



# SOUTHLAKE DERMATOLOGY

1170 N. CARROLL AVE. SOUTHLAKE, TX 76092

WWW.SOUTHLAKEDERMATOLOGY.COM

MAIN 817-251-6500 FAX 817-442-0550

## Pre-Operative Instructions

1. Stop all aspirin ten days before the day of surgery. Aspirin thins the blood and may cause excessive bleeding during or after surgery. Many products, including over-the-counter and prescription medications, contain aspirin. Examples include (but are not limited to): Alka-seltzer, Anacin, Ascriptin, Bufferin, Ecotrin, Equagesic, Excedrin, Disalcid, Monogesic, Salflex, and Trilisate.
2. If you are on aspirin because of a heart condition, history of stroke, or problem with blood clotting, please consult your primary care physician before stopping the aspirin.
3. Stop all "non-steroidal anti-inflammatory drugs" (NSAIDS) 3 days before the surgery. These medications are usually taken for pain. Like aspirin, they too thin the blood. Examples of NSAIDS include (but are not limited to): Aleve, Advil, Anaprox, Ansaed, Butazolidin, Clinoril, Dolobid, Feldene, Indocin, Lodine, Meclomen, Medipren, Motrin, Nalfon, Naprosyn, Nuprin, Orudis, Ponstel, Rufen, Tolectin, Toradol, and Voltaren.
4. If you need to take some pain medication, Tylenol will be fine.
5. Stop alcohol 2 days before surgery as this too thins your blood.
6. Stop garlic, fish oil and Vitamin E supplements 1 week before surgery as these may also thin your blood.
7. Stop smoking 3 days before your surgery and until the wound is completely healed to help promote better healing.
8. You may shower and eat normal meals on the day of surgery.
9. If the surgery involves a site on the face or scalp, please do not wear makeup, hair spray, or earrings the day of surgery.
10. Most dressings will need to be kept dry for the first 36-48 hours.

Please answer the following questions. If you answer yes to any of these you will need to contact our office prior to your surgery date.

Do you have heart problems?	Yes	No
Do you have a pacemaker?	Yes	No
Do you have trouble with local anesthesia or epinephrine?	Yes	No
Do you have an artificial heart valve or mitral valve prolapse?	Yes	No
Have you had a joint replacement?	Yes	No
Are you on blood thinners?	Yes	No
Do you have problems with keloid scarring	Yes	No

I have read, understand, and answered all of the above. I also understand that I will be charged a \$75 fee if I cancel my surgery with less than 24 hours notice in order to cover our costs incurred. This fee is not billable to your insurance. I agree to notify the practice prior to my appointment if I answered "Yes" to any of the above questions.

\_\_\_\_\_  
Patient Name (printed)

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date



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