

S Lift Instructions

(cosmetic mini-face lift surgery)

Preoperative

- **No food or liquid intake after midnight prior to surgery.**
- **Do not wear jewelry, make-up, nail polish or bring valuables. Remove all piercings.**
- **Bring carrying case for eyeglasses or contact lenses.**
- **No aspirin or aspirin containing compounds for at least 2 weeks prior to and after surgery. Please refer to medication list for medicines and foods to avoid. Stop all herbal preparations.**
- **Shower the night before or day of surgery with Dial or other antibacterial soap and wash hair for at least ten minutes with Phisoderm soap, Betadine scrub, or Dial soap.**
- **Wear loose comfortable clothing with flat/ low heeled shoes.**
- **Fill all prescriptions within 3 days and bring them with you on your surgery date.**
- **Arrange for transportation to and from the Kole Plastic Surgery Center.**
- **Preoperative medications may be taken with a small sip of water if cleared by Dr Kole.**
- **Arrive at the surgery center 1/2 hour before scheduled surgery start time.**
- **Lab tests need to be drawn and faxed to this office no later than: _____.**

Post operative

- **After dismissal from the surgery center, return home and go directly to bed**
- **Keep incisions clean at all times. Remove any clots or crusts from incisions by gently soaking with water and wiping clean with a Q-tip and peroxide.**
- **Diet may consist of liquids or regular food as desired. Avoid alcohol intake while on medication.**
- **Take pain medicine and antibiotics as prescribed.**
- **Do not wear contact lenses or color, dye, or perm your hair until cleared by Dr Kole.**
- **No strenuous activity for a minimum of 10 days post operatively.**
- **Return to your surgeon for all follow up visits. Normally up to two years.**
- **Contact Dr Kole for any unusual or special problems (excessive pain, swelling or bleeding)**
- **Call to confirm appointment for first post operative visit.**

Call us if:

- **Fever over 101 degrees, rash or chills**
- **Persistent nausea or vomiting over 24 hours**
- **Excessive swelling or bleeding on dressing**
- **Increase in pain after 72 hours**
- **Redness, heat or discharge from incisions**

If you have any questions or problems, call the office anytime at (215) 354-1010
I have received this instruction sheet, understand the information presented and agree to carry out the instructions as described above

Patient signature_____ **Date**_____ **Surgeon**_____