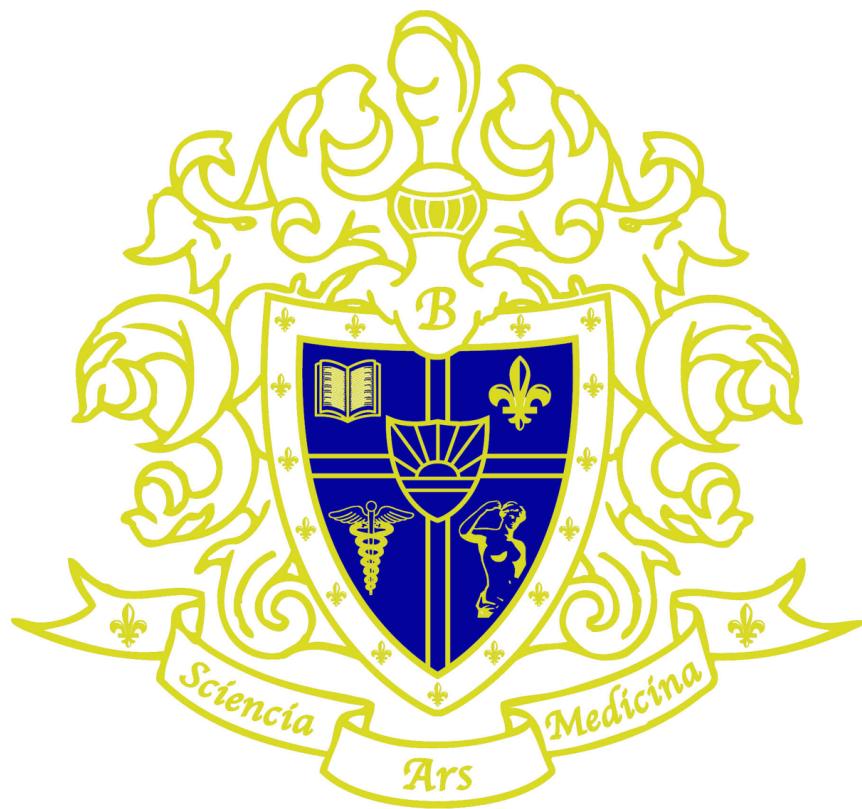


PRE AND POST OP INSTRUCTIONS



Beeson Cosmetic Surgery

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Preoperative Preparation

1) Obtain lab tests and EKG (if over 40)

- Labs and EKG need to be current within a year of the date of your surgery; otherwise they will need to be repeated

2) Obtain clearance from your medical doctor

- We will contact your doctor for clearance. However, in some cases if they have not seen you recently, your doctor may want to re-examine you prior to providing clearance. In some cases, for personal and confidentiality reasons, patients may not want their doctor contacted for clearance. If this is the case, let us know and we can make other arrangements for your clearance.

3) Obtain medical supplies for your postoperative care (*See Appendix for Supply List*)

4) Obtain medications

- Prescription pain medication (opioid pain medication requires a special prescription, which must be filled within 6 days from the time the prescription is written. If someone else is picking up your pain medication prescription, they will need to have your driver's license as well as presenting their own driver's license at the pharmacy.
 - Regulations significantly limit the amount of pain medication we can prescribe, and we are not able to provide refills
- Aprepitant (Emend) - anti-nausea pill taken at home 3 hrs. before surgery
- Compazine rectal suppository - anti-nausea to use post op only if needed
- Valtrex - anti-viral medication prescribed if you are having a chemical peel and have history of fever blisters

5) Non-prescription over-the-counter medications to obtain

- MiraLAX - to prevent constipation while taking pain medication
- Extra Strength Tylenol
- Benadryl 25 mg (or other over the counter antihistamine such as Zyrtec) - if you are having nasal surgery
- Genteal Severe Dry Eye Relief Lubricant Eye Gel - if you are having blepharoplasty surgery
- Bacitracin ointment
- Vaseline - if you are having a chemical peel
- Baby shampoo and "no tangles" - if having facelift or neck lift

6) Stopped taking aspirin; aspirin containing compounds; garlic, ginseng, ginkgo, and other herbal supplements 2 weeks before your surgery and for 2 weeks following surgery

7) If you are a smoker - stop smoking 2 weeks before and 2 weeks after surgery (you cannot use nicotine patches or nicotine gum, as they can also negatively impact healing)

- 8) If you color your hair you may desire to do this prior to surgery, as you will need to avoid coloring your hair for 4–6 weeks following surgery
- 9) Start taking a Multiple Vitamin and 500 mg to 1000 mg of Vitamin C daily
- 10) Plan ahead – arrange for people to assist you with your care during your recovery. Review with your caregivers your postop instruction booklets. (If you desire, our staff can arrange for a nursing service to provide this care for you)
- 11) Plan ahead – good nutrition is important to speed your recovery. You may wish to stock up on food such as bananas, rice, eggs, puddings, protein shakes, soups, saltine crackers and "comfort food" which is nutritious and easy to chew so that these are readily available after surgery and negate the need for you to go shopping.

Night Before Surgery

- 1) The day before surgery our nurse will call you to answer any last minute questions you might have and to confirm your times for surgery.
- 2) Shampoo your hair and rinse thoroughly / take a full body shower and wash thoroughly
- 3) Do not drink or eat anything after midnight (very important)

Morning of Surgery

- 1) Remove any body piercings
- 2) Remove eye contact lenses
- 3) If you wear dentures or partials they should remain in / we will NOT take them out during surgery
- 3) Wear clothing that buttons or zips up the front (do not wear something that pulls over your head)
- 4) Do not wear makeup
- 5) Take Emend (if you were prescribed this) with a very small sip of water 3 hours prior to the time of your surgery
- 6) Normally we will not have you take your normal prescription medications until after surgery. However, in some cases we will have you take certain medications when you first awaken the morning of surgery with a small sip of water. We will outline with you at your presurgical visit which medications (if any) you should take. If you have any questions, please call us.

Checking in at Hospital Ambulatory Care Area

Go to Entrance 5 – valet parking is available

Dr. Beeson will examine you before surgery and answer any questions you might have

Plan on spending most of the day at the hospital. Your family may wait in the reception area during your surgery or they may desire to go about other activities and return to the outpatient area when you are ready to be released. Dr. Beeson will call them and give them a report over the telephone or will talk to them personally if they are waiting at the hospital. Dr. Beeson will call or talk to your family immediately after surgery, so it will be at least 45-60 minutes before you will be moved to the second stage of recovery where family can be with you and you are ready to be discharged.

If your family has any questions during the time you and Dr. Beeson in surgery, they can call our office (317-846-0846) for a status report or for any messages to be relayed to Dr. Beeson.

Your Preoperative Process and Postoperative Care

You will go through Entrance 5 and register with people at the Reception Desk. You will then be taken back into the Outpatient Preoperative Care Area. There, you will wash with special antibiotic soaps and change into a special gown and bathrobe. The doctor will again examine you and answer any questions you might have. Our nursing staff will review your postoperative care instructions and make you comfortable prior to surgery in the privacy of your personal pre-op room. Dr. Beeson will also meet with you to answer any last-minute questions you might have.

Your anesthesiologist will then meet with you and discuss your sedation as well as answering any questions you might have. A full range of anesthetic services is available, including general anesthesia. The anesthesiologist will review with you the type of sedation that is most appropriate for your condition and concerns (*See Appendix for Anesthesia Care*).

Following surgery, you will be taken to the recovery area until you are alert enough to return to your suite. You will be released from the recovery area after you are more alert. However, it is important that you be released to the care of a responsible adult. Since you have been sedated, you will not be able to care for yourself. Patients who reside outside of the Indianapolis metropolitan area, need to make alternative plans. If you do not have friends or relatives in the area, our staff can assist you in making local hotel arrangements (*See Appendix for Hotel Listings*). We do this both for your safety and convenience. All patients are seen the morning following surgery at our office.

