

WELCOME!

Dear Patient,

Welcome to The Cleft and Facial Cosmetic Surgery Center! The following pages contain all necessary preoperative materials and must be completed to move to the next step in the surgery process. To ensure the exchange of critical information essential to the preparation for surgery and the healing process, my staff and I must elicit personal and confidential information from you in order to care for you properly. You need to be fully informed about your decision and understand the guidelines that you must follow to ensure an optimal result. The successful outcome we both seek will be enhanced by your willingness to join us in a mutually responsible partnership. We support you wholeheartedly by sharing our surgical skills and genuine concern about you and your ultimate result.

All paperwork must be completed prior to check-in on the day of surgery. Also, you must arrive at least 30 minutes before your scheduled surgery time. After checking in at the front desk, you will meet your nurse, who will provide care to you on your special and exciting day. During this time, we encourage you to ask questions and/or discuss concerns that you may have with your nurse. It is very important to us and to you that your questions are answered before you undergo surgery.

This information has been prepared especially for you and we hope that you will read it carefully. As we embark, we want you not only to be informed, but also to feel safe and secure. Speaking for the staff and myself, we appreciate your confidence in us. I assure you that we will do our utmost to achieve the results that you so desire.

Sincerely,

Jeffrey N James, MD, DDS  
The Cleft and Facial Cosmetic Surgery Center

WELCOME!

### Begin Now

- **PAYMENT FOR SURGERY:** All patients **MUST** pay for their surgery in full one week prior to their scheduled surgery date.
- **STOP SMOKING:** Smoking reduces circulation to the skin and impedes healing. It is best to avoid smoking, second hand smoke and cigarette replacements, such as nicotine patches or gum, in the pre-operative period. Do not smoke; be around smokers or places that are filled with smoke such as nightclubs or casinos.
- **TAKE MULTIVITAMINS:** Start taking multivitamins twice daily to improve your general health once you have scheduled your surgery. (Vitamin C, D, E, B6 and B12).
- **TAKE VITAMIN C:** Start taking 500mg of vitamin C twice daily to promote healing.
- **DO NOT TAKE ASPIRIN OR IBUPROFEN:** Stop taking medications containing aspirin or Ibuprofen. Review the list of drugs containing aspirin and Ibuprofen carefully. Such drugs can cause bleeding problems during and after surgery. Instead, use medications containing acetaminophen (such as Tylenol).
- **LIMIT VITAMIN E:** Limit your intake of Vitamin E to less than 400 mg per day.
- **PAPERWORK:** Obtain instruction on how to complete your paperwork online. Paperwork must be completed at least 1 week in advance.

### The Day Before Surgery

- **CONFIRM SURGERY TIME:** We will call you to confirm the time of your surgery. If you are not going to be available by phone, please call us to confirm at (504)-378-2030.
- **PRESCRIPTIONS:** We will provide written prescriptions so that you may fill them at your pharmacy of choice.
- **CLEANSING:** The night before surgery, shower and wash the surgical areas with *Hibiclens*. Do not put on any lotions, oils, or creams. Please remove artificial nails on both index fingers and do not wear dark nail polish.
- **EATING AND DRINKING:** Do not eat or drink anything eight hours before the procedure. This includes water, gum, or mints.

### The Morning of Surgery

- **SPECIAL INSTRUCTIONS:** Do not eat or drink anything eight hours prior to your scheduled surgery time! If you take a daily medication, you may take it with a sip of water in the early morning.
- **ORAL HYGIENE:** You may brush your teeth but do not swallow the water.
- **CLEANSING:** Shower and wash the surgical areas again with *Hibiclens*.
- **MAKE-UP:** Please do not wear moisturizers, creams, lotions, makeup or antiperspirant.
- **CLOTHING:** Wear only comfortable, loose fitting clothing that buttons or zips in the front. Remove hairpins, wigs, and jewelry. Please do not bring valuables with you and avoid wearing jeans.
- **CHECK IN/PREPARATION:** Please arrive 30 minutes prior to your scheduled surgery time; do not be late. Patients less than 18 years of age must be accompanied by a parent or legal guardian.

## MEDICATIONS TO AVOID and SURGERY PREPARATION

Your safety in surgery requires that you disclose all medications, vitamins, and supplements that you regularly take. In the days prior to surgery, you will be required to stop taking certain medications, vitamins, and supplements, both those you regularly take, and those that may be taken incidentally for pain or other symptoms.

Please notify our office of any and all medications you take during the 14 days prior to surgery. If you have taken a medication that may put you at risk, it may require that your surgery be rescheduled or postponed. This is for your safety. Before you stop taking any prescription drugs, you must receive clearance from the prescribing physician. Please notify our office immediately if you do not receive clearance to stop taking your prescribed medications.

