



Avron Lipschitz MD

NATURAL RESULTS, ADVANCED TECHNIQUES, EXCEPTIONAL CARE

## Preoperative Instructions Breast Reduction

Dr Lipschitz will perform the Breast Reduction surgery in an accredited office-based surgical center.

### Preoperative Instructions

Pre-surgery instructions are to help reduce risks associated with surgery and anesthesia, and promote healing in the recovery period. The surgical facility or hospital will contact you before the procedure to review the preoperative instructions. Surgery may be delayed or cancelled as needed, if this pre-surgical guideline is not followed. Please contact Dr. Lipschitz with any questions.

- Medical and tests at your PCP.
- Take certain medications or adjust your current medications.
- A baseline mammogram may be required before surgery and another one after surgery to help detect any future changes in your breast tissue.
- Stop smoking well in advance of your breast augmentation surgery.
- Avoid taking aspirin, anti-inflammatory drugs and herbal supplements as they can increase bleeding.

### 3 to 6 Weeks Prior to Surgery

Schedule and complete preoperative testing ordered by Dr. Lipschitz and/or your Primary Care Physician (PCP). Preoperative testing may include routine blood and urine tests, chest x-ray, electrocardiogram (ECG), and a physical examination by your PCP. If you have any heart history or medical problems, a stress test or cardiologist evaluation may also be required. Preoperative testing should be completed *no sooner* than 6 weeks and *no later* than 1 week prior to the date of surgery to ensure results are current.

This comprehensive preoperative medical evaluation is important to ensure you are physically ready to have the surgery and anesthesia. Please have your PCP send a copy of test results, your physical exam, and his/her written note to our office.

Patient Initial \_\_\_\_\_

**Avron H. Lipschitz, M.D. Plastic Surgery, LLC**

509 Riverside Drive, Suite 300 Stuart, FL 34994-2579

Office: 772 324 8197 Fax: 772 324 8143

info@dravronlipschitz.com

## 2 Weeks Prior to Surgery

- Stop taking aspirin, ibuprofen, Motrin, Advil, or similar anti-inflammatory medication, as these medications increase bleeding.
- Other blood thinners, such as Coumadin or Plavix, must also be discontinued, under the guidance of your PCP or cardiologist. Dr. Lipschitz will advise you when you may resume taking these medications, which may be a few days.
- Tylenol (acetaminophen) may be taken for pain or headaches *before* surgery.
- Stop herbal medication, supplements, and teas, as these substances may increase bleeding.
- Herbals with an increased risk of bleeding include, but are not limited to Vitamin E, garlic, ginger, ginkgo, ginseng, kava, and St. John's Wort.
- Daily multivitamins are okay.
- Stop any diet medication.
- Do not perform chemical procedures on your hair or face.
- Stop smoking.
- Smoking greatly increases the risk of anesthesia, surgery, wound healing, & recovery.

## The Day Before Surgery

Please have a list of current medications as well as the name(s) and phone number(s) of your PCP, other physicians you visit, & friends/family.

**DO** take your regular medications as ordered by your PCP with a very *small* sip of water. You may take any of these medications:

- Heart Medication
- Blood Pressure Medication
- Anti-Acid Reflux Medication
- Birth Control Medication
- Steroids and Immuno-suppressants
- Thyroid Medication
- Anti-Seizure Medication
- Asthma Medication
- Stop all alcohol consumption
- Have a light dinner
- **DO NOT eat or drink from midnight prior to the day of surgery.** This restriction includes water, milk products, chewing gum, mints/candy, coffee, and juice. You may take your regular medications with a very *small* sip of water. Your stomach should be empty for several hours before anesthesia.
- Insulin (only take HALF of your normal dose)

Patient Initial \_\_\_\_\_

**Avron H. Lipschitz, M.D. Plastic Surgery, LLC**  
509 Riverside Drive, Suite 300 Stuart, FL 34994-2579  
Office: 772 324 8197 Fax: 772 324 8143  
info@dravronlipschitz.com

**DO NOT** take the following medications:

- Chewable antacids (TUMS, Rolaids, etc)
  - Diuretics (water pills, furosemide, hydrochlorothiazide)
  - Oral hypoglycemics or Diabetic pills (Glucophage, Avandia, Actos, DiaBeta, Micronase, Glucotrol, Amaryl)
  - Aspirin (and aspirin-containing compounds)
  - Non-steroidal Anti-inflammatory pills (ibuprofen, Motrin, Advil, Mobic, Orudis, etc)
  - Potassium
  - Weight reduction pills
  - Vitamins
  - Herbs and supplements
  - Wear loose, comfortable clothing
  - Do not bring jewelry, large amounts of cash, or other valuables
  - Do not wear hairspray, perfume, makeup, or nail polish
  - Do not wear false eyelashes, artificial nails, or wigs
  - Do not wear dentures
  - Do not wear eye contacts lenses. Bring your eyeglass case, and hearing aid case, if applicable
- 
- Bring your current insurance card, photo ID, your copayment, and advance directive if you have one.
  - Be sure to arrange a ride home after your procedure, as you will not be able to take a taxi, use public transportation, or drive yourself home after having anesthesia.
  - Arrive at least 90 minutes prior to your scheduled surgery time.

**You'll need help**

If your Breast Reduction is performed on an outpatient basis, be sure to arrange for someone to drive you to and from surgery and to stay with you for at least the first night following surgery.

**Other important considerations:**

- Breast implants are not guaranteed to last a lifetime and future surgery may be required to replace one or both implants.
- Pregnancy, weight loss and menopause may influence the appearance of augmented breasts over the course of your lifetime.

**Patient Initial** \_\_\_\_\_

**Avron H. Lipschitz, M.D. Plastic Surgery, LLC**  
509 Riverside Drive, Suite 300 Stuart, FL 34994-2579  
Office: 772 324 8197 Fax: 772 324 8143  
info@dravronlipschitz.com

This is to confirm that the above preoperative instructions have been explained to me by Dr. Lipschitz. I have read all the above information and hereby agree to follow the instructions as stated.

Signed by: \_\_\_\_\_ on the \_\_\_\_\_ at the  
(Print Name) (Date)

\_\_\_\_\_  
(Office Location)

Patient Signature: \_\_\_\_\_

Witness: \_\_\_\_\_  
(Print Name)

Witness: \_\_\_\_\_  
(Signature)