Your Postoperative Convalescence

Following your surgery, you will need to be released to the care of a responsible adult. This can be a family member, friend, or we can arrange for a nursing service. For those for whom it is inconvenient to have someone care for them the first night, or for those who just want a more convenient, care-intensive experience, this is an excellent alternative.

Some individuals prefer to spend the first night in one of the excellent hotels located near our facility. Others prefer to convalesce “incognito” for several days in one of the hotels. In either case, our staff is more than happy to make such arrangements for you.

Recovery following Blepharoplasty

Following eyelid surgery, an individual needs to sleep with their head elevated approximately 30 degrees for the first two weeks following surgery. They need to refrain from lifting over 5-10 pounds or activities which result in heart rate elevation for the first 7 to 10 days following surgery. This will help to minimize the amount of swelling and bruising. Eyelid incisions are cleansed with hydrogen peroxide soaked Q-tips 4-5 times a day during the first week. The patient can wash over these areas or get in the shower, as long as the shower spray does not directly hit the face. In fact, this is encouraged in order to accelerate the wound healing. Makeup can be applied after 7 days. Applying makeup sooner could result in irritation to the incision lines and should be avoided.

Ice water-soaked compresses are applied to the eyelid area constantly for the first 48-72 hours following surgery. This is critical in helping to reduce swelling and bruising, decrease discomfort and accelerate wound healing. Ice packs work well, but do not contour into all areas of the eyelid and therefore increased swelling and bruising can result. This problem is eliminated with wash cloths soaked in ice water.

One needs to limit eyelid movement for the first 48 hours after surgery. This means they should keep their eyes closed as much as possible and use the cold compresses. If an individual was reading, watching TV, or doing paperwork immediately following surgery, each time they blink their eye they would be pulling and stretching the incision lines. This obviously will decrease healing and result in more swelling and bruising. During those first 48 hours the patients should have as much eye rest as possible. Most patients find that at the end of one week, they can resume their normal activities and have significant improvement in their appearance as compared to before surgery. Makeup can be used to camouflage the minimal swelling and bruising that can occur in some patients.

When transconjunctival blepharoplasty is performed, patients can often return to normal social and work activities within 48 hours. Advances in laser technology allow this surgery to be performed with much less discomfort, bruising and swelling. However, this procedure can only be done if there is good elasticity to the lower eyelid skin.

Recovery following Facelift (S-lift)

Following surgery a turban-like dressing is used for the first 24 hours. Cold compresses are placed over the neck area. The following morning the dressing is removed and cold compresses are applied to the face and neck areas for the next 48 hours. Hydrogen peroxide-soaked Q-tips are used to clean over incision lines, followed by showering 4-6 times a day to accelerate wound healing and prevent crusts from forming. Individuals need to sleep with their head elevated 30 degrees for two weeks and avoid heavy lifting or straining for the first 7-10 days following surgery. One should also minimize movement of the head and neck for one week following surgery to avoid stretching

those newly positioned tissues. This means driving is prohibited for one week. Makeup can be applied after one week. Most individuals find that they can resume their normal social and work activities within 1-2 weeks following surgery.

Recovery following Neck Lift

A small stockinette type of dressing is usually applied. Individuals apply cold compresses for the first 48 hours after surgery. They need to sleep with their head elevated for two weeks and refrain from heavy lifting or straining for one week following surgery. They usually will be able to resume normal social and work activities within 3-4 days and normal physical activity without restrictions at seven days.

While the neck lift is not a replacement for facelift surgery, in many cases 80% of the improvement that a facelift would provide to this area can be achieved with a neck lift—but with the ability to avoid any visible external incisions and a much reduced convalescence and healing time. This technique is especially beneficial for men who want to avoid the preauricular incision that is necessary in a male facelift yet are concerned over laxity of tissue in the neck area. It is commonly performed on younger individuals who have premature aging in the neck area. The procedure is done under a twilight anesthetic on an outpatient basis.

Recovery following Submental Liposuction

Ice compresses are applied to the neck area for approximately 24-48 hours after liposuction surgery. Individuals are instructed to sleep with their head elevated approximately 30 degrees for two weeks following surgery and not to lift objects heavier than 5-10 lbs. for the first week after surgery. Most individuals can return to work within 48 hours, but have slight bruising in the neck area. This can usually be camouflaged easily with makeup or by wearing high-collared shirts or turtlenecks. In some cases, additional improvement in the jowl area can be obtained with liposuction. In these patients, a small incision is made inside the mouth and a special instrument is used to suction away excess fatty tissue, which can herniate from the buccal space into the jowl area. These individuals need to stay on a liquid diet for five days after surgery to avoid food particles irritating the incisions. There is a minimal amount of discomfort with liposuction surgery. It is usually done under a twilight anesthesia on an outpatient basis.

Recovery following Chemical Peel or Laser Resurfacing

Following treatment of the area, a moist dressing technique is utilized. A thick layer of Vaseline is applied to the peeled or laser treated area. The patient is then taken to recovery and later released. A mild burning sensation may be noted for the first 3-4 hours following the procedure, but can easily be controlled with oral medications. There is moderate to significant swelling that can accompany chemical peeling and laser resurfacing. Individuals apply Vaseline and shower 3-4 times a day to minimize crusting and to facilitate epithelial rejuvenation. The skin surface is usually completely re-epithelialized within 7-10 days. At that time, the skin has a reddened appearance; makeup can usually be applied. The skin may continue to be red for 6-8 weeks. During this time, the redness is usually covered easily with makeup. The skin then gradually fades back to the normal skin color or potentially a lighter color.

Recovery following Nasal Reconstruction (Rhinoplasty)

It is important to minimize the amount of swelling and bruising following surgery. Following surgery, ice compresses are used for the first 48 to 72 hours. Ice packs appear to be too heavy and do not work into the creases. For this reason, ice water-soaked washcloths, folded into an inverted-V configuration, appear to be ideal. They are easily draped over the nose and contoured over these areas. They should be used continuously for maximum results. A drip pad or moustache dressing is commonly applied after surgery. This is simply a gauze square, which is used to collect any drainage from the nose. It is not uncommon to have to change this several times during the first few hours after surgery. After several days a drip pad may not be necessary. However, if one continues to have drainage and requires dabbing the nose with a facial tissue, one should wear the drip pad as continued manipulation at the base of the nose will hinder healing.

Following nasal surgery it is necessary to sleep with the head elevated approximately 45-degrees for two weeks. Sleeping with the head higher than the heart helps to markedly decrease the amount of swelling and bruising. Lifting more than five to ten pounds for the first two weeks is also prohibited following surgery. During this time frame, the patient should refrain from engaging in any activity that causes the heart rate to accelerate. This could result in more swelling and increase the possibility of developing a nosebleed. Blowing the nose for the first two weeks following surgery should also be avoided. If one has to sneeze, they should sneeze with their mouth open to minimize the irritation to the healing nasal tissues.

At the end of one week, the external nasal dressing is removed without discomfort to the patient. A special liquid is applied to the dressing, which loosens the tape allowing it to be easily removed. At this point, most individuals will see a significant improvement in their nose. The nose will still be swollen and there will be significant changes as the nose fully heals over the next twelve months. Most individuals see a positive change at

one week following surgery. However, some individuals may have swelling and bruising which persists for several weeks. While it takes one year for the nose to fully heal, after three to four months, significant trauma is needed to distort the alignment of the nasal structures. For this reason, it is recommended to avoid contact sports, diving, and other activities, which could easily result in nasal fractures for the first 3-4 months after surgery

It is important to avoid wearing glasses of any kind for the first four to six weeks after surgery. The constant, gentle pressure of glasses can result in movement or repositioning of the nasal bones. For this reason, individuals who do need to wear glasses must wear a protective splint to avoid pressure over the healing nasal bones.

Individuals can fly several days after surgery. However, they should avoid scuba diving for 4-6 weeks after nasal surgery. This is in order to avoid the possibility of pressure changes causing the nose to bleed and also due to the fact that the face mask causes pressure over the healing nose

It is normal to have some swelling and congestion internally following nasal surgery. This usually persists for several weeks. While many individuals feel that they have markedly improved airway the first several days after surgery, it should continue to improve with time as the nose fully matures. Our final result both internally and externally is not achieved until 12 months following surgery. During the postoperative convalescence, various types of oral antihistamines and nasal sprays may be used to help accelerate the healing process and dissipate nasal congestion.

