



Pre-Op Instructions: Liposuction

Appt Date: _____ **Arrival time:** _____ **Anesthesia type:** Local / IV Sedation (please circle)

Please follow the below instructions carefully. Failure to comply may result in the canceling or rescheduling of your procedure. Due to the nature of surgery and scheduling, your procedure start time may be adjusted to earlier or later in the day. If that happens, we will contact you. If you are not able to make the new time, we will do all we can to accommodate the original time scheduled.

1. Please discontinue the use of Aspirin, Advil, Motrin, Aleve, Vitamin E, Pletal, all herbal preparations, and any other medications that may affect your ability to clot properly at least 7 days prior to your procedure. If you are taking any All-Natural products or supplements, please notify the nurse before your procedure date. Some of these products may increase your drainage or bruising post procedure.
2. If you take prescribed blood thinners such as Plavix, Coumadin, Lovenox, or others, we require a letter from the managing physician stating how soon before surgery the blood thinner can be stopped, and when it must be resumed.
3. If you are not sure which medications are safe to take, please call our office. Do not discontinue any other medication without consulting your doctor. please notify us if anything in your medical history has changed.
4. If your procedure is planned with local anesthesia, eat a light meal before you arrive. If your procedure is planned with IV sedation, Do not eat anything after 12 midnight the previous night.
5. If you have acrylic or shellac nails, remove nails/polish on 2 fingers (index and middle finger preferred).
6. Make sure you have arranged for a driver (Uber or taxi not permissible) to take you home after your procedure. Your driver will be asked to sign for you prior to the procedure.
7. On the day of your procedure, wear something comfortable and dark in color.
8. Bring with you all medications prescribed by us.
9. Drinking plenty of water is helpful – Stay hydrated pre- and post-procedure.
10. Feel free to bring earbuds and a device to play music or podcasts during your procedure.
11. If you have any questions, please feel free to call the office and speak with the nurse.
12. And lastly, relax and have a good night's sleep prior to your planned procedure!

I acknowledge that I have read the above and have been provided a copy of this form.

Patient Signature: _____ **Date:** _____

