Elite Plastic Surgery
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General Pre-Operative Instructions

1. We practice Enhanced Recovery After Surgery (ERAS) method. Scientific studies have shown ERAS to be highly beneficial in lowering pain, hunger, and infection. Most of our patients do not require narcotics more than a few days if at all due to this method.

2. As a part of ERAS, you are allowed to drink carbohydrate rich fluids up to 2 hours before your surgery. These fluids are limited to SUGAR FREE powerade, gatorade, apple juice, grape juice, or coconut water (please do NOT drink anything that is red or purple in color). Please do not eat any solid food past midnight the night before your surgery. If you are a patient with DIABETES or gastroesophageal reflux disease (GERD), BMI > 30, GASTRIC BYPASS, GASTRIC SLEEVE, MASSIVE WEIGHT LOSS and HIATAL HERNIA please adhere to the standard instruction of nothing to eat or drink by mouth past midnight the night before your surgery.

3. If your surgery is scheduled at one of the following surgery centers—**Elara Surgery Center, North Valley Surgery Center, or Deer Valley Surgical & Endoscopy Center**—please arrive **1 hour before your scheduled surgery time**.

    a. If your surgery is scheduled at a **hospital or another facility not listed above**, please arrive at the facility **2 hours before your scheduled surgery time**.

        i. **For example:** If your surgery is scheduled for **9:00 AM**, you should arrive and complete check-in by **7:00 AM**.

    b. Please allow enough time for parking, check-in, registration, and preoperative preparation. If you are unsure which arrival time applies to your procedure, please contact our office.

4. If applicable, please bring post-operative garments with you to the facility the day of your surgery.

5. Our office will contact you 1-2 days before your surgery to review your allergies and obtain the best pharmacy to send your prescriptions to. Please pick up your medication the day before or the same day of surgery depending on your preference.

6. Do not take any anti-hypertensive medications or anticoagulant medications the day of surgery.

7. Shower with WATER & SOAP the morning of your surgery. Do not apply any lotions, make up, body spray or deodorant after showering the morning of your surgery.

8. All patients anticipating surgery MUST STOP SMOKING! Chewing nicotine-containing gum or using nicotine patches should not be considered as alternatives since the nicotine causes vasoconstriction and compromises blood flow to the skin.

9. The following drugs or medications MUST BE DISCONTINUED four weeks prior to surgery because all of these medications affect normal blood coagulation, and if any of these are used, bleeding problems or other complications may occur. *Unless otherwise directed by Dr. Torabi Aspirin and all of the following aspirin-containing compounds must be avoided:

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1.

Alka Seltzer	Duragesic	Percodan
Anacin	Ecotrin	Panalgesic
A.P.C.	Empirin	Robaxisal
Ascriptin	Equagesic	Sine-Aid
Aspirin Suppositories	Excedrin	Sine-Off
Bufferin	Fiorinal	Synalgos Capsules
Butalbital	Indocin	Tolectin
Cope	Midol	Triaminicin
Coricidin	Motrin	Vanquish
Darvon Compound	Naprosyn	Zomax
Dristan	Norgesic	

2. **Non-steroidal anti-inflammatory drugs** such as Advil, Motrin, etc. **Vitamin E Fish Oil** (such as cod liver) **Estrogenic Hormones** (by pill, injection, or patch) Vitamin E may be resumed one week after surgery. Estrogen may be resumed a few days after surgery. **Tylenol** (acetaminophen) may be taken as a therapy for headaches, menstrual cramps, or other aches and pains.

10. If any medications are taken routinely, or if you have any known allergies to drugs, these should be discussed with Dr. Torabi prior to surgery. He will provide you with instructions on the use of your routine medications before and after surgery. Patients who are anticoagulated must discontinue taking their medications two days prior to surgery and may begin taking the anti-coagulants again after the procedure has been performed when indicated by Dr. Torabi. Diabetic patients will be given explicit instructions regarding their diet, medications, and insulin administration.

11. In addition to the previous, you must stop taking all diet pills (i.e., Fen-Phen, Herbal Fen-Phen, etc.) two weeks prior to the general anesthesia, including the new dietary product "Meridian", whose pharmacological implications and potential interactions with general anesthesia are similar to, if not the same as, those reported with redux.

