

## ROBINSON FACIAL PLASTIC SURGERY

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### PREOPERATIVE INSTRUCTIONAL SHEET FOR OUTPATIENT SURGERY

You may be asked to have lab work done prior to surgery.

You will not be permitted to have anything to eat or drink after midnight prior to surgery.

You must have someone drive you to and from the Outpatient Surgery Center.

You will not be permitted to be alone following surgery. Please arrange for someone qualified to be with you throughout the night following surgery.

Please notify our staff if you develop an infection, cold, fever, sore throat, fever blisters, or any skin eruption of the face. We may need to follow up by some additional instructions to proceed with your surgery.

#### **Things we suggest prior to surgery:**

Multivitamins twice daily

Vitamin C 500 mg twice daily

Antibiotics started the day before your surgery and finished as directed

Any other prescribed medications to be taken as directed

Tylenol or Percogesic may be taken

Do not take vitamin E in large doses.

Do not take aspirin (acetylsalicylic acid) or like products (Bufferin, Anacin, Empirin, Excedrin, Fiorinal, Darvon Compound, etc.) two weeks before and after your scheduled surgery.

Do not take any anti-inflammatory medication, such as ibuprofen, at least 2 full days prior to surgery.

All outer wear will be removed (except underwear) and you will be given a surgical gown to wear during surgery, but do suggest comfortable clothing for leaving the center afterwards. Please plan to wear a shirt that might zip or button rather than going over the head.

Dentures or contacts should be removed prior to surgery as well. Please remove and leave all jewelry or watches at home. You may bring sunglasses, hats, or scarves (or other articles of covering up for dressing) as you're leaving surgery.

Contact our office immediately if you need to cancel or postpone your surgery so that we may notify other parties involved. Be assured that we will do everything within our power to make your surgical experience as convenient and as comfortable as possible.

Please sign below stating that you have read and that you understand all instructions and suggestions given to you at this time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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