

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

A successful surgery requires a partnership between you and **Dr. John Antonetti!**

The following instructions are essential to a safe experience and good outcome. Use this as a checklist as you approach your surgery date. If you are unable to comply with these instructions, you must notify our office as soon as possible. As a result, your surgery may have to be postponed or delayed, at the judgment of Dr. John Antonetti. **This is essential to your health and safety.**

### **THREE (3) WEEKS OR MORE BEFORE SURGERY**

There may be several weeks between your decision to have surgery and your actual surgical date. During this time there are several important considerations:

- **Practice proper fitness:** You need not engage an aggressive or new fitness routine; however practicing good fitness habits is an important factor in your overall health and well-being. Upper body stretches and low-weight strength training now, can help to enhance your posture and your strength in the weeks following surgery.
- **Good nutrition.** Eat well during the weeks prior to surgery. Crash dieting, over-eating or high alcohol intake can greatly affect your overall health and well-being. A healthy, balanced diet is essential. Also, begin taking the following supplements daily:
  - **Vitamin C 500mg**
  - **Multivitamins**
- **Stop smoking.** Smoking can greatly impair your ability to heal. You must be nicotine and smoke-free for at least 4 weeks prior to surgery. You must also be free of any nicotine patch or nicotine-based products for a minimum of 4 weeks prior to surgery.
- **Lead a healthy lifestyle.** In the weeks prior to surgery maintain the best of health and hygiene. A lingering cold, virus or other illness can result in your surgery being rescheduled. Make certain to address any illness immediately, and advise our office of any serious illness or change in your health.
- **Prepare and plan.** Schedule any time off of work, and any support you will need at home in the days following surgery, including housework, childcare, shopping and driving. Make certain a responsible adult is enlisted and confirmed to drive you to and from surgery, and that someone is confirmed available to stay with you around the clock for at 24 hours.
- **Pre-operative testing.** Make certain to schedule all of the pre-operative testing and clearance you have been given. (Refer to the **Pre-surgical Lab and Testing Orders** form).
  - Make certain all test results are received by Dr. John W. Antonetti as required.
- **Relax and enjoy life.** Stress and anxiety over life's daily events, and even your planned surgery can affect you. While some anxiety is common, any serious stress, or distress over the thought of surgery is something you must discuss with us. We are here to support you and answer all of your questions. We want your decision to be one made with confidence.

## **TWO (2) OR THREE (3) WEEKS BEFORE SURGERY**

This is an important planning and preparation time. Follow all of the skincare and health habits you have begun in addition to the following:

- **Prepare and plan:** put a schedule together for the day before surgery, and for the time you will spend in the hospital. Share this with all of your key support people, and those you have enlisted to manage matters at home while you are in the surgery center or hospital, and in the first few days after you return home.
- **Shop for your post-surgery bra:**
  - no under wires
  - elastic cotton or other breathable unpadded fabric with good full-cup coverage and support
  - wide, well-balanced shoulder straps and wide supportive band across the back and beneath the breasts
  - front-closure, if possible.
  - ❖ Cup and band size estimated post-surgery (this may be somewhat larger than discussed with Dr. Antonetti) to accommodate any post-surgery swelling.  
***Note:** You may wish to purchase more than one bra, for laundering. Don't make this an expensive purchase since you will likely only be wearing this bra for 4-6 weeks. Once any swelling subsides you will need a smaller bra.*
- **Fill your prescriptions:** Some pain medication prescriptions may need to be filled ON THE DAY these prescriptions are written. Our office will advise you accordingly. Your prescriptions include:
  - **Vitamin C 500mg**
  - **Multivitamins**

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## **STOP taking the following for the duration before your surgery. Taking any of the following can increase your risk of bleeding and other complications:**

- Aspirin and medications containing aspirin
- Ibuprofen and anti-inflammatory agents
- Vitamin E
- St. John's Wort
- Garlic Supplements
- Green Tea or green tea extracts
- Estrogen supplements
- All other medications indicated
- Herbal Medications

*(You can always go to our website [www.cliniquedallas.com](http://www.cliniquedallas.com) and look for a list of medications to avoid.)*

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- **Vital information:** A pre-operative visit or call is essential to review your health, your goals, and any vital information including allergies and health considerations.
  - **Fitness:** Don't over-do it, but continue walking. Avoid anything strenuous or that could potentially cause injury to your shoulders, back, pectoral muscles, arms or upper body.