12. Also, St. John's Wort has been shown to induce Monoamine Oxidase (MAO) inhibition. Although the potency of this inhibition is felt to be low, it has not been quantified. More importantly, the safety of St. John's Wort in combination with anesthetics has not yet been confirmed. Dr. Torabi recommends that it be discontinued for two weeks prior to effective procedures.

13. Vitamin C taken in large doses post-operatively may contribute to excessive scar formation, and it should not be resumed until two or three months after surgery.

14. Contact lenses should not be worn during surgery. They may be replaced a few days afterward depending on the procedure. Dr. Torabi will provide instructions for you.

15. For all procedures, facial makeup should be removed, and the face and neck should be thoroughly washed with soap and water prior to coming to surgery. Creams and moisturizers should not be applied to the face or any areas of the body after washing. Hair may be colored but should not be styled prior to surgery. Female patients should shave their underarms if they are having breast surgery and should shave their legs if they are having body contour surgery.

16. Watches, earrings, jewelry and all valuables should be left in a safe place at home.

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17. Loose and comfortable clothes that do not have to be slipped over the head, and sandal type shoe should be worn to surgery. Patients recuperating overnight at the Surgical Recovery Center may bring appropriate bed clothing, slippers, robe and personal toiletries for during their stay.

18. Make arrangements for a family member or friend to drive you to and from the surgical facility. You are NOT allowed to drive yourself home after the surgery. You must also make arrangements to have a responsible adult stay with you for the first 24 hours after surgery.

Elite Plastic Surgery

ERAS POSTOPERATIVE MEDICATION SCHEDULE

EXAMPLE ONLY: surgery starts at 7:30 AM and ends at 12:00 PM

FOLLOW THE CLOCK - DO NOT WAIT UNTIL YOU ARE IN PAIN. ERAS works best when you take ALL scheduled medications that were prescribed to you at the correct times. Oxycodone and Zofran are the only medications on this handout that are taken AS NEEDED.

*** MAY NOT APPLY TO YOU: JOURNAVX, Lovenox are only used when prescribed.**

BEFORE SURGERY - JOURNAVX* (only if prescribed)

JOURNAVX loading schedule: For a 7:30 AM surgery, follow the example below. Your third dose is taken before you leave home; all later doses are every 12 hours from that dose.

WHEN	EXAMPLE CLOCK TIME	TAKE
24 hours before surgery	**7:30 AM - day before**	2 tablets (100 mg total)
12 hours before surgery	**7:30 PM - night before**	1 tablet (50 mg)
Before leaving home for surgery	**Example: 5:30 AM - surgery day**	1 tablet (50 mg)
12 hours after the leave-home dose	**Example: 5:30 PM**	1 tablet (50 mg)
Continue every 12 hours	**5:30 AM / 5:30 PM**	1 tablet (50 mg) each dose

JOURNAVX food note: Take the first dose at least 1 hour before or 2 hours after food. From the second dose on, JOURNAVX may be taken with or without food. Avoid grapefruit while taking JOURNAVX.

AFTER SURGERY - CLOCK-BASED HOME MEDICATION SCHEDULE

EXAMPLE ONLY: This schedule shows a surgery ending at 12:00 PM. Your actual clock times will depend on when YOUR surgery ends. Use the relative timing in parentheses to shift the schedule to your own surgery time.

EXAMPLE CLOCK TIME / RELATIVE TIMING	TAKE ALL THAT WERE PRESCRIBED TO YOU
12:00 PM (EXAMPLE: surgery ends)	**START HERE: This is the reference point for the example below. If your surgery ends at a different time, shift each clock time using the relative timing shown in parentheses.**
2:00 PM (2 hrs after surgery)	☐ Tylenol 1,000 mg ☐ Toradol 10 mg ☐ Gabapentin 100 mg ☐ Antibiotic - Keflex 500 mg or prescribed alternative ☐ Colace 100 mg + Senna 8.6 mg
4:00 PM (2 hrs later)	☐ Flexeril 5 mg
5:30 PM (12 hrs after AM JOURNAVX)	☐ JOURNAVX 50 mg*
8:00 PM (6 hrs after 2 PM)	☐ Toradol 10 mg ☐ Tylenol 1,000 mg - if under age 50
10:00 PM (8 hrs after 2 PM)	☐ Gabapentin 100 mg ☐ Antibiotic - Keflex 500 mg or prescribed alternative ☐ Tylenol 1,000 mg - if age 50+
12:00 AM (8 hrs after Flexeril)	☐ Flexeril 5 mg
2:00 AM (12 hrs after 2 PM)	☐ Toradol 10 mg ☐ Tylenol 1,000 mg - if under age 50 ☐ Colace 100 mg + Senna 8.6 mg
5:30 AM (12 hrs after JOURNAVX)	☐ JOURNAVX 50 mg*
6:00 AM (8 hrs after 10 PM)	☐ Gabapentin 100 mg ☐ Antibiotic - Keflex 500 mg or prescribed alternative ☐ Tylenol 1,000 mg - if age 50+
8:00 AM (8 hrs after Flexeril)	☐ Flexeril 5 mg ☐ Toradol 10 mg ☐ Tylenol 1,000 mg - if under age 50