The following drugs could cause life-threatening problems with surgery. If you are on any of the following medications, you must discuss it with the doctor. Patients who take these drugs may require laboratory tests and a consultation to determine when they may safely undergo a surgical procedure.

Accutane

Low Molecular Weight Heparin

Persantine

Coumadin

Methotrexate

Plavix

Elmiron – IC

Non-Prescribed or illicit Drugs

Steroids

Fragmin

Aspirin, aspirin-containing medications, and anti-inflammatory agents must not be taken in the two weeks prior to your scheduled surgery date. Always read the active ingredients on any over-the-counter or prescription medications. For your reference, we have attached is a list of common drugs containing aspirin. Aspirin and aspirin containing medications include, but are not limited to, the following:

Alka Seltzer

Axotoal

Encarprin .

Orphengesic Synalgos

Alka Seltzer Plus

BAC

Equagesic

PAC

Anacin

Bayer Aspirin

Excedrin

Pamprin

APAC Tablets

Bufferin

Fiorinal

Percodan

APC Tablets

Butalbital Compound

Fiorinal #3 .

Percodan Demi

Arthritis Pain Reliever

Carisprodal

Lortab ASA

Propox Demi .

Arthropan

.

Compound  
Magnaprin  
Robixisal  
ASA  
Cope  
Measurin  
Sine Off  
ASA  
Darvon Compound  
Medipren  
Sodium Salicylate  
ASA + Codeine  
Darvon Compound 65  
Midol  
SOMA Compound  
Ascriptin  
Doan's Pills  
Momentum  
Synalgos DC  
Asperbuf  
Ecotrin  
Norgesic  
Trigesic  
Aspergum

Emprin Compound

Norgesic Forte

Vanquish

Aspirin Tablets USP

Emprin Compound #3

Orphengesic Forte

There are several medications that fall under a separate category that must also be discontinued two weeks prior to your scheduled surgery date. A list of these medications include the following.

Anti-inflammatory medications include, but are not limited to, the following:

Advil

Clinoril

Dolobid

Indocin

Naprosyn

Phenylbutazone

Aleve

Daypro

Indomethocin

Naproxen

Ruten

Anaprox

Meclomen

Nuprin

Tolectin

Ansaid

Feldene

Motrin

Orudis

Toradol

Butazoladin

Ibuprofen

Nalfon

Ovuvail

Voltarten

Cataflam

Ifen

Additional medications to avoid, include, but are not limited to the following:

Chloratrimeton

Elavil

Flexoril

Lioresal

Oraflex

Ru – Tuss

Surmontil

Tetracycline

Dospan

Imitrex

Pamelor

St. John's Wort

Triavil

Parnate

Vibramycin

Endep

Mysteclin F

Phendimetrazine

Tagamet

Vitamin E

Etiafon

Nicobid

Phentermine

Tenuate

Zomax

.....  
Flagyl

## **The Operating Suite**

Dr. James and all his professional staff recognize the natural anxiety associated with most patients who approach this step in the process of achieving their goals. We believe a description of the surgery experience will be helpful.

Your procedure will be performed in our state-of-the-art surgical facility. Your surgical team includes an anesthetist or anesthesiologist, a surgeon, a surgical technician, a medical assistant, and a nurse in charge of the operating room.

When you arrive, you will be escorted to the dressing room. You will be asked to change into a gown and robe, and will be given foot covers. The physician and the anesthesia provider will meet with you before you enter the operating suite. This is the time for final surgical planning; it is also when we will do basic preparation or draw on your skin as needed. This is also your time for any last minute questions.

You will be taken to the operating room and introduced to our surgical staff, who will obtain your baseline vitals. Your IV will be started and our staff will do everything they can to make you feel safe and secure. Once you have comfortably adjusted to the operating table, the nurse or the anesthesia provider will start an intravenous drip in your arm with medicines that will make you drowsy. At the same time, to ensure your safety, our staff will connect you to monitoring devices.

## **The Recovery Room**

When your surgery has been completed and your dressings are in place, you will be in the recovery phase where you will continue to stay connected to monitoring equipment. During this period, a recovery room nurse and/or anesthesia provider, specially certified for advanced cardiac life support, will take care of you and remain with you at all times.

Although dependent on the patient, your stay in the recovery will last an average of 30 minutes. Most patients are fully awake within 30 minutes after surgery but may not remember much about their stay in the recovery room.

## **Post Surgery Arrangements**

Because you will have been previously sedated, a family member, a friend, or a nurse must remain with you during your first night after surgery.

