

Medications Used for Surgery

- **Duragesic Patch**: The Duragesic Patch is a timed release patch of fentanyl, a strong narcotic, that will last roughly 72 hours. It's peak effect starts at 12 hours after application. You may place this on back of shoulder the day after your surgery. Remove after 72 hours unless otherwise instructed.
- **Oxycontin** – Take 1 – 3 by mouth every twelve hours. This is a long-acting narcotic and is not to be taken more often than every twelve hours. **Do not ever cut in half!** It is a time released medication!
- **Percocet** – Take 1-2 by mouth every 4-6 hours as needed for break through pain.
- **Actiq 200, 400,600mg**- This is a sucker to be used for breakthrough pain. Suck on until gone wait 30-40 min may repeat if no effect.
- **Lortab 7.5mg**- Take 1-2 by mouth every 4-6 hours as needed for breakthrough pain.
- **Robaxin** – This is a muscle relaxant and can be taken every 6 hours as needed. It will help to relax the abdominal muscles that may spasm as a consequence of surgery.
- **Keflex** – These are your antibiotics and need to be started the day before surgery. You need to take 1000 mg twice at day and everyday thereafter for 1 week! This is to help reduce the risk of infection.
- **Duricef** – This is another antibiotic used and needs to be started the day before surgery. You are to take 1 gram every day as instructed.
- **Zithromax** – Zithromax is another commonly used antibiotic and is to be started 1 day prior to surgery. Take as directed.
- **Ambien** – This is a sleeping pill and is to be taken in the evening about ½ hour before bedtime. You may take 1 -2 depending on your level of discomfort and inability to sleep.
- **Phenergan** – This is an anti-nausea medication, also known as an antiemetic. It can be taken every 6-8 hours as needed.
- **Lovenox 40mg**- This is a blood thinner and may help prevent blood clots. Inject in non-operative site once daily for 5 days.
- **Emend 40mg** Take one hour prior to arrival at the surgical center

Always follow the directions given on the label by your pharmacist. If you have questions contact our office at (801) 785-8825

AESTHETICA
PLASTIC SURGERY | MEDICAL SPA

Kimball M. Crofts MD

Plastic and Reconstructive Surgery

385 West 600 North
Lindon, UT 84042
(801) 785-8825

ABDOMINOPLASTY PRE AND POST-OP INSTRUCTIONS

Preoperative:

- ❑ Do not eat or drink anything after midnight the night prior to surgery. No food, water, gum, candy etc.
- ❑ Do not take aspirin or ibuprofen-like (NSAIDS) containing products and/or diet pills anytime **two weeks** prior to surgery; otherwise, you may have bleeding problems. Surgery may be cancelled as a result.
- ❑ Prior to surgery, wash with hibiclens soap. This is an antibacterial soap and will help reduce the likelihood of infection.
- ❑ You will start a course of antibiotics the day before surgery. Take your first pills one day prior to surgery and complete the antibiotics as prescribed. If you have a reaction let Dr. Crofts' office know.
- ❑ You will be given a prescription for pain management. Have these filled before surgery. Narcotics do not eliminate the pain they only help make it tolerable. Since narcotics and anesthesia can cause nausea, a prescription for this has been included. Narcotics in combination with general anesthesia can cause breathing problems. It is important to have an adult with you the first 24 hours after surgery to ensure your well being.
- ❑ What to wear:
 - PANTS: Elastic waisted, loose legged. Preferably sweats. No jeans or dresses.
 - SHIRT: Button or zipper all the way down the front.
 - SHOES: Slip-ons/ Flip flops
 - No make-up, jewelry, lotion or nail polish. Please do not bring anything value.
- ❑ You will undergo a general anesthetic; therefore, you will need a responsible adult to drive you home and care for you over the next 24 hours.

Bring photo ID with you for the surgical center to copy

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Postoperative:

- ❑ Sleep with head positioned upright, gradually straightening over a week. This will take the tension off the abdominal area initially, and help avoid flap complications.
- ❑ Ambulate (walk) 3 to 4 times a day bent over at waist in a jackknife position. Walking will help minimize the risk of blood clot formation. It will also help you get better faster.
- ❑ Please do not remove your abdominal binder/compression garment until instructed otherwise. Make sure that none of the drains are compressed under the binder- it will damage and scar the skin.
- ❑ Monitor your drainage in 24-hour increments (8a.m.-8a.m.). Use the provided worksheet to chart the drainage in cc (ml). It is very important that you keep accurate drain totals so we will know when to remove the drains safely.
- ❑ Take your pain medication and antibiotics as prescribed and drink lots of fluids. If you experience nausea or an allergic reaction, please notify the office and we will change your medication.
- ❑ Swelling and bruising is normal; however, if you experience a sudden increase in pain, body temperature or collection of fluid, please contact the office. Our 24-hour answering service will get you in contact with Dr Crofts or another plastic surgeon on call.
- ❑ You may shower when instructed, usually on the second or third day. _ Do not bathe in tub!
- ❑ Your post-operative appointment has been scheduled for: _____

