sooner, and therefore will plan my calendar accordingly. _____

Name: _____

Signature: _____

Date: _____

Witness: _____

Post-Operative Care – Outpatient Surgery

Your First 48 Hours:

- **Very Important:** If you have excessive bleeding or pain that is not relieved by pain medication, call the office at (501) 224-1859 or you may page the plastic surgeon on call through the medical exchange (501)663-6900, day or night.
- **YOUR FIRST 24 HOURS:** If you are going home, a family member or friend must drive you because you have been sedated. Someone should stay overnight with you. If you choose to go to a postoperative center, they will provide transportation. If you have any questions about these matters, please ask one of our nursing staff.
- **DRESSINGS:** Keep your dressings as clean and dry as possible. Do not remove them unless instructed to do so.
- **ACTIVITY:** Take it easy and pamper yourself. Try to avoid any straining. You may go to the bathroom, sit and watch TV, etc., but **NO MATTER HOW GOOD YOU FEEL, DO NOT CLEAN THE HOUSE, REARRANGE THE ATTIC, ETC.!** We do not want you to bleed and cause any more swelling and bruising than is unavoidable.
- **ICE PACKS:** Cold or ice packs help to reduce swelling, bruising, and pain. Use frozen peas in the package or crush ice cubes and put the ice into a zip-lock bag. This should help, not hurt. If the ice feels too uncomfortable, don't use it as often.
- **HEAT:** Do not apply heat to the abdomen unless instructed to by Dr. Love or his nurse! Heating pads may cause severe burns to the skin due to the lack of sensation presence after surgery.
- **DIET:** If you have any postoperative nausea, carbonated sodas and dry crackers may settle the stomach. If nausea is severe, please call Dr. Love's office. If you feel normal, start with liquids and bland foods, and if those are well tolerated, progress to a regular diet.
- **SMOKING:** Smoking reduces capillary blood flow to your skin. We advise you not to smoke at all during the first 10 days after surgery.
- **ALCOHOL:** Alcohol dilates the blood vessels and could increase postoperative bleeding. Please do not drink until you have stopped taking the prescription pain pills, as the combination of pain pills and alcohol can be dangerous.
- **DRIVING:** Please don't drive for at least 2 days after general anesthesia or intravenous sedation or while taking prescription pain pills.
- **POST OPERATIVE APPOINTMENTS:** It is very important that you follow the schedule of appointments we establish after surgery. If you do not know when your appointment is you may contact Sunny at the Plastic Surgery Institute (501-224-1859) for the correct time and date.

Specific Post-Operative Instructions

Liposuction

- **ACTIVITY:** Dr. Love will direct your activity. For the most part, extreme physical activity should be kept to a minimum up to 4 weeks. You may ask Dr. Love when you may resume some of these activities.
- **GARMENT:** One garment will be provided in the cost of the surgery. This will be placed on in the operating room before you awake. If you would like to purchase an extra garment that can be done at the time of check-in at the Surgical Pavilion. The one you are currently wearing can be removed when showering. Any pads and dressings can be discarded at this time. Of note, when removing the girdle, a few patients have experienced a sense of light-headedness, dizziness or weakness. Just to be safe, you should

have someone assist you with these procedures and if you become light-headed or develop any of these symptoms, lie down and put your feet up will help alleviate them.

- **SHOWERING and BATHING:** You may shower the 48 hours after surgery. Leave the adhesive strips (steri-strips) on your skin.
- **EXERCISE:** You may take gentle walks within a few days. Do not return to aerobic exercise for 3 weeks.
- **SUTURES:** The incision normally is covered with steri-strips; therefore, there is no special care needed. If you do not have steri-strips to the incision you should clean your suture line with half strength peroxide. You can dilute this with half water. You should apply a thin layer of Bacitracin or Neosporin ointment to the incision twice a day. Cover this with telfa and tape.
- **EXPOSURE TO SUNLIGHT:** Scars take at least one year to fade completely. During this time, you must protect them from the sun. Even through a bathing suit, a good deal of sunlight can reach the skin and cause damage. Wear a sunscreen with a skin-protection factor (SPF) of at least 15 at all times when in the sunshine. Be extremely careful if areas of your breast skin have reduced sensitivity.
- **DRIVING:** You may drive when driving does not cause pain. This usually occurs in 4 – 6 days if you have a car with power steering.
- **REST:** If you go home after surgery, it is imperative that you go home and rest. You should, however, get up at least every 8 hours and walk around your room or to and from other rooms within your house. There is a significant risk of developing blood clots in your lower legs when you go home and lay down for long periods of time.
- **SWELLING and DISCOLORATION:** Although your incisions are very small, the area of treatment from the surgical dissection is very extensive. Swelling and discoloration can be expected and varies among patients. This discoloration may last up to 2 to 4 weeks and the swelling may begin decreasing rapidly after 2 to 3 weeks, but can still be significant up to 6 weeks. You will notice a gradual decrease over the next 3 to 6 months with continued improvement of your operative results.

