



Pre-Op Instructions: Breast Augmentation

Appointment Date: _____ **Arrival time:** _____

Due to the nature of surgery and scheduling, your appointment time may be adjusted slightly 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. 10 days before surgery, 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.
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 need a pain reliever, take Tylenol (acetaminophen) but do not exceed 3500 mg/day.
4. If you take Metformin (aka Glucophage), please inform NuBody Concepts as we recommend stopping this medication 3 days before surgery.
5. 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.
6. Do not eat or drink after midnight on the day of your planned procedure. This includes coffee, tea, or juice in the morning. Do not chew gum. You may brush your teeth in the morning but do not swallow water.
7. We do want you to take any regular medications not exempted above on the morning of your surgery with a small sip of water. Please make sure that you have reviewed your medications with the doctor so that you do not take any medication that can adversely affect your surgery.
8. Shower the night before and on the morning of your surgery with antibacterial, unscented soap or Hibiclens.
9. Remove all piercings.
10. If you have acrylic or shellac nails, remove nails/polish on 2 fingers (index and middle finger preferred).
11. Do not apply any lotions, creams, or other products on your skin after your morning shower.
12. 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.
13. 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:** _____