Recovery following Otoplasty

The otoplasty dressing is removed the morning after surgery. The patient then wears a headband over the ears while sleeping and during physical activity for the first six weeks after surgery. Patients are requested to sleep with their head elevated for two weeks and to refrain from vigorous physical activity for the first seven days following surgery. Ice compresses are usually applied for the first 48 hours following the procedure. Most patients find that they can return to work, school, and other normal social activities within the first 5-7 days after surgery.

Most individuals see significant improvement immediately following surgery. However, there will be some swelling that will gradually decrease over the next several weeks. It is important for patients to realize that no two ears are exactly the same and that this asymmetry is normal and to be expected.

The results of otoplasty surgery can be dramatic and are permanent. It is a procedure that is performed equally on men and women and done as frequently on adults as it is on children. Surgery is almost always performed on an outpatient basis.

Recovery following Mentoplasty (Chin Implant)

Patients need to stay on a liquid diet for 5 days in order to avoid food particles irritating the healing incisions. One needs to avoid manipulating the incision line with their tongue or toothbrush. For the first week, teeth may be cleaned with baking soda and a washcloth. One also needs to sleep with the head elevated approximately 30 degrees for the first 1-2 weeks in order to minimize swelling. Cold compresses are applied to the chin for the first 48 hours after surgery.

The tape dressing is removed after one week. Significant improvement is usually noted at that time. Patients must realize that there is still some swelling and decreased sensation in the chin that will resolve in the coming days.

Some individuals, in addition to having a receding chin line, also have fullness in the neck and chin area due to hereditary deposits of adipose [fatty] tissue. In these individuals, significant improvement can be obtained by combining a chin implant with liposuction of the neck [see liposuction section].

With chin augmentation, one must be willing to accept certain risks that may occur when implants are used. Although rare, one must accept the fact that there can be infections, rejection, reactions, irritation, paresthesia, swelling, and discoloration.

This procedure carries with it a high success rate and, in most cases, adds the “finishing touch” when reconstructing facial harmony.

Recovery following Malar Implants (Cheek Implants)

A flesh-covered dressing is applied externally to reduce the swelling and to hold the new implant in its proper position. The patient needs to stay on a liquid diet for approximately one week in order to avoid

food particles irritating the intraoral incisions. One needs to avoid manipulating the incision line with their tongue or toothbrush. For the first week, teeth may be cleaned with baking soda and a washcloth. The patient needs to sleep with head elevated for the first two weeks following surgery to minimize swelling. Cold compresses are applied to the cheekbone area for approximately 48 hours after surgery.

The tape dressing is removed on the fifth to seventh day following surgery. Significant improvement is usually noted at that time. Patients realize that there is going to be some swelling and decreased sensation over the cheekbone area, which typically resolves in the coming days.

Although rare, the patient must accept the fact that, as with any implant, there is the potential for infection, rejection, reaction, irritation, paresthesia, swelling, bruising, and asymmetry. However, this procedure carries a high success rate and in most cases, significantly accentuates facial harmony.

Avoid These Medications Before and After Surgery

If you are taking any medications on this list, they should be discontinued two weeks prior to surgery and for two weeks following your surgery. Only Tylenol should be taken for pain. Please inform your doctor of all medications which you are taking. It is important that each medication you take is specifically approved by your doctor.

Aspirin Medications to Avoid

- 4-Way Cold Tabs
- 5-Aminosalicylic Acid
- Acetylsalicylic Acid
- Adprin-B products
- Alka-Seltzer products
- Amigesic
- Anacin products
- Anexsia with Codeine
- Argesic-SA
- Arthra-G
- Arthriten products
- Arthritis Foundation products
- Arthritis Pain Formula
- Arthritis Strength BC Powder
- Arthropan
- ASA
- Asacol
- Ascriptin products
- Aspergum Azdone
- Asprimox products
- Axotal
- Azulfidine products

- B-A-C
- Backache Maximum Strength Relief
- Bayer Products
- BC Powder
- Bismatrol products
- Buffered Aspirin
- Bufferin products
- Buffets II
- Buffex
- Butal/ASA/Caff
- Butalbital Compound
- Cama Arthritis Pain Reliever
- Carisoprodol Compound
- Cheracol
- Choline Magnesium Trisalicylate
- Choline Salicylate
- Cope
- Coricidin
- Cortisone medications
- Damason-P
- Darvon Compound-65
- DarvonIASA
- Dipentum
- Disalcid
- Doan's products
- Dolobid
- Dristan
- Duragesic
- Easprin
- Ecotrin products

- Empirin products
- Equagesic
- Excedrin products
- Fiorgen PF
- Fiorinal products
- Gelpirin
- Genprin
- Gensan
- Goody's Extra Strength Headache Powders
- Halfrin products
- Isollyl Improved
- Kaodene
- Lanorinal
- Lortab ASA
- Magan
- Magnaprin products
- Magnesium Salicylate
- Magsal
- Marnal
- Marthritic
- Meprobamate
- Mesalamine
- Methocarbamol
- Micrainin
- Mobidin
- Mobicgesic
- Momentum
- Mono-Gesic
- Night-Time Effervescent Cold
- Norgesic products

- Norwich products
- Olsalazine
- Orphengesic products
- Oxycodone
- P-A-C
- Pabalate products
- Pain Reliever Tabs
- Panasal
- Pentasa
- Pepto-Bismol
- Percodan products
- Phenaphen Codeine #3
- Pink Bismuth
- Propoxyphene Compound products
- Robaxisal
- Rowasa
- Roxeprin
- Saleto products
- Salflex
- Salicylate products
- Salsalate
- Salsitab
- Scot-Tussin Original 5-Action
- Sine-off
- Sinutab
- Sodium Salicylate
- Sodol Compound
- Soma Compound
- St. Joseph Aspirin
- Sulfasalazine

- Supac
- Suprax
- Synalgos-DC
- Talwin
- Triaminicin
- Tricosal
- Trilisate
- Tussanil DR
- Tussirex products
- Ursinus-Inlay
- Vanquish
- Wesprin
- Willow Bark products
- Zorprin

Ibuprofen Medications to Avoid

- Actron
- Acular (ophthalmic)
- Advil products
- Aleve
- Anaprox products
- Ansaid
- Cataflam
- Clinoril
- Daypro
- Diclofenac
- Dimetapp Sinus
- Dristan Sinus
- Etodolac
- Feldene

- Fenoprofen
- Flurbiprofen
- Genpril
- Haltran
- IBU
- Ibuprin
- Ibuprofen
- Ibuprom
- Indochron E-R
- Indocin products
- Indomethacin products
- Ketoprofen
- Ketorolac
- Lodine
- Meclofenamate
- Meclomen
- Mefenamic Acid
- Menadol
- Midol products
- Motrin products
- Nabumetone
- Nalfon products
- Naprelan
- Naprosyn products
- Naprox X
- Naproxen
- Nuprin
- Ocufen (ophthalmic)
- Orudis products
- Oruvail

- Oxaprozin
- Piroxicam
- Ponstel
- Profenal
- Relafen
- Rhinocaps
- Sine-Aid products
- Sulindac
- Suprofen
- Tolectin products
- Tolmetin
- Toradol
- Voltaren

Herbal Medications to Avoid

- Ginkgo Biloba
- Ginseng
- St. John's Wort

Other Medications to Avoid

- 4-Way with Codeine
- A-A Compound
- A.C.A.
- Accutrim
- Actifed
- Anexsia
- Anisindione
- Anturane
- Arthritis Bufferin
- BC Tablets

- Children's Advil
- Clinoril C
- Contac
- Coumadin
- Dalteparin injection
- Dicumerol
- Dipyridamole
- Doxycycline
- Emagrin
- Enoxaparin injection
- Flagyl
- Fragmin injection
- Furadantin
- Garlic
- Heparin
- Hydrocortisone
- Isollyl
- Lovenox injection
- Macrodantin
- Mellaryl
- Miradon
- Opasal
- Pan-PAC
- Pentoxyfylline
- Persantine
- Phenylpropanolamine
- Prednisone
- Protamine
- Pyrroxate
- Ru-Tuss

- Salatin
- Sinex
- Sofarin
- Soltice
- Sparine
- Stelazine
- Sulfinpyrazone
- Tenuate
- Tenuate Dospan
- Thorazine
- Ticlid
- Ticlopidine
- Trental
- Ursinus
- Vibramycin
- Vitamin E
- Warfarin

Explanation of Laboratory Results

The following descriptions explain the meaning, purpose and significance of our most commonly ordered pre-surgery laboratory tests. Brief explanations for some of the most common causes of abnormal values are also noted, but are limited. Often times results are marginally out-of-range but normal or abnormal due to possible laboratory errors.