Longer Term Post-Operative Instructions

- **ACTIVITY/SPORTS:** We want you to avoid straining or any aerobic activity for at least 3 weeks after surgery. This is to avoid bleeding, bruising, and swelling. Do not resume strenuous exercise for 4 to 6 weeks. Dr. Love will give you clearance to increase your activities according to the progress of your recovery.
- **DRIVING:** You may resume driving when you feel you are able, but wait at least 2 days after surgery. Keep in mind that you must have full use of your reflexes. If pain will inhibit them, don't drive!
- **SEXUAL ACTIVITY:** You may resume sexual activity as your body allows. Please reread Activity/Sports above and apply the same concept to the sexual activity.
- **SUN EXPOSURE:** If fresh scars are exposed to the sun, they will tend to become darker and take longer to fade. Sunscreen can help. Take extra care and precautions if the area operated on is slightly numb – you might not “feel” a sunburn developing!
- **WORK:** Follow whatever plan you and Dr. Love have agreed upon.

As You Heal

Family & Friends:

- Support from family and friends is very helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your result to be. Please trust in our knowledge and

experience when we discuss your progress with you.

Although plastic surgery has certainly "come out of the closet" in the past decade, your friends may still be reluctant to bring up and discuss what they believe is a private matter. Patients occasionally feel upset that "no one noticed" or "said anything." If you feel comfortable discussing your surgical experience, do so openly. When people ask how you are, respond by saying, "I feel wonderful. I just had cosmetic surgery and I'm recovering." This lets people know that they may talk freely with you. Often when patients are open, they find that their friends and acquaintances are very interested in discussing the subject.

Depression:

- Some patients experience a brief period of "let-down" or depression after cosmetic surgery. Some may subconsciously have expected to feel and look better "instantly," even though they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understanding that this is a "natural" phase of the healing process may help you to cope with this emotional state.

Healing:

- Everyone has the capacity to heal themselves to one degree or another. Clearly this ability is variable and depends upon a number of factors such as your genetic background, your overall state of health and lifestyle (exercise, diet, smoking, drinking, etc.). Many people believe the surgeon "heals" the patient. No one person can make another heal. Dr. Love can facilitate (but not accelerate) the healing process. Your cooperation and close attention is extremely important and in your best interest.
- **FOLLOWING INSTRUCTIONS:** Another major factor in the course of healing is whether you follow the instructions given by Dr. Love verbally and in this booklet. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything which may interfere with recovery. It is imperative that you recognize that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.
- **COMPLICATIONS:** Unexpected occurrences are very infrequent. When they occur, it is seldom a consequence of malpractice. It is far more likely to be a result of the variable healing capacity or the patient's failure to follow instructions. Rest assured, we will assist you in any way possible with regard to such events. Should the unexpected occur, it is in your best interest to ally yourself with Dr. Love and the staff. We will support you through any difficulties and assist you in reaching your goal.

Specific As You Heal Information

- **ACTIVITIES:** It is important that you not engage in strenuous activities in the first 3 weeks after surgery. Aerobic exercise will raise your blood pressure, which could cause late bleeding and harm your result. If your job keeps you sedentary, you may return to work when you feel comfortable, several days after surgery. Once you begin exercising again, start gently and let your body tell you what it can tolerate. Don't rush!!
- **HEALING OF SENSORY NERVES:** Regeneration of the sensory nerves is accompanied by tingling, burning, or shooting pains, which will disappear with time and are nothing to be alarmed about. If, however, this is accompanied by swelling or redness, infection, or bleeding, then you will need to see Dr. Love at the office.
- **SENSITIVITY:** As the nerves regenerate, the area commonly becomes hypersensitive. This will subside with time. You may find that gentle massaging helps.