Should you have any questions regarding these instructions, please contact the office at (801) 785-8825

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ADDENDUM TO ABDOMINOPLASTY SURGERY

DATE:

PATIENT:

I understand that there are a number of potential complications and risks associated with abdominoplasty surgery of which some are included subsequently. They are infection, hematoma, seroma, persistent pain, skin slough, thrombophlebitis, pulmonary embolism, umbilical malposition, asymmetry, contour irregularities, and bowel perforation, all of which may require re-operation and further expense to the patient. Admission to the hospital may be necessary to attend to your medical needs and/or to help provide for a safer, postoperative course. Often this is not covered by insurance.

Occasionally, during the abdominoplasty procedure, a ventral hernia (also known as an incisional hernia) may be identified. If this is the case, then the hernia will need to be repaired. Otherwise, it will persist and lead to further complications. An unaddressed ventral hernia may litigate the results of an abdominoplasty. It is therefore important to correct it. If a hernia repair is performed at the time of the abdominoplasty it is considered a separate procedure. What that means is that when the insurance company is billed for a hernia repair, it will be billed separately from whatever was done with respect to the abdominoplasty. There will be a bill from the facility, another bill from the anesthesiologist, and one from myself for management of the hernia. All of these bills are separate from the abdominoplasty and therefore will be in addition to the abdominoplasty. This will be handled by your insurance. Depending upon the insurance plan that you have, will determine what your responsibility will be postoperatively. In fact, it may not even be covered by your health insurance.

I understand these complications and risks, as well as other related complications and risks to be real. I acknowledge, by signing, my awareness of them and that further surgery may be necessary with the associated expenses of that medical and/or surgical management.

Patient Signature

Date

Witness

Date

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Patient:

Aspirin Warning

DO NOT TAKE ASPIRIN PRODUCTS FOR TWO (2) WEEKS PRIOR TO SURGERY!

Special Notation

The taking of aspirin and/or aspirin-related medications can prove harmful to your body's post operative healing process. Aspirin chemically inhibits the ability of the body to form stable blood clots necessary to permit proper healing.

If you currently take medication and are unsure whether or not it contains aspirin or has a similar effect as aspirin preventing the formation of stable blood clots, please feel free to ask us for additional information you might need in this regard.

Aspirin-related Medications

The following list of medications should **NOT** be taken two (2) weeks prior to your surgery:

Advil Caplets & Tablets	Bufferin Analgesic Tablets	Lortab A.S.A. Tablets
Alka Seltzer Antacid & Pain Reliever	Bufferin Arthritis Strength Tablets	Medipren Tablets & Caplets
Alka Seltzer Extra Strength	Bufferin Extra Strength Tablets	Midol 200
Alka Seltzer (Flavored)	Carisoprodol Compound Tablets	Motrin Tablets
Alka Seltzer Plus Cold Medicine	Damason – P	Norgesic Tablets
Alka Seltzer Plus Night-time Cold Medicine	Darvon with A.S.A.	Norgesic Forte Tablets
Alpha-Phed Capsules	Darvon-N with A.S.A.	Nuprin Tablets
Anacin Analgesic Caplets & Tablets	Dia-Gesic Improved	Orphengesic /Caffeine & Aspirin
Anacin Maximum Strength Tablets	Dolprin #3 Tablets	Oxycodone with Aspirin Tablets
Arthritis Pain Formula (Aspirin)	Easprin	Percodan Tablets
Ascriptin with Codeine Tablets	Ecotrin Maximum Strength Tablets	Percodan-Demi Tablets
Aspirin Suppositories	Ecotrin Regular Strength Tablets	Persistin
Aspirin/codeine Tablets	Empirin with Codeine	Robaxisal Tablets
Aspirin with Codeine Tablets	Equagesic Tablets	Roxiprin Tablets
Axotal	Excedrin Extra-strength Tablets/Caplets	Rufen Tablets
B-A-C Tablets	4-way Cold Tablets	Soma Compound Tablets
B-A-C #3 tablets	Fiogesic Tablets	Soma Compound/Codeine Tab.
Bayer Aspirin Tablets & Caplets	Fiorinal Tablets & Capsules	Supac
Bayer 8 hour Timed-Release aspirin	Fiorinal with Codeine Capsules	Synalgos-DC Capsules
Bayer Children's Chewable Aspirin	Gelprin Tablets	Talwin Compound
Bayer Maximum Aspirin Tablets & Caplets	Ibuprofen Tablets	Vanquish Analgesic Caplets
		Zoprin

You may take Tylenol, Anacin 3 or Datril as they do not contain aspirin.