Spacing reminder: Gabapentin and Flexeril stay at least 2 hours apart. JOURNAVX may be taken at the same time as either one. Oxycodone is PRN and must stay at least 2 hours from both gabapentin and Flexeril.

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ERAS POSTOPERATIVE MEDICATION SCHEDULE

Medication key and important timing notes

SCHEDULED vs. AS NEEDED: Tylenol, gabapentin, Flexeril, antibiotic, Colace, Senna, and Toradol, and any prescribed JOURNAVX or Lovenox are part of the scheduled ERAS plan. Oxycodone and Zofran are the only AS-NEEDED medications on this handout.

WHAT EACH MEDICATION DOES

MEDICATION	PURPOSE	TIMING / IMPORTANT NOTE
Tylenol (acetaminophen)	Pain relief	1,000 mg every 6 hours if under age 50; every 8 hours if age 50+. Age 50+: do not exceed 3,000 mg/day. Under age 50: do not exceed 4,000 mg/day.
Gabapentin (Neurontin)	Nerve pain	100 mg every 8 hours. Helps with itching, burning, tingling, numbness and sharp/shooting pain. May cause drowsiness.
Flexeril (cyclobenzaprine)	Muscle relaxer	5 mg every 8 hours. May cause drowsiness. Do not drive while taking it.
Toradol (ketorolac)	Anti-inflammatory / pain relief	10 mg every 6 hours for the prescribed course. Do not take additional ibuprofen/Advil/Motrin or other NSAIDs while taking Toradol unless your surgical team tells you to.
Antibiotic - Keflex (cephalexin) or prescribed alternative	Prevents/treats bacterial infection	Take the antibiotic you were prescribed every 8 hours. If using a probiotic, separate it from the antibiotic by 2 hours.
Colace + Senna	Constipation prevention	Take every 12 hours. These two medications may be taken together.
JOURNAVX (suzetrigine)*	Non-opioid pain medication	Loading schedule begins 24 hours before surgery, then continues every 12 hours after the leave-home dose. Insurance coverage may vary.
Lovenox (enoxaparin)*	Blood clot prevention	Only for patients/procedures when prescribed. Start the day AFTER surgery and inject once daily for the prescribed course (your office instructions currently note 14 days if insurance covers).

AS-NEEDED MEDICATIONS

Oxycodone 5 mg - AS NEEDED: Take every 4-6 hours as needed for breakthrough/general pain. Keep oxycodone at least 2 hours away from BOTH gabapentin and Flexeril. Do not drive while taking oxycodone.

Zofran (ondansetron) 4 mg - AS NEEDED: Take every 6-8 hours as needed for nausea or vomiting.

IMPORTANT SAFETY / TIMING RULES

- Take every SCHEDULED medication that was prescribed to you at the listed time - even if your pain is controlled.
- Gabapentin and Flexeril are scheduled, but keep them at least 2 hours apart. If you need oxycodone, keep it at least 2 hours from BOTH gabapentin and Flexeril.
- JOURNAVX does NOT need to be separated from gabapentin or Flexeril and may be taken at the same time as either medication.
- Not every medication applies to every patient. JOURNAVX and Lovenox are marked with an asterisk because they may not be prescribed to you.
- Medication type may change because of an allergy or other medical reason. For example, take the antibiotic actually prescribed to you even if it is not Keflex.
- If you miss a dose, vomit a dose, have a medication reaction, or are unsure what to take, call the surgical team before changing the schedule or doubling a dose.