Financial Policies

- As patients approach surgery, they frequently need information about the various payment options and have questions about their potential insurance benefits. We hope the following information will be helpful.
- Our financial coordinators are readily available to meet with you personally to provide the specific information you desire. They specialize in this area and will use their expertise to help you obtain the maximum benefits from your policy.

Insurance Coverage:

- The benefits paid by insurance companies for plastic surgery vary greatly from carrier to carrier and plan to plan. Therefore, we make every effort to determine in advance if insurance coverage exists. Once insurance coverage is determined we will try to project the approximate required co-payment in which the patient will be responsible. We do this because we believe you need to be as informed of financial obligation as soon as possible before surgery.
- Please discuss all arrangements regarding payment of your account with us.

Cancellation Policy:

- We understand that a situation may arise that could force you to postpone your surgery. Please understand that such changes affect not only your surgeon but other patients as well. Dr. Love's time, as well as that of the operating room staff, is a precious commodity, and we request your courtesy and concern.

If you need to cancel your surgery after your preoperative visit but more than 6 business days before surgery, you are entitled to a full refund. Should you find it necessary to cancel your surgery after your preoperative visit and 6 business days or less before surgery, the following policy will apply.

We will refund your payment except for \$250.00, which will be applied to the payment for your rescheduled surgery or used for processing fees if you have not rescheduled within 30 days.

- If you have any questions or need assistance with financial matters, please ask to consult with Sunny Matuszyk or Kelly M. Kunkel, RN.

EDWARD J. LOVE, M.D.
Plastic Surgery Institute

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(501) 224-1859 fax (501) 907-2242

POST-OPERATIVE CARE

To My Patient:

Post-operative care is an important aspect of your overall surgical result. It is our hope that you have an easy recovery time but it is also important for you to pay attention to how you are progressing. If you have any problems, please call my office or me immediately. If your condition worsens, please call my office or me immediately. If you do not improve within the next two or three days, call my office or me. Be particularly alert for fever, excessive pain, nausea, vomiting, bleeding, dizziness, shortness of breath, rash, rapid heart rate or rapid breathing rate. The telephone number for the office is (501) 224-1859 and after hours you may page the plastic surgeon on call at (501)- 663-6900.

If you have been given medication or a prescription, take it as instructed. Be sure to take the medicine at the times ordered.

If you have any suspected reaction to the medicine, stop taking it at once and call my office or me immediately. Failing to take your medicine as instructed could result in serious harm to your health. Follow all instructions that may accompany the medication such as taking with food or avoiding alcohol, driving, etc.

Remember to follow any special instructions that you have been given in addition to these general instructions. Thank you.

Sincerely yours,

Edward J. Love, M.D.

MEDICATIONS TO AVOID BEFORE & AFTER SURGERY

If you are taking any medications on this list, they should be discontinued 10 days prior to surgery and only Tylenol should be taken for pain. All other medications that you are currently taking must be specifically cleared by your doctor prior to surgery. It is absolutely necessary that all of your current medications be specifically cleared by doctor and the nursing staff.

