



THE PRE-OPERATIVE SESSION™

PRE-OPERATIVE INSTRUCTIONS FOR MICROFAT GRAFTING FOR BUTTOCK AUGMENTATION

THREE WEEKS BEFORE SURGERY:

- Laboratory tests and EKG (if they are required) must be done. If you are having testing at a lab other than the one we suggested, please have the written results faxed to our office one full week before surgery (our fax number is 585-271-4786).
- SURGERY WILL NEED TO BE CANCELLED IF THERE IS ANY CHANCE THAT YOU ARE PREGNANT.
- All fees are due, including surgical, facility and anesthesia.

TWO WEEKS BEFORE SURGERY:

- Do not take any products containing aspirin, ibuprofen (Advil, Motrin), non-steroidal anti-inflammatory medication, Vitamin E, or herbal supplements. Tylenol is acceptable.
- Refrain from all nicotine products, including cigarettes, pipe tobacco, chew or Nicotine patch. Nicotine interferes with healthy circulation and may affect the result of your surgery. It also places you at higher risk of complication when receiving anesthesia.

ONE WEEK BEFORE SURGERY:

- Do not drink alcohol for 1 week before and after surgery.
- Please ensure that all laboratory tests and/or blood work has been completed by this time as ordered by the physician/nurse practitioner. Our fax number is 585-271-4786.

THE DAY BEFORE SURGERY:

- The Surgery Center will call you to inform you of your arrival time for surgery.
- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT** (This includes water and gum chewing). Surgery may be cancelled if this is not followed. A fasting state is required in order to receive sedation for surgery. The only exception is medication, which we instruct you to take with a sip of water the morning of surgery.

DAY OF SURGERY:

- Go to suite 101 (Lindsay House Surgery Center).
- You may shower and shampoo the morning of surgery. Do not wear makeup, hair sprays or gels, or nail polish. You may leave acrylic nails on.
- Please wear loose fitting clothing.
- Do not wear jewelry, including body jewelry or bring valuables to surgery.
- If you have your menstrual cycle, please wear a feminine napkin. Do not wear a tampon.
- Wear the style of panty or bathing suit bottom that you will be wearing after you recover from surgery. This is necessary in order for Dr. Koenig to place as much of your incision within your panty line as possible.

**POST-OPERATIVE INSTRUCTIONS FOR
MICROFAT GRAFTING FOR BUTTOCK AUGMENTATION**

COMMON INSTRUCTIONS AFTER SURGERY:

- A responsible adult must provide transportation for you after surgery (public transportation is not permissible).
- A responsible adult must stay with you overnight and after your surgery until the morning following the procedure. If you are having several procedures, you may need or prefer assistance for 1-2 days following your procedure.
- You will need to arrange transportation for your appointments at our office for the first few weeks after the surgery.
- Do not drive while taking pain medication and until your physician clears you.
- You must stay within 30 minutes of the Lindsay House on the first night of surgery. These arrangements must be made **BEFORE** your surgery.
- You are encouraged to walk around the house on the day of surgery and thereafter. Move/pump legs frequently while you are lying down. These help to prevent blood clots from developing in the legs.
- Wear the support stockings for at least 1 week after surgery or until fully active.
- Take deep breaths often during the first 24 hours post operatively. Use your incentive spirometer 10 every hour while awake for 5 days after surgery or until fully active. This is necessary to expand the base of your lungs and prevent post operative pneumonia or atelectasis.
- Resume activities slowly. You may feel tired for the first few days. Avoid any heavy lifting, bending, pushing, pulling, and/or straining for 3 weeks.
- Do not exercise for the first three weeks.
- Keep your dressings clean and dry.
- You may shower but not bathe when it is deemed appropriate by your physician.
- Take all medications as instructed post operatively.
- Some bruising and swelling is normal in the immediate post operative period. This will gradually decrease over the first few weeks.
- Drink plenty of fluids (up to one gallon per day) to keep well hydrated.
- If you have not urinated after 6 hours of being home from surgery, please contact our office.
- Avoid direct sunlight to the incision for at least 1 year. Use a sunscreen with zinc oxide with an SPF of 20 or greater to help decrease the visibility of the scar.
- Expect to have some incisional discomfort for the first 24 hours after surgery. Take your pain medication before your pain becomes severe.

POST OPERATIVE INSTRUCTIONS FOR SPECIFIC BUTTOCK AUGMENTATION:

Days 1-7

- You must take your antibiotics and drink plenty of fluids. Sports drinks that contain electrolytes are the best. The goal is to **drink 1 gallon per day**.
- You **MAY NOT** sit or lay on your buttocks or the grafted area for **3 weeks**.
- Walk frequently and while in bed point and flex the feet at the ankles to prevent blood clots from forming.
- Wear your TED stockings at all times to prevent blood clots from forming.
- During this time, only sitting to use the toilet is allowed.
- You must sleep on your stomach.
- You will be seen or contacted by our office daily.

Days 8-14

- You may sit up to 5 minutes two times per day.
- You will be seen or contacted by our office every other day.

Days 15-21

- You may sit up to 9 minutes five times a day only.

Days 22 and beyond

- Sitting is fine as long as you are comfortable.

Your garments must be worn at all times for 4 weeks from the day of surgery. You must report any increase in tenderness at the surgical sites immediately to our office.

CALL OUR OFFICE IF YOU DEVELOP ANY OF THE FOLLOWING:

- Fever of 101 degrees F or greater.
- Pain not relieved with pain medication.
- Swelling, redness, bleeding, and/or foul drainage from an incision site.
- Persistent nausea and/or vomiting.
- Any other concerns.

Office Telephone #: 585-244-1000

Physician pager #: 585-258-4851

I HAVE READ THIS DOCUMENT/IT HAS BEEN EXPLAINED TO ME AND I UNDERSTAND ALL OF THE INSTRUCTIONS PROVIDED.

Patient Signature: _____ **Date:** _____

Patient Name (print): _____ **Date:** _____

Witness: _____ **Date:** _____