Complete Blood Count (CBC)

White Blood cells (WBC) – May indicate infection, elevated with systemic steroid use, decreased with autoimmune or some blood diseases among other causes. The following are types of WBCs with additional meaning.

WBC Differential:

- **Neutrophils** - Elevated with bacterial infection and low indicates an increased risk of infection.
- **Lymphocytes** - Elevated in viral infections and low with diseases such as hepatitis, lymphoma, or AIDS.
- **Eosinophils** - Elevated with allergies or infections with parasites.
- **Monocytes** - Elevated in blood diseases, certain infections or auto-immune diseases.
- **Basophils** - Elevated in blood diseases.

Red Blood Cells (RBC) – Elevated in dehydration, high altitude and CVD and low in anemia, hemorrhages, cancers, fluid overload and pregnancy.

Hemoglobin (Hgb) and Hematocrit (Hct) – Elevated in smokers and those with polycythemia and low in anemia.

Mean Corpuscular Volume (MCV) – Elevated suggests Vit B12 or folic acid deficiency anemia and increased alcohol consumption and low with iron deficiency.

Platelet Count (PLT) – Elevation is rare, low counts suggest medication interactions, antibody formation or liver disease and blood clotting problems.

Glucose (blood sugar) – Elevated with diabetes or systemic steroids but low may suggest pancreas or liver problems.

Kidney Function

Blood Urea Nitrogen (BUN) – Elevated with kidney problems, recent surgery, dehydration or blood loss and low with liver disease, pregnancy and diets.

Creatinine (CR) – Elevated with kidney problems.

Electrolytes

- **Sodium (Na)** – Elevated with dehydration and low in patients who sweat profusely or are on diuretics (water pills).
- **Potassium (K)** – Elevated with kidney problems, potassium supplements, or certain diuretics and low in patients with kidney problems, vomiting or diarrhea.

Acid-Base Balance

- **Chloride (Cl)** – Elevated with dehydration, hyperventilation or kidney infection and low with vomiting and colitis.
- **Carbon Dioxide (CO)** – Elevated rare and low with dehydration, diarrhea, exercise and kidney failure.

Bone Metabolism

- **Calcium** – Elevated with alcoholism, exercise, hyperparathyroidism and some cancers and low with diarrhea, malabsorption or calcium/Vit D deficiency, pancreatitis and renal failure.
- **Phosphorus** – Elevated with low calcium, kidney problems and in hypoparathyroidism; low with alcoholism and vitamin D deficiency.

Lipid Panel

Total Cholesterol – Elevation increases risk of heart disease and stroke.

HDL – “Good” cholesterol.

LDL – “Bad” cholesterol.

Triglycerides (TG) – Elevated in “mixed” hyperlipidemia often in Diabetics and Syndrome X patients.

Liver Function Tests

- **Alanine aminotransferase (ALT or SGPT)** – An enzyme produced in liver cells is elevated when cells are excessively damaged or die secondary to hepatitis (viral, alcoholic, medication-induced, etc.).
- **Aspartate aminotransferase (AST or SGOT)** – An enzyme is produced in muscle and liver (less specific than ALT) can be elevated in a 1:1 ratio with liver disease.
- **Alkaline phosphatase (Alk Phos)** – An enzyme produced in the bile ducts, intestine, kidney, placenta and bone. Elevation in normal or only modestly elevated ALT and AST activities, suggests disease of the bile ducts, alone with some bone disorders and growing children up to age 22.
- **Gamma-glutamyltranspeptidase (GGT)** – An enzyme produced in the bile ducts may be elevated with bile duct disease, any liver disease, medications and alcohol consumption.
- **Bilirubin** – The major breakdown product from old red blood cells are elevated with increased production, many different liver diseases and some non-liver diseases.
- **Lactate dehydrogenase (LDH)** - Enzyme found in many organs may be elevated with hepatitis or with other organ diseases including the heart, lungs, skeletal muscles, the kidney or brain.
- **Proteins** – Total proteins synthesized by the liver consist mainly of albumin and globulin are rarely elevated and low with poor liver function, malnutrition, some kidney disease and other rare conditions.

Blood Clotting – PT and PTT

Partial thromboplastin time (**PTT**) is used in to measure of how quickly blood clotting takes place.

Prothrombin time (**PT**) measures the speed of clotting by means of the extrinsic pathway.

Urinalysis (UA) – Tests for evidence of a urinary tract infection and presence of blood, sugar, or protein in the urine.

White Blood Cells – Indicates presence of possible infection.

Nitrites – Presence indicates infection.

Leukocyte esterase – Presence indicates infection.

Ketones – Elevated in diabetes, fasting, dieting or starvation.

Glucose – Elevated when blood sugar is over 180 and suggests diabetes.

Blood/Occult blood or RBCs – Presence suggests bleeding in the urinary tract, infection, or may be related to menstruation. **The cause should always be determined especially in men.**

Protein – Presence may be seen with kidney problems, diabetes and bone cancer among other causes.

Urobilinogen – Presence may be seen in liver disease, breakage of blood cells and medication.

PREOP SUPPLY LIST CHECKLIST

- Percocet**— prescription pain medication—take 1 tablet every 4-6 hours as needed for severe pain. Do not take on an empty stomach as will cause nausea
- Emend** (aprepitant) -prescription anti—nausea medication which is taken with small sip of water 3 hours prior to surgery
- Compazine rectal suppository**—prescription suppository used for relief of nausea and vomiting following surgery. Use one suppository every 6 hours as needed if develop nausea or vomiting after surgery
- Valtrex**—prescription antiviral - helps prevent fever blisters and should be taken 1 tablet twice a day starting the day before a chemical peel and continued until the prescription is empty.

Non-prescription over-the-counter medications & supplies to obtain

- MiraLAX** - to prevent constipation while taking pain medication. One capful in any type of liquid once a day while taking pain medication
- Extra Strength Tylenol**- pain medication – take one tablet every 4-6 hours for pain
- Benadryl 25 mg** - antihistamine – take two tablets at bedtime for sleep (do not take with prescription pain meds) / for nasal surgery can take every 6-8 hrs to reduce congestion.
- Genteal Severe Dry Eye Relief Lubricant Eye Gel - ointment** to put in eyes at night to help prevent dryness and irritation following blepharoplasty surgery. Pull up on upper eyelids and let ointment drip into eye – do not pull down on lower eyelids.
- Bacitracin Ointment** – apply 4-6 times a day to skin incisions (do not apply over staples)
- One-A-Day Multiple Vitamin**-take once a day for two weeks before surgery and every day afterwards for one month
- Vitamin C 1000 mg**—take once a day for two weeks before surgery and every day afterwards for one month
- Vaseline** - apply to areas of chemical peeling or laser resurfacing 4-6 times a
- Hydrogen peroxide**



Q-tips



1/2 inch paper tape (for nasal surgeries)



Gauze squares (for nasal surgeries)



Headband (for otoplasty surgeries)



Baby shampoo



No tangles – hair detangler



Small cooler or ice chest



Multiple wash cloths or face towels to use for ice water-soaked compresses



Hair clip

Herbs and Supplements

What are herbs?