Medications Containing Aspirin

4-Way Cold Tabs	Alka-Seltzer	Alka-Seltzer Plus	Anacin	Anexsia
w/Codiene	Anodynos	APC	Aspergum	Axotal
Ascriptin	BAC powder	Bayer Products	Azdone	
Bexaphene	Cama Arthritis Pain	Bufferin	Buffinol	
Congesprin	Cephalgesic	Cheracol	Cortisone meds	Cope
Coricidin	Dia-Gesic	Disalcid	Doan's Pills	
Dolprin #3 Tablets	Doxaphene Compound	Dristan	Duragesic	Easprin
Ecotrin	Emagrin Forte	Empirin	Emprazil Equagesic	
Equazine M	Excedrin	Feldene	Fiogesic	Fiorgin
Fiorinal	Gelpirin Tablets	Gemnisyn	Indocin	Lortab
Asprin	Magan	Magnaprin	Marnal	
Measurin	Meprobamate	Methocarbamol	Midol	
Mobigesic	Mementum	Norgesic	Norwich	
Orphenogesic	Oxycodone	PAC	Pabalate	
Pepto-Bismol	Percodan	Persantine	Phenaphen	Presalin
Propoxyphene Compound	Robaxisal	SAC Tablets	Saeto	Salocol
Sine-Off	Sinutab	SK-65	Soma Compound	
St. Joseph Aspirin	Suprax	Synalogos-DC	Talwin	Tolectin
Triaminicin	Trigesic	Trilisare	Ursinus Inlay-Tabs	
Vanquish	Zactrin	Zoprin		

MEDICATIONS TO AVOID BEFORE AND AFTER SURGERY

If you are taking medications on this list, they should be discontinued 10 days prior to surgery and only Tylenol should be taken for pain. All other medications that you are currently taking must be specifically cleared by your doctor prior to surgery. It is absolutely necessary that all of your current medications be specifically cleared by your doctor and the nursing staff.

Medications Containing Ibuprofen

Aches-n-Pain	Advil	Aleve	Anaprox	Haltran	IBU-TAB
Medipren	Midol 200	Motrin	Naprosyn	Nuprin	Pedia Profen
Rufen	Trendar				

Other Medications to Avoid

4-Way w/Codeine	A-A Compound	A.C.A.	Accutrim	Acetabar
Acetasem	Actifed	Adapin	Allylgesic	Alprine
Aluprin	Amsodyne	Anexsia	Anisindione	Ansaid
Antiten	Anturane	APAC	Arthritis Bufferin	Asalco
Ascodeen	Aspadine	Asphac-G	Asriptin	Astoka
BC Tablets	Bexophene	Bi Act	Bitrin	BUF
Buff-A	Buffadyne	Butazoladin	Cadasa Tap.	Cafacetin
Calciparine	Cama Inlay	Carpon	Children's Advil	Christodyne
Clinoril	Clinoril C	Coastalgescic	Coldate	Colrex
Contac	Coumadin	CP2	Darvon/ASA	Dasicon Capsules
Day Pro	Decojen	Dedache	Defencin	DeWitt's Pills
DicumeroI	Dimetan	Dimetapp	Dolobid	Dover's Powder
Doxycycline	Drinophen	Dristamead	Duradyne	Dynosal
Elavil	Emagrin	Empirin w/Codeine		Endep
Enoxaparin Injection	Entab – 650	Etrafon	Febrinette	Fendol
Fiorgesic	Flagyl	Forbutol	Furadantin	Gelcoid
Goody's Powder	Haysma	Heparin	Hepto	Histalyl w/ASA
Hydrocortisone	Hypan	I-PAC	Isobarb	Isollyl
Lanorinal	Lodine	Lovenox Injection		Macrofantin
Meclomen	Mellaril	Mepro	Meprogesic	Mirandon
Mobidin	Monacet	Monogesic	Mysteclin F	Nalfon
Nalproxyn	Opasal	Orudis	Os-Cal-Gesic	Pabirin
Pamelor	Pan-PAC	Panwarfin	Pasibar	Percobarb
Persantin	Phenotron	Phenylpropanolamine		Plegine
Ponstel	Prednisone	Propadrine	Protamine	Protension
Pyroxate	Quiet World	Relafen	Rhinate	Rhinex
Rhinocaps	Riona	Ru-Lor-N	Ru-Tuss	Salatin
Salejo	Salflex	Salicylates	Salphenine	Salsalate
Salsitab	Salsprin	Sine-Aid	Sinequan	Sinex
Soltice	Sparine	Stelzaine	Stenden	Surmontil
Tabloid APC	Tempanil	Tempanil Tentab	Ten-Shun	Tenuate
Tenuate Dospan	Thorazine	Tofranil	Toradol	Triavil
Trilisate	Ursinus	Van-Trol-Nol	Vantrin	Vibramycin
Viro-med	Vitamin E	Voltaren	Warfaren	