- **Breast Implant Registry:** Review and complete as much of your breast implant registry paperwork and any warranty information as possible. Some information will be completed following your surgery.
- **Pre-operative clearance and information:** If they have not been completed and results filed with our office make certain to undergo **ALL** pre-operative testing. (Refer to the **Pre-surgical Lab and Testing Orders** form).
  - Make certain all test results are received by Dr. John W. Antonetti as required. If medical clearance is required and not yet received, surgery may be cancelled at **your cost**.
- **Good nutrition:** Continue taking your supplements as directed.
- **NO SMOKING:** Stay away from second-hand smoke, too. Your healing and health depend heavily on this.
- **Lead a healthy lifestyle:** Practice good hand-washing and avoid large crowds, or individuals who are ill. Do not risk catching a virus or cold: no kissing on the mouth, sharing beverages or other high risk opportunities for contacting viral or other illnesses.

### ONE (1) WEEK BEFORE SURGERY

- **Confirm your day of surgery plans.** This includes your transportation and after-care (a responsible adult for the first 24 hours, around the clock).
- **Review your prescription orders and instructions.**
- **Purchase Polysporin or other ointment as recommended** and 4x4 inch gauze squares.
- **Confirm all lab results and paperwork** have been received by Dr. John W. Antonetti, if you have not already done so.
- **Continue to practice healthy habits,** nutrition and fitness. No strenuous exercise. No saunas, hot tubs, steam baths or mud wraps. **No smoking or alcohol.**
- **Plan for your hospital stay.** Consider the clothing and other items, like a favorite pillow or quilt from home that will help you to feel comfortable during your hospital stay. Shop for magazines, books and other things to keep you busy and entertained during your hospital stay and the days following surgery.
- **Find your comfort zone.** Locate the most comfortable place where you can gently recline and recover. You don't want to be testing locations or pillows the day of surgery. Shop for magazines, books and other things to keep you busy and entertained in the day or two following surgery.
- **Wax or shave your underarm region.** It may be uncomfortable to do so in the days immediately after surgery.
- **Relax.** Call our office with any unusual anxiety or concerns. Get plenty of rest. If you have trouble sleeping, call our office.

### ONE (1) – TWO (2) DAYS BEFORE SURGERY

- **Pack your bag for the day of surgery.** This should include:
  - ✓ All paperwork
  - ✓ Your identification
  - ✓ Reading glasses
  - ✓ Comfortable, loose-fitting clothing with zip or button top, and slip on, non-skid shoes to wear when you are released
  - ✓ A robe, slippers and warm, clean cotton socks
  - ✓ A favorite pillow or quilt
  - ✓ Reading materials, a journal, needlework or other items to keep you comfortable and busy as you rest in the hospital

- **Confirm your route to and from surgery or the recovery center, with the responsible adult who will drive you.** Also confirm plans with your 24-hour support person and make certain he or she has all of your post-operative instructions.
- **Begin a soft, bland diet.** Do not eat anything spicy, difficult to digest, or consume alcohol. A soft or liquid diet (milk products, gelatin, broth) is recommended in the 1-2 days prior to surgery
- **RELAX!** Get plenty of rest and avoid unnecessary stress.

**IF YOU WILL BE ARRIVING AT THE HOSPITAL ON THE DAY OF YOUR SURGERY**

- **Expect a pre-anesthesia call to review your state of health and anesthesia for surgery**
- **Shower as directed.** Use an anti-bacterial, fragrance-free soap. Shampoo your hair. Do not use any hair gel or other styling products, scented skin creams or moisturizers. Do not use any deodorant, hair spray, perfume or cosmetics. Remove all finger nail and toe nail polish.
- **Do not eat or drink anything after 12 midnight.** Anything more than a small amount of water as needed for brushing teeth or swallowing medication may result in the need to cancel surgery. This includes candy, gum, and mints.

**YOUR TRIP TO THE HOSPITAL**

- **Dress appropriately.**
  - **Do not wear cosmetics, jewelry of any kind, contact lenses, hair clips, body piercing:** (If there is something you cannot remove, let the admitting nurse know right away.)
  - **Wear comfortable, clean, loose-fitting clothing:** Wear only a top that zips or buttons up the front. Do not wear pullovers, turtlenecks or any tight fitting top or bottom. Wear slip on shoes.

*I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask my doctor and his or her staff any questions I have related to these instructions or about my procedure, health and healing.*

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Patient:** \_\_\_\_\_

**Signature of Practice Representative and Witness:** \_\_\_\_\_