Herbs include flowering plants, shrubs, trees, moss, fern, algae, seaweed or fungus. In most cultures, including Western culture, herbs are used not only as a part of the treatment of disease, but also in wellness enhancement. Plant parts, including flowers, fruits, leaves, twigs, bark, roots or seeds, are all considered usable.

What are dietary supplements?

By definition, a dietary supplement is a product taken by mouth and intended to supplement the diet. These products may include: vitamins, minerals, herbs or other botanicals, amino acids and substances such as enzymes and metabolites.

Are such products safe?

Herbal and dietary products have chemical properties just as manufactured drugs do. Like anything that we eat or apply to our skin like a salve, there can be side effects. One of the major problems with many of the products on the market today is that the amount and the purity of their active ingredients vary so greatly from product to product. In many cases, you do not always know how much of the natural substance you are actually getting in each dose or if other ingredients have been added. In addition, herbals and supplements may react with other medications, which you will be given.

Could herbal medicines and other dietary supplements affect my anesthesia?

Anesthesiologists are conducting research to determine exactly how certain herbs and dietary supplements interact with certain anesthetics. They are finding that certain herbal medicines may prolong the effects of anesthesia. Others may increase the risks of bleeding or raise blood pressure. Some effects may be subtle and less critical.

It is very important to tell us about everything you are taking before surgery. There are thousands of herbal products and dietary supplements currently on the market. In most cases we will ask that you stop taking all herbal and vitamin supplements for two weeks before and for two weeks following your surgery.

The following are examples of some commonly used herbal and dietary products and their possible side effects.

Echinacea

Common Uses: Boosts the immune system and helps fight colds and flu; aids wound healing.

Possible Side Effects or Drug Interactions: May cause inflammation of the liver if used with certain other medications such as anabolic steroids, methotrexate or others.

Ephedra

Common Uses: Used in many over-the-counter diet aids as an appetite suppressant; also for asthma or bronchitis.

Possible Side Effects or Drug Interactions: May interact with certain antidepressant medications or certain high-blood pressure medicines to cause dangerous elevations in blood pressure or heart rate. Could cause death in certain individuals.

Feverfew

Common Uses: Used to ward off migraine headaches and for arthritis, rheumatic disease and allergies.

Possible Side Effects or Drug Interactions: May increase bleeding, especially in patients already taking certain anticoagulant medications.

GBL, BD and GHB

Common Uses: Bodybuilding, weight loss aid and sleep aid.

Possible Side Effects or Drug Interactions: There are abbreviations for illegally distributed, unapproved drugs (not supplements) that may cause death, seizures or unconsciousness.

Garlic

Common Uses: For lowering cholesterol, triglyceride levels and blood pressure.

Possible Side Effects or Drug Interactions: May increase bleeding, especially in patients already taking certain anticoagulant medications. May decrease effectiveness of certain AIDS-fighting drugs, e.g., saquinavir.

Ginger

Common Uses: For reducing nausea, vomiting and vertigo.

Possible Side Effects or Drug Interactions: May increase bleeding, especially in patients already taking certain anticoagulant medications.

Ginkgo

Common Uses: For increasing blood circulation and oxygenation and for improving memory and mental alertness.

Possible Side Effects or Drug Interactions: May increase bleeding, especially in patients already taking certain anticoagulant medications.

Ginseng

Common Uses: Increases physical stamina and mental concentration.

Possible Side Effects or Drug Interactions: May increase bleeding, especially in patients already taking certain anticoagulant medications. May see increased heart rate or high blood pressure. May cause bleeding in women after menopause.

Goldenseal

Common Uses: Used as a mild laxative and also reduces inflammation.

Possible Side Effects or Drug Interactions: May worsen swelling and/or high blood pressure.

Kava-kava

Common Uses: For nervousness, anxiety or restlessness; also a muscle relaxant.

Possible Side Effects or Drug Interactions: May increase the effects of certain anti-seizure medications and/ or prolong the effects of certain anesthetics. May cause serious liver injury. May worsen the symptoms of Parkinson's disease. Can enhance the effects of alcohol. May increase the risk of suicide for people with certain types of depressions.

Licorice

Common Uses: For treating stomach ulcers.

Possible Side Effects or Drug Interactions: Certain licorice compounds may cause high blood pressure, swelling or electrolyte imbalances.

Saw Palmetto

Common Uses: For enlarged prostate and urinary inflammations.

Possible Side Effects or Drug Interactions: May see effects with other hormone therapies.

St. John's Wort

Common Uses: For mild to moderate depression or anxiety and sleep disorders.

Possible Side Effects or Drug Interactions: May decrease effectiveness of all currently marketed HIV protease inhibitors and nonnucleoside reverse transcriptase inhibitors (powerful AIDS-fighting drug). May possibly prolong effects of anesthesia (not proven). May unknowingly decrease levels of digoxin, a powerful heart medication.

Valerian

Common Uses: Mild sedative or sleep-aid; also a muscle relaxant.

Possible Side Effects or Drug Interactions: May increase the effects of certain anti seizure medications or prolong the effects of certain anesthetic agents.

Vitamin E

Common Uses: Used to prevent stroke and blood clots in the lungs. Also used to slow the aging process and for protection against environmental pollution.

Possible Side Effects or Drug Interactions: May increase bleeding, especially in patients already taking certain anticoagulant medications. May affect thyroid gland function in otherwise healthy individuals. In doses higher than 400 IU per day, may cause problems with increased blood pressure in people who already have high blood pressure.

Anesthesia

What types of anesthesia are available?

There are several types of anesthetic techniques available for your surgery ranging from local anesthesia to general anesthesia. The anesthetic technique recommended will depend on several factors. In some cases, the surgical procedure will dictate what kind of anesthesia will be needed.

There are four anesthetic options:

General Anesthesia - This anesthetic choice produces unconsciousness so that you will not feel, see or hear anything during the surgical procedure. The anesthetic medications are given to you through an intravenous line or through an anesthesia mask and endotracheal tube.

Regional Anesthesia - This technique produces numbness with the injection of local anesthesia around nerves in a region of the body corresponding to the surgical procedure. Epidural or spinal blocks anesthetize the abdomen and both lower extremities. Other nerve blocks may be done with the nerves in the arms or legs to anesthetize individual extremities. With regional anesthesia, medications can be given that will make you comfortable, drowsy and blur your memory.

Monitored Anesthesia Care - With this approach, you usually receive pain medication and sedatives through your intravenous line from your anesthesiologist. The surgeon or anesthesiologist also will inject local anesthesia into the skin, which will provide additional pain control during and after the procedure. While you are sedated, your anesthesiologist will monitor your vital body functions.

Local Anesthesia - The surgeon will inject local anesthetic to provide numbness at the surgical site. In this case, there may be no anesthesia team member with you.

Before receiving any sedatives or anesthetics, you will meet your anesthesiologist to discuss the most appropriate anesthetic plan. Your anesthesiologist will discuss the risks and benefits associated with the different anesthetic options. Occasionally it is not possible to keep you comfortable with regional, monitored or local anesthesia, and general anesthesia may be needed.

Although uncommon, complications or side effects can occur with each anesthetic option even though you are monitored carefully and your anesthesiologist takes special precautions to avoid them. With this information, you will together determine the type of anesthesia best suited for you.

PREOPERATIVE REMINDERS

What about eating or drinking before my anesthesia?

As a general rule, you should not eat or drink anything after midnight before your surgery. Under some circumstances, you may be given permission to drink clear liquids up to a few hours before your anesthesia. If you have been prescribed Emend as an anti-nausea medication, it is OK to take it 3 hours before your surgery with a small sip of water.

What happens before my surgery?

You will meet the anesthesiologist who will care for you on the day of your surgery before you go into the operating room. Your anesthesiologist will then review your medical and anesthesia history and the results of any laboratory tests and will answer any further questions you may have.

Nurses will record your vital signs, and your anesthesiologist and Dr. Beeson will visit with you, completing any evaluations and laboratory tests. Intravenous fluids will be started and preoperative medications given, if needed.

Once in the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG and other devices for your safety. At this point, you will be ready for anesthesia.