## **About Risks**

We want you to fully understand the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. All of us at The Cleft and Facial Cosmetic Surgery Center will use our expertise and knowledge to avoid complications in so far as we are able. If a complication does occur, we will use those same skills in an attempt to solve the problem quickly. The importance of having a specialized and qualified medical team and the use of a state-of-the art facility cannot be overestimated.

In general, the least serious problems occur more often and the more serious problems occur very rarely. If a complication does arise, you, the physician, and the nursing staff will need to cooperate in order to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your final result. This may involve an unplanned admission to a hospital and an evaluation in the morning.

## **Normal Symptoms**

**Swelling and bruising:** Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection.

**Discomfort and pain:** Mild to moderate discomfort is normal after any surgery. If the pain becomes severe and is not relieved by pain medication, please call us at (504)-378-2030.

**Incision line crusting:** Daily soap and water washes will ensure cleanliness. We usually treat this with antibiotic ointment.

**Numbness:** Small sensory nerves to the skin surface are occasionally cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns, usually within three to six months as the nerve endings heal.

**Itching:** Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massages are frequently helpful. These symptoms are common during the recovery period.

**Redness of scars:** All new scars are red, dark pink, or purple. Scars on the face usually fade within three to six months.

## **Common Risks**

**Hematoma:** Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result.

**Inflammation and infection:** A superficial infection may require antibiotic ointment. Deeper infections are treated with antibiotics. Development of an abscess usually requires drainage.

**Thick, wide, or depressed scars:** Abnormal scars may occur even though we have used the most modern cosmetic surgery techniques. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally necessary. Some areas on the body scar more than others and some people scar more than others do. Your own history of scarring should give you some indication of what you can expect.

Wound separation or delayed healing: Any incision during the healing phase may separate or heal unusually slow for a number of reasons. These include inflammation, infection, wound tension, decreased circulation, smoking, or excess external pressure. If delayed healing occurs, the final outcome is usually not significantly affected, but secondary revision of the scar may be indicated.

Sensitivity or allergy to dressings/tape: Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape, or sutures used during or after surgery. Such problems are unusual, and are usually mild and easily treated. In extremely rare circumstances, allergic reactions can be severe and require aggressive treatment or even hospitalization.

Injury to deeper structures: Blood vessels, nerves, and muscles may be injured during surgery. This incidence of such injuries is rare.

### **Smoking Risk and Risk of Exposure to Second Hand Smoke**

Smoking may adversely affect wound healing and cause loss (death) of skin. Smoking reduces arterial (blood) oxygen supply, which is necessary for normal wound healing. Exposure to second hand smoke has also been implicated in delayed or abnormal wound healing. It is best to avoid smoking and or second hand smoke in the preoperative period. Nicotine causes blood vessels to constrict and may interfere with normal wound healing. When blood vessels constrict there is less blood supply to the wound and therefore less oxygen for normal healing to take place.

Avoid cigarette replacements such as the nicotine patch, nicotine gum or inhaler in the preoperative period as these have similar effects as smoking and second hand smoke.

### **More Rare**

If they are severe, any of the problems mentioned under Common Risks may significantly delay healing or necessitate further surgical procedures.

Lidocaine toxicity pertaining to lipoplasty: There is the possibility that large volumes of fluid containing diluted local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery may contribute to fluid overload or systemic reaction to these medications. Additional treatment, including hospitalization, may be necessary.

### **Complications**

Medical complications such as pulmonary embolism, severe allergic reactions to medications, cardiac arrhythmias, heart attack, and hyperthermia are rare but serious and life threatening. Having a dedicated and sub-specialized medical team reduces these risks as much as possible. Failure to disclose all pertinent medical data before surgery may cause serious problems for you and for the medical team during surgery.

## **Unsatisfactory Result and Need for Revision Surgery**

All cosmetic surgery treatments and operations are performed to improve a condition, a problem, or appearance. While the procedures are performed with a very high probability of success, disappointments occur and results are not always acceptable to patients or the surgeon. Secondary procedures or treatments may be indicated. Rarely, problems may occur that are permanent.

**POOR RESULTS:** Asymmetry, unhappiness with the result, poor healing, etc. may occur. Minimal differences are usually acceptable. Larger differences frequently require revision surgery. This may result in additional changes. Please see our revision policy enclosed within this packet.

## **Other Risks**

We have outlined the common and not so common risks of surgery in general. The specific risks and complications of each surgical procedure have been explained elsewhere in this preoperative packet. We have discussed every possible problem that may occur, and you cannot assume that a problem will not occur simply because it is not discussed here.