Physician – Patient Agreement

I have read and fully understand this preoperative instruction, and I agree not to take any aspirin or aspirin-related medication two weeks prior to my scheduled procedure.

Further, it is understood and expressly agreed that if I take aspirin or any aspirin product two weeks prior to my scheduled procedure, my surgeon will probably find it necessary to cancel my scheduled procedure.

Date: _____

Signed: _____

(Patient or person authorized to agree for patient)

Witness: _____

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ABDOMINOPLASTY

Abdominoplasty, known more commonly as a “tummy tuck”, is a major surgical procedure to remove excess skin and fat from the middle and lower abdomen and to tighten the muscles of the abdominal wall. The procedure does produce a permanent scar, which, depending on the extent of the original problem and the surgery required to correct it, can extend from hip to hip.

I authorize and direct **Kimball M. Crofts, M.D.**, with associates or assistants of his or her choice, to perform abdominoplasty on _____.

I further authorize the physician and assistants to do any other procedure that in their judgment may be necessary or advisable should unforeseen circumstances arise during the procedure.

Please initial the following:

_____ The details of the procedure have been explained to me in terms I understand.

_____ Alternative methods and their benefits and disadvantages have been explained to me.

_____ I understand and accept possible risks and complications included but are not limited to:

- Bleeding
- Hematoma
- Infection
- Change of skin sensation
- Skin contour irregularities
- Skin slough requiring grafts
- Allergic reaction (sutures, tape, topical treatments)
- Pain Asymmetry
- Scarring
- Delayed healing
- Pulmonary complications
- Seroma (fluid retention)
- Umbilicus (malposition, scarring, or loss of navel)
- Reaction to anesthesia
- Long term effects (body contour changes with age and weight fluctuation)
- Disappointment
- Extended hospitalization from complications

_____ I understand and accept the less common complications, including the remote risk of death or serious disability that exists with any surgical procedure.

_____ I understand that tissue cannot heal without scarring and that how one scars is dependent on individual genetic characteristics. The physician will do his/her best to minimize scarring, but cannot control its ultimate appearance.

_____ I am aware that smoking during the 3-4 week pre and postoperative periods is prohibited as smoking could dramatically increase chances of complications.

_____ I have informed the doctor of all my known allergies.

_____ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, and any other recreational drug or alcohol use.

_____ I have been advised whether I should avoid taking any or all of these medications on the days surrounding the procedure.

_____ I am aware and accept that no guarantees about the results of the procedure have been made.

_____ I have been informed of what to expect postoperatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.

_____ I understand that any tissue/specimen removed during the surgery may be sent to pathology for evaluation.

_____ Pre- and postoperative photos and/or videos will be taken of the treatment for record purposes. I understand that these photos and/or videos will be the property of the attending physician and may not be used publicly without my express permission.

_____ the doctor has answered all of my questions regarding this procedure.

Patients must be off all aspirin-containing products (including ibuprofen) for 2 weeks before surgery and for 2 weeks after surgery. I understand that many over-the-counter remedies contain aspirin and that I am responsible for avoiding them.

PATIENT CONSENT

I certify that I have read and understand this treatment agreement and that all blanks were filled in prior to my signature.

Patient or Legal Representative Signature/Date

Relationship (self, parent, etc.)

Print Patient or Legal Representative Name

Witness Signature/Date

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ABDOMINOPLASTY POST-OPERATIVE INSTRUCTIONS

DIET: Start your diet with liquids. If you tolerate them, then you can gradually progress to soft foods and then to a regular diet. It is very important to drink plenty of fluids.

PAIN MANAGEMENT: Take your pain medication as prescribed. Remember to have some food or milk in your stomach before taking pain medication. Do not take pain medication on an empty stomach. Pain medications are usually taken one to two pills every 4-6 hrs. as needed. This may vary from patient to patient. Analgesic pain pills DO NOT remove the pain, they only make it tolerable. If after 30 minutes to an hour it has not helped the pain, or if you have any side effects such as a rash, itching or swelling notify Dr. Crofts. A nurse will call you within 24-48 hours after your surgery to assess your condition and pain management.