What happens during my surgery?

Your anesthesiologist is personally responsible for your comfort and well-being. Your anesthesiologist leads your anesthesia care team to monitor as well as manage your vital body functions during your surgery. A member of your anesthesia team will be with you throughout your procedure.

RECOVERY IN THE SURGICAL FACILITY

What can I expect after the operation until I go home?

After surgery, you will be taken to the post anesthesia care unit, often called the recovery room. Your anesthesiologist will direct the monitoring and medications needed for your safe recovery. For about the first 30 minutes, you will be watched closely by specially trained nurses. During this period, you may be given extra oxygen. You may then be moved to another area where you will continue to recover, and family or friends may be allowed to be with you. Here you may be offered something to drink, and you will be assisted in getting up.

Hotels

Over half of our patients come from outside of the Indianapolis. Our concierge staff is happy to assist you with logistical arrangements: from assisting you with hotel reservations to arranging for nursing services to assist you during your recovery care.

Many of our patients prefer to spend one or more days of their convalescence in one of the numerous hotels conveniently located near the surgical facilities we use. Most of our patients prefer one of the moderately priced “all suite” hotels. This allows the patient to have maximum peace and quiet, while at the same time providing more space and comfort for their caregivers. They also have small kitchen areas with refrigerators and large ice machines are conveniently located on the floors. The Residents Inn by Marriott is most highly rated by our patients.

Some patients and their family desire a “full service” hotel and prefer one located close to shopping and entertainment areas for family members. The Sheraton Hotel at Keystone at the Crossing is our recommendation. The Keystone Crossing Fashion Mall is an upscale shopping mall, which includes a Nordstrom's, Sach's Fifth Avenue as well as multiple eateries including The Cheesecake Factory, P.F. Chang's, and Sullivan Steakhouse.

For those desiring to stay in downtown Indianapolis, the JW Marriott and the Conrad Hotel are our preferences.

Hotel Listing Near St. Vincent

AmeriSuites

9104 Keystone Crossing

Indianapolis, IN

317-843-0064

Courtyard by Marriott

10290 North Meridian Street
Carmel, IN 46032
317-571-1110

Doubletree Guest Suites

11355 North Meridian Street
Carmel, IN 46032
317-844-7994

Drury Plaza Hotel

9625 North Meridian
Indianapolis, IN
866-238-4218

Hampton Inn

11705 North Meridian
Carmel, IN 46032
317-843-1100

Hilton Garden Inn

13090 Pennsylvania Street
Carmel, IN 46032
317-581-9400

Ironworks Hotel Indy

2721 East 86th St.

Indianapolis, IN

463-221-2200

Residence Inn

11895 N. Meridian Street

Carmel, IN 46032

317-846-2000

Sheraton North

8787 Keystone Crossing

Carmel, IN 46032

317-846-2700

Signature Inn

10201 North Meridian Street

Carmel, IN 46032

317-816-1616

Springhill Suites

11709 North Meridian

Carmel, IN

317-846-1800

Staybridge Suites

10675 N Pennsylvania St
Indianapolis, IN
317-582-1500

Wyndham Garden Hotel

251 Pennsylvania Parkway
Indianapolis, IN
317-574-4600

Luxury Hotels in Downtown Indianapolis**The Alexander**

333 South Delaware St
Indianapolis, IN
855-200-3002

Canterbury

123 South Illinois St
Indianapolis, IN 46225
800-538-8186

Conrad

50 W. Washington St
Indianapolis, IN
317-713-5000

Hyatt Regency

1 South Capitol Avenue

Indianapolis, IN

866-471-8347

Westin

50 South Capitol Avenue

Indianapolis, IN

317-262-8100

Additional Services

Pharmacies

CVS (24 Hours Pharmacy Service)

Located 116th St and Rangeline Road in Carmel
1421 S Rangeline Rd
Carmel, IN
317-844-2775

Walgreen's (Open 24 Hours)

Located 116th St and Rangeline Road in Carmel
1424 S Rangeline Rd
Carmel, IN
317-571-1176

Meijer

1424 West Carmel Dr
Carmel, IN
317-573-8310

Food Delivery Services

Grubhub

DoorDash Food Delivery

Uber Eats

Postoperative Nausea and Vomiting

Some people are sensitive to anesthetics and can develop nausea following surgery. Fortunately, this is not common and the great majority of our patients do not have these symptoms.

However, we have found that many people who experience postoperative nausea and vomiting tend to be prone to having a sensitivity to anesthetics. They also tend to be patients who are prone to developing motion sickness. If you have a prior history of nausea and vomiting after an anesthetic—be sure to let us know so we can take special precautions to further minimize this possibility.

Routinely, we do things to help decrease the chance of nausea associated with surgery. Our anesthesiologists use reduced amounts of inhalation anesthetics, which can be more frequently associated with postop nausea and vomiting. They tend use a medication called Propofol, which can frequently be used in place of inhalation anesthetics and is felt to help prevent postoperative nausea and vomiting. In addition, we minimize the amount of narcotic medications that are used in surgery. We do this by using special long-acting infiltration anesthesia and other special surgical techniques. In addition, we give medications prophylactically to help decrease postoperative nausea and vomiting. For example, we commonly will use a scopolamine patch placed on your shoulder or neck which works for several days to help not only reduce your chance of developing nausea and vomiting, but also to accentuate the effectiveness of your pain medications.

There are things that you can do as a patient to help minimize your chance of developing postoperative nausea and vomiting:

Probably the most important thing is to remember not to take pain medication on an empty stomach! I cannot over emphasize the importance of this. In our practice, we have found that this is far and away the most common reason that someone develops nausea following surgery!

Second, hydration is very important after surgery. As soon as possible, beginning in the recovery area, begin taking small amounts of clear liquids. Avoid acidic fruit juices. Avoid milk-based products immediately after surgery as they can increase gastric secretions. Also, avoid excessive amounts of carbonated beverages, such as soft drinks, as they can distend the stomach.

"Flat" ginger ale can help decrease postop nausea and vomiting. In fact, five randomized studies showed that Ginger actually reduced postoperative nausea and vomiting by affecting serotonin levels in the body.

Popsicles, apple juice, and non-caffeinated electrolyte sport drinks, such as Gatorade are very helpful.

If you do start to feel nauseated after surgery, take the following steps:

Do not move around; rest quietly in a darkroom and apply cold compresses.

Sip on ice chips or take small sips of clear liquids.

You can take a Compazine rectal suppository. The medication is in a foil wrapper, which is removed, and then the suppository is placed in the rectum. There are numerous blood vessels in the rectum, which allow the medication to be quickly absorbed into your system. Wait 20 minutes and then begin to increase your oral intake. Start with clear liquids. You may want to suck on ice chips or take clear fluids or non-caffeinated sports drinks. You want to eat bland, low-fat, easy to digest foods such as saltine crackers; gelatin; bananas; rice. Avoid certain foods until you are feeling much better - such as dairy products; caffeinated beverages; and fatty & highly seasoned foods.

In some cases, nausea can be due to increased acidity. Some patients tend to have this problem normally, and the stress of surgery can further stimulate your stomach acid levels and results in nausea. If that is the case, consider taking one of the over-the-counter medications such as Prilosec, which decreases acidity. Some patients find Pepto-Bismol or Mylanta or Maalox may also be helpful.

Sensory stimulation can have an effect on nausea. That is why we recommend being in a quiet, darkroom. Some individuals feel that smells may also have an impact. They advocate aromatherapy. Some find that the smell of simple isopropyl alcohol [rubbing alcohol]; essential oil of permanent; or essential oil of ginger may actually have an impact on reducing nausea.

The important thing to remember is that these symptoms are very transient and dissipate very quickly.

Hopefully these tips will help keep you comfortable. However, if you do have any questions or concerns, remember not to hesitate to call us.

How to Cover Up a Bruise

Using Make up to cover a facial bruise.

Use moisturizer. When you apply lotion before applying foundation to your face, with swelling the skin is sometimes dry, the foundation may not stay put as well unless you give it approximately 10 minutes to absorb. Therefore, it is best to skip the lotion or to at least avoid applying lotion to the area that is bruised, unless you have the extra time.

If your skin is very dry, then apply a light layer of a lightweight lotion before using the foundation and wait 10 minutes before applying foundation.

Use Concealer First. To ensure good coverage of a bruise, start by applying a layer of concealer. Choose a concealer that is lighter than your natural skin tone and dab enough concealer onto the bruise to cover it entirely. Pat the concealer onto the bruise using a fingertip or makeup sponge. Then, blend it in well using your fingertips or the sponge.

You can also look for a concealer that has a yellow base to help offset the bluish color of the bruise.

If your bruise has other color tones, then a different type of concealer may work better. For example, you can use a green based concealer for red bruises, white based concealer for brown bruises, and lavender based for yellow bruises.[1]

Apply a Layer of Foundation. After you have covered the bruise with a layer of concealer, follow it up with a layer of foundation. This will help to even out the tone and provide more coverage. Use your fingertips or a makeup sponge to pat on the foundation. You do not wish to mix the 2 colors, the cover up and the foundation; pat the foundation over the concealer.

Apply the foundation over your whole face for best results. Do not just apply it to one cheek or one side of your face or there will be a noticeable difference in the color.

Dust on Some Translucent Powder. To provide another layer of coverage, use a fluffy brush to dust translucent powder over the concealer and foundation. This will also help to keep the makeup in place longer than a pressed foundation.

Apply the powder over your whole face as well. This will help to ensure that you have a uniform look.

You may need to reapply the powder throughout the day. Try taking the powder with you and check the makeup once every few hours.

CONCEALER	COMPLAINT
BABY PINK	DULLNESS
BUTTERCREAM	PURPLE
MINT	REDNESS
PEACH	BLUENESS
LILAC	SALLOW

color CORRECTING

<i>green</i>	CANCELS REDNESS
<i>purple</i>	CANCELS YELLOW
<i>pink</i>	CANCELS BROWN
<i>orange</i>	CANCELS BLUE
<i>peach</i>	CANCELS BLUE
<i>yellow</i>	CANCELS REDNESS



Purple - brightens a dull sallow complexion, treat hypo-pigmented acne scars

Orange - covers blue under eye circles, works best in deeper skin tones

Yellow - neutralizes dreary skin & under eye circle in lighter skin tones

Pink - enhances drab complexions on fair to medium skin undertones treat exhaustion

Carmel - warms up ashy under tones

Green - hides any redness on skin tones

How We Feel After Surgery:

The Psychology of Healing

How Will Other React to My New Look?

It is interesting how others view those who have had cosmetic surgery. Some patients are upset if their peers notice and some are upset if they don't notice. The bottom line is that the patient should be doing cosmetic surgery for themselves, not for others. It is nice that others may notice, but you need to do it for you!

Cosmetic surgery should "whisper" and not "scream". Most patients will have subtle changes, but some may have more dramatic changes.

The reaction of others is also based upon the personalities of your friends and associates. Some may be jealous that they could not have cosmetic surgery and therefore speak negatively about your results - again, out of jealousy. Still others may be so unhappy with their own lives that they don't want you to be happy with yours, and this type of person may speak negatively about your results.

When we change the way we look, it is sometimes hard for us to get used to it. Do not be too quick to judge your new look. It takes weeks or even months to settle in and also for you to get used to it.

The vast majority of patients become very pleased with their new look.

Regardless of the procedure, there will be physical and emotional issues to consider during recovery. It is important to remember not to rush the healing process. Here are some helpful hints for healthy recovery:

Reduce swelling following surgery by applying ice compresses.

Plan your recovery time smartly. Depending upon the surgery, recovery time can range from a few days to a few weeks. Keep this in mind as it affects work, family, and social schedules after surgery.

Have realistic expectations. Let's face it; you're going to look worse before getting better! All cosmetic surgery procedures involve bruising and swelling. Your real results won't reveal themselves for a few days (or longer), so do not panic while the healing process takes place. If you suspect a problem—call us.

Follow our guidelines. Whether it is taking prescribed medication or plans to resume regular exercise, or hygiene instructions, we are here to provide you the best advice for a safe and healthy recovery on a path to obtain the best possible results.

Arrange care for the initial 48-72 hours after surgery. Even though you may believe you can resume normal activities and routines, having someone there to assist you will bring peace of mind and allow the healing process to occur normally and with less disruption.

Rehydrate your body. Surgery of any kind can reduce fluids in your body. Drinking water frequently will help to replenish those lost body fluids. Also, eat lightly for the first few days and only foods that are easy to swallow and digest—avoid fried or greasy foods.

Keep your head elevated for a few days. This will reduce swelling and speed your recovery process without compromising the results.

Avoid exposure to direct sunlight. Use sun blocks with proper UV protection to protect your skin.

Don't take aspirin or anti-inflammatory medications for 2 weeks after the procedure. These might interfere with medications we have prescribed and may result in more bruising. Check with us about which over-the-counter and prescription medication you should avoid during recovery.

How We Feel After Cosmetic Surgery

Recovery period after surgery varies from person to person and depends on the procedure you are having as well as whether multiple procedures are being performed at the same time. The following graphics have been used by cosmetic surgeons for many years, and while the original author is unknown, the points made are well taken and worth repeating.

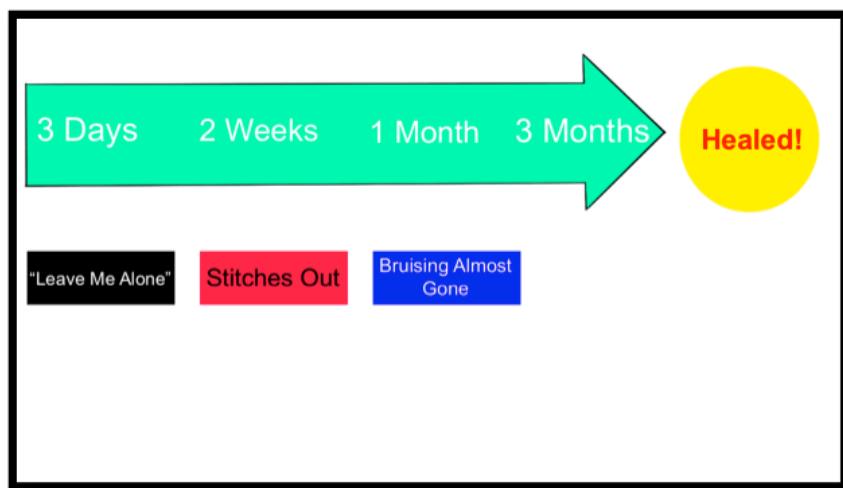
It is important to have an understanding of how difficult patients reactive to surgery. Some patients literally breeze through the recovery process, while others have a more difficult time. Some patients become depressed and wonder why they even had surgery. Following these charts will hopefully provide inside into the recovery process and put you at ease when you have a more thorough understanding of the surgical healing and physical and psychological changes involved the first month after cosmetic surgery.

First Week	Second Week	Third Week	Fourth Week
Low Energy	Nit Picky	Show Off	"You Look Wonderful"
"I'm Not Gonna Make It!"	"What Did I Do?" "I've Made a Big Mistake!"	"I Can See A Difference" Notice Other's Reactions	"Wow!" "I Love It"

Nature's Healing Curve

Healing doesn't happen overnight and when a patient has surgery, days can seem like weeks! Every patient responds to surgery differently and for some patients it is a breeze while other patients have a much harder time.

"Every butterfly comes from a worm and it simply takes several weeks for the result to blossom."



Emotions: What a Difference 3 Weeks Can Make

Cosmetic surgery can be an emotional roller coaster, and some patients may not be themselves for a short time. Their personalities can vary from "out of it" to "mad at the world" to "I'm crying and I don't know why". Sometimes the combination of looking bruised and swollen, not sleeping, and discomfort can make patients act in a different manner than their normal personality. This can put stress on their family, caregivers and the doctor and staff. We understand these processes and how to deal with them. So if you don't feel yourself, it is important to let us know so we can help you feel better. Most patients do not have these problems.