ACTIVITY: You can be up and walking as tolerated. **Please walk at least 4 times a day** to help minimize the risk of blood clot formation. You should walk bent over at the waist for the first 7 days postoperatively. You may be a little lightheaded or dizzy when upright. When getting up from a reclined position, sit at the side of the bed for about 5 minutes and take some deep breaths before standing up. We would like you to mostly rest and take it easy for the first day home. **Let pain be your guide.** You can resume your normal activities when instructed by Dr. Crofts. Avoid strenuous activity (i.e. heavy lifting and athletics) for two months.

GENERAL ANESTHESIA: You have received a general anesthesia today. Do not drive, operate hazardous machinery, make any major or legal decisions or drink alcohol for 24-48 hours. The same restrictions apply while you are taking any narcotic pain relief medication. Also, a responsible adult must stay with you for the first 24 hours.

COMPLICATIONS:

Notify Dr. Crofts if you have any of the following:

1. Fever greater than 100 F after 24 hours
2. Any abnormal drainage
3. Persistent nausea and vomiting
4. Itching, rash, or reaction to Rx
5. Unrelieved pain
6. Difficulty breathing/shortness of breath

SPECIAL INSTRUCTIONS:

1. Sleep with the head positioned upright and waist bent, gradually straightening out over a week. This will take the pressure off the abdominal area and skin flap.
2. Please do not remove your abdominal binder until instructed otherwise. Make sure the drains are not under the binder, this will cause skin scarring.
3. Swelling and bruising are normal.
4. Do not shower until after your first follow-up appointment or when instructed
5. It is very important to have someone stay with you and help care for you for the first 24-48 hours after going home.
6. Empty drains and record precisely as instructed (24 hour totals per drain, 8am-8am)(Use provided drain output worksheet).
7. Dressings may be reinforced by adding more gauze outside the original dressings. Keep the dressings clean and dry.
8. Exercises: You are to do the following exercises in bed while you are recovering from your surgery. Performing these exercises can prevent serious illness and/or death relating to pneumonia or blood clots. If any of these exercises cause undue pain or you have any questions, notify Dr. Crofts.
 - a. To help prevent pneumonia, **deep breathe and cough every 1-2 hours while awake and/or use your Incentive Spirometer.** Hold a pillow with your hands over the incision site to support an abdominal wound while coughing.
 - b. To help prevent blood clots, do leg and ankle exercises every 2 hours while awake.
 1. Knee bend: while lying down, bend the knees up and down. Do 10 times with each leg.
 2. Foot pedals: point (extend) your toes down and pull (flex) toes up towards your face. Do 10 each.
 3. Foot circles: rotate the foot at the ankle in circles, 10 circles to the left, 10 circles to the right. Do the same thing with the other foot. This exercise may also be done while sitting on the edge of the bed before getting up to walk. It helps prevent feeling too lightheaded or faint when getting out of bed.
9. Sexual intercourse is prohibited for 8 weeks after surgery.
10. Call Dr. Crofts office for a follow-up appointment at 785-8825

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SURGICAL CONSENT

DATE:

DATE OF SURGERY:

PATIENT:

SURGERY:

I, _____ hereby authorize Dr. Kimball M. Crofts and any associates or assistants, of his choice, to provide the services listed above.

I recognize that, during the course of the procedure, unforeseen conditions may necessitate additional or different procedures than those explained. I, therefore, authorize and request Dr. Crofts and associates, of his choice, to provide such procedures as are, in their professional judgement, necessary and desirable for my well-being. I further consent to the administration of such anesthesia as may be necessary or appropriate for such procedure.

I understand that the proposed surgery/care may involve risks and possibilities of complications. I realize that even with the utmost care, judgement, and skill, certain complications have been known to follow my procedure. I acknowledge that no guarantees have been made to me regarding the results of the operation/care, nor are there any guarantees against unfavorable results.

I accept the risk of substantial and serious harm, if any, in hopes of obtaining the desired results. I acknowledge that Dr. Crofts has been informed of any known health problems and/or allergies that might effect the surgery or recovery. My condition has been explained to me, as have the surgery/care to which I am giving my consent. I acknowledge any risks or complications have been explained to me in a satisfactory manner and accept these as a possibility.

Patients Signature

Date

Parent/Guardian (print)

Parent's Signature

Name (print)

Witness Name (Signature)

Witness

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Revision Consent for Abdominoplasty

Abdominoplasty, commonly known as a tummy-tuck, usually proceeds without complications. However, occasionally a complication will occur and will require further medical or surgical attention. If such a complication occurs, then it will need to be addressed accordingly. Some of the more common complications seen after abdominoplasty are: scarring, hematoma, seroma, contour irregularities, painful scars, asymmetry, flap necrosis, umbilical malposition and infection.