Day of Surgery	First Week	Second Week	Third Week
"Zombie"	"Antsy"	"Weirdo"	"I Feel Great!"
Wiped Out Zonked	Irritation Sadness Anger "What Have I Done"	Criticize Scared Impatient "How Come..."	

The 3 “R’s”: Rest, Relax and Recover

Know What You are Supposed to Do After Surgery.

Take Your Medications Exactly as Directed.

Know What Medications Not to Take.

Know How to Keep Your Surgical Area is Clean.

Know What Activities You Can and Cannot Do.

Know When Your Follow-up Appointments Are.

Remember: the Patient Has A Lot to Do With the Final Result!

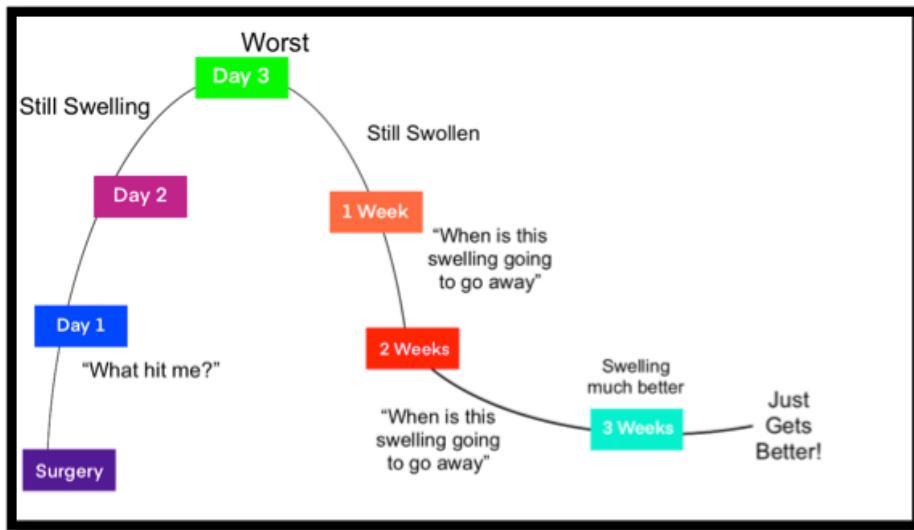
It is important for patients to understand that surgery is a strain on the body and that they will likely have less energy during the early recovery period and need much more rest than usual. They may be bruised, swollen, and in some discomfort. All this is a stress on the body. Smart patients plan ahead to ensure they have proper support and can use early recovery period to rest and heal.

Rest and relaxation are essential for proper healing. The immediate postoperative period is not a time to clean your garage or for working in your garden! Severe complications can occur from postoperative overexertion, which can complicate and affect the final result. The surgeon is responsible for the surgery, and the patient is responsible for the recovery. If the patient does not follow instructions, the best surgeon in the world cannot get the desired result.

Use this opportunity to be a Queen or a King and be catered to! Enjoy your recovery - rest and relax. Watch the movies you never had time for. Listen to books on tape or your favorite music play list. Do not perform functions that will increase your blood pressure, heart rate, or promote bleeding. Drink plenty of fluids and protein. Drink a protein shake several times a day well to ensure proper surgical nutrition. Taking a single multivitamin each day is also recommended. Sleep like a baby!

More you rest, the more you heal!

Swelling Chart



Swelling is nature's response to surgery and happens in all patients. Swelling is extremely variable. Some patients swell and bruise severely, while other patients hardly swell or bruise. Although it seems to take forever for swelling and bruising to improve, it always does!

Beeson Cosmetic Surgery Financial Policy Regarding Medicare and Other Health Insurance Policies

Our practice is limited to cosmetic surgery. For that reason, we do not participate in any insurance programs or networks, including Medicare. Patients are entirely responsible for their treatment charges. There may be occasions when a patient desires treatment of a condition for both medical and cosmetic reasons and seeks our services because the later is a primary concern. In these instances, patients are entirely responsible for their treatment charges, which are due at the time of service. Provisions for insurance coverage vary widely and depend on a variety of factors. If a patient feels they have coverage under the terms of their policy for the services we have rendered, upon request, we are happy to provide them with procedure and diagnostic code numbers for them to use in filing a claim with their insurance company. Our services are not covered by Medicare or MediGap supplemental insurance policies, and charges for our services cannot be submitted for coverage consideration. Patients need to realize that health insurance is a contract solely between the patient and the insurance company of their choice. Patients are personally responsible for knowing the terms and conditions of coverage for their specific health insurance policy regarding medical and surgical services including laboratory and pathology services.

Medications We Commonly Prescribe

Percocet (acetaminophen and oxycodone) - pain medication-take 1 tablet every 4-6 hours as needed for severe pain

Norco (hydrocodone/acetaminophen) - pain medication-take 1 tablet every 4-6 hours as needed for severe pain

Tylenol #4 (acetaminophen / codeine) - pain medication-take 1 tablet every 4 hours as needed for severe pain

Valium (Diazepam) - anti-anxiety sedative and excellent muscle relaxant-take 1 tablet at bedtime as needed to relax muscles

Emend (prochlorperazine) - anti-nausea medication taken 3 hours before surgery to dramatically reduce postoperative nausea and vomiting

Compazine (prochlorperazine) - rectal suppository used to treat postoperative nausea and vomiting when it occurs. One suppository is used every 6 hours as needed

Zofran (ondansetron) - anti-nausea medication. One 8 mg tablet is taken every 8 hours as needed to treat nausea and vomiting nausea

Phenergan (promethazine) - anti-nausea medication. One 25 mg tablet is taken every 12 hours as needed to decrease nausea

Valtrex (Valacyclovir) - anti-viral medication use to help prevent fever blister outbreak in patient's having chemical peel or laser resurfacing. One 1000 mg tablet is taken twice a day starting the day before the procedure and continuing for 10-14 days following treatment

Keflex (Cefalexin) – antibiotic - One 500 mg capsule is taken 4 times a day

Cipro (Ciprofloxacin) – antibiotic - One 500 mg capsule is taken every 12 hours

Dicloxacillin – antibiotic - One 500 mg capsule is taken every 6 hours

Mupirocin topical 2% ointment - antibiotic ointment which is applied 3 times a day to treat skin infections

Hytone Cream 2.5% - topical hydrocortisone skin cream applied 2 skin incision lines and over chemical peel and laser treated skin to reduce redness—applied at night for 3 weeks, then stopped. Applying too long can slow healing progress.

Westcort 0.2% ointment (hydrocortisone valerate topical) - topical steroid ointment applied to skin twice a day for 5-7 days. Is stronger than Hytöne cream.

Over-the-Counter Medications

GenTeal Severe Dry Eye Relief Lubricant Eye Gel - lubricating gel applied to eyes at night to help prevent dryness following eyelid surgery.

MiraLAX - one capful of crystals is mixed in any liquid and taken 1-2 times a day to help prevent constipation caused by pain medication.

Benadryl - antihistamine, which is used to help reduce nasal congestion and nasal surgery, can have sedative effect and help induce sleep at bedtime, can be used to counteract mild allergic reactions to medications and to reduce the "itching" sometimes associated with the healing process. It is available and 25 mg tablets without prescription. Two tablets can be taken every 8 hours as needed

Extra Strength Tylenol - pain medication take one tablet every 4 hours as needed for pain

Flonase Nasal Spray - topical steroid nose spray. Helps to eliminate nasal congestion after surgery. Should only be taken as Dr. Beeson directs following surgery

Zyrtec - antihistamine commonly used to eliminate nasal congestion after nasal surgery. Effects similar to that of Benadryl. One tablet is taken each day

One-A-Day Multiple Vitamin - we recommend taking one multi-vitamin tablet (preferably one containing zinc) each day starting 2 weeks before surgery and continuing for 4-6 weeks following surgery.

Vitamin C (ascorbic acid) - we recommend taking two 500 mg tablets each day starting 2 weeks before surgery and continuing for 4-6 weeks following surgery.