Occasionally, despite every effort to the contrary a complication will occur and will require corrective surgery or medicinal therapy. This may lead to further expense to the patient because oftentimes insurance companies will not cover complications associated with elective cosmetic procedures. Such medicinal therapies as medicines (antibiotics or narcotics), imaging studies (V/Q scan for pulmonary embolus or blood clot to the lungs) surgery (drainage of a hematoma, placement of a drain for seroma, fat necrosis with revision) or a hospital stay for severe infection, may all lead to greater expense if not covered by the insurance company.

It is therefore important to understand that when you undergo an abdominoplasty procedure that there are not only risks and complications associated with the procedure, but also added expenses because of the complications that may not be, and often are not, covered by your insurance company. Typically, the cost will run between \$1000-\$2000 per hour for a return to the operating room of a same day surgery facility which generally covers the associated expenses such as anesthesiologist, surgeon's fee, facility fee, nursing fee and medical supplies. If you go to the hospital then the costs will be even more – perhaps double or triple. Every effort is made to minimize those costs, but the reality is that complications can be expensive because they may require further surgery and medical therapy.

I understand the aforementioned information and give my informed consent to proceed with surgery, knowing that there may be added expenses if complications do occur.

Patient Signature

Date

Witness

Date

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FEMININE HYGIENE

It is important that good feminine hygiene be maintained pre and post operatively to reduce the likelihood of infection.

Pre & Post Operative Instructions:

- You must be clean shaven 2 days prior to surgery. (NO WAXING 2 weeks prior to surgery.) This will help to reduce bacteria. It also provides a clean surgical field.
- A Feminine cleanser, such as Massengill or Summer's Eve, should be used the morning of surgery.
- It is recommended that you purchase Playtex Feminine wipes prior to surgery to have for use post-operatively. These will help in maintaining your hygiene after surgery, until the drains are removed.

PATIENT PHOTOGRAPHIC AUTHORIZATION AND RELEASE

This is a consent document that has been prepared to help inform you concerning permission to take photographs, slides and /or videotapes and to use these images for a purpose as defined within this consent.

It is important that you read this information carefully and completely. After reviewing, please sign the consent as proposed by your plastic surgeon.

Medical photographs/slides and videotapes may be taken before, during and after a surgical procedure or treatment. Such photography is very important for planning procedures and for documentation. Consents are required to take such images. Dr. Crofts will not be able to perform your surgery if he is not allowed to use photographic documentation.

I hereby authorize Dr. Kimball M. Crofts MD and/or his associates or licensees to use pre-operative, intra-operative, and post-operative photographs, slides, and/or videotapes for professional medical purposes deemed appropriate including but not limited to showing these images on public or commercial television, electronic digital networks, for purposes of medical education, patient education, lay publication, or during lectures to medical or lay groups. Every attempt will be made to conceal each patient's identity. I understand that I will not be entitled to monetary payment or any other consideration as a result of any use of these images.

I release and discharge Dr. Kimball M. Crofts, and all parties acting under their license and authority from all rights that I may have in the photographs and from any claim that I have relating to such use and publication, including any claim for payment in connection with distribution or publication of the photographs.

Patient Signature

Date

Witness

Date

I have read the Authorization and Release. I am the parent, guardian or conservator of _____, a minor. I am authorized to sign this consent on his/her behalf and I grant this consent as a voluntary contribution in the interest of public education.

Parent/Guardian Signature

Date

How to care for your Wound after it's treated with DERMABOND Topical Skin Adhesive

Dermabond is a sterile, liquid, skin adhesive that holds wound edges together. The film will usually remain in place for 5-10 days, then naturally slough(fall) off your skin.

The following will answer some of your questions and provide instructions for proper care for your wound while it is healing:

Check wound appearance

Some swelling, redness and pain is common with all wound and normally will go away as the wound heals. If swelling, redness or pain increase or if the wound feels warm to touch, contact your doctor. If the wound edges reopen or separate, contact your doctor.

Keep wound dry and protected

Do not scratch, rub, or pick at the DERMABOND adhesive film. This may loosen the film before your wound is healed.

Do not place tape directly over the Dermabond adhesive film because removing the tape may also remove the film.

Protect the wound from prolonged exposure to sunlight or tanning lamps while the film is in place.

Do not apply liquid, lotions, ointment medications or any other product to your wound while the Dermabond film is in place. This may loosen the film before your wound is healed.

You may occasionally and briefly wet your wound in the shower or bath. **DO NOT** soak or scrub your wound, do not swim. After showering, gently blot your wound dry with a soft towel.

If you have any questions or concerns about the dermabond please contact our office at 801-356-6600.