## SMOKING CONSENT

We strive to offer the finest surgery available and the most predictable outcomes for our patients. Smoking significantly increases the risks associated with poor outcomes in all types of surgery. As a result, we request that all patients who smoke quit for at least four weeks prior to surgery and remain smoke free for at least four weeks after surgery. This minimizes the risks of poor wound healing, increased scarring, and need for further surgery. A past history of smoking is always a cause for caution when choosing an elective surgery and those risks cannot be eliminated - only reduced - by this protocol.

This above statement has been read, completely understood, and your questions have been answered regarding the well known risks of smoking and poor outcomes for surgery of any kind. Your signature below acknowledges this discussion, our recommendations, and your understanding of those increased risks of a poor outcome.

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

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

Preoperative Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT FOR SURGERY**

I, \_\_\_\_\_, desire Jeffrey N James, MD and such assistants that may be assigned by him, to perform the elective procedure(s).

The nature and purpose of the operation(s), possible alternative methods of treatment, including no treatment/surgery, risks and possible complications have been fully explained to me by Jeffrey N James, MD during my pre-operative consultation. I understand that this operation is not an emergency nor is it medically necessary to improve or protect my physical health. I have been advised that all surgery involves general risks, including but not limited to bleeding, infection, nerve or tissue damage and rarely, cardiac arrest, death, or other serious bodily injury. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained.

I understand the anesthesia will be given and that it, too, carries risks. I consent to the administration of anesthesia by Jeffrey N James, MD or a qualified anesthesia provider and to the use of such anesthetics as he may deem available.

It has been explained to me that during the course of the operation, unforeseen conditions may be revealed that necessitate an extension of the original procedure, and I hereby authorize my doctor and/or such assistants as may be selected by him to perform such procedures as are necessary and desirable, including but not limited to the services of pathologists, radiologists, and/or a laboratory. The authority granted in this paragraph shall extend to remedying conditions that are not known to my doctor at the time the operation commences.

I understand that if computer-generated documents were used in my planning that they were used merely for the purpose of illustration and discussion. I certify my understanding that there is not a warranty, expressed or implied, as to my final appearance by the use of such electronically altered images.

I understand that photography is important in planning and evaluating surgery. I give permission for photographs to be taken, during and after my surgery, for all educational uses or purposes.

I agree to keep my doctor informed of any change in my permanent address so that he can inform me of any important new findings related to my surgery. I further agree to cooperate with him in my aftercare until I am discharged from his care.

In signing this consent, I hereby certify that I understand the risks, benefits, and alternatives to my procedure(s) and that I have discussed them with Jeffrey N James, MD.

Please do not give your permission or sign this consent form if you have any questions regarding your procedure(s). Please advise a staff member of these questions or concerns so that arrangements can be made for Jeffrey N James, MD to discuss them with you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Witness: \_\_\_\_\_  
Relationship: \_\_\_\_\_

## POST OPERATIVE CARE

### Your First 48 Hours

If you have excessive bleeding or pain, call the office at (504)-378-2030, day or night.

For the first 24 hours, if you are going home, a family member or friend must drive you because you have been sedated. Someone must stay overnight with you as well. If you choose to stay overnight in our facility, you will need an adult caregiver to stay with you. If you have any questions about these matters, please ask one of our nursing staff.

Take it easy and pamper yourself. Try to avoid any straining. You may go to the bathroom, sit and watch TV, etc., but **NO MATTER HOW GOOD YOU FEEL**, do not clean house, rearrange the attic, etc. We do not want you to bleed and cause any more swelling or bruising that is avoidable. Use common sense as your guide.

**Ice packs:** Cold or ice packs help to reduce swelling, bruising, and pain. Use frozen peas in the package or crush ice cubes and put the ice into a sealable plastic bag. This should help, not hurt. If the ice feels too uncomfortable, don't use it as often. Leave in place no longer than 20 minutes per area. Rotate ice placement for 24 hours.

**Diet:** If you have any postoperative nausea, carbonated sodas and dry crackers may settle the stomach. If nausea is severe, use the suppository. If you feel normal, start with liquids and bland foods, and if those are well tolerated, progress to a regular diet.

**Alcohol:** Alcohol dilates the blood vessels and could increase postoperative bleeding. Please do not drink until you have stopped taking the prescription pain pills, as the combination of pain pills and alcohol can be dangerous.

**Driving:** Do not drive while taking prescription pain pills. Please be advised that all medications may impair judgment and the ability to drive or operate heavy machinery.

### Post-Operative Appointments

It is very important that you follow the schedule of appointments we establish after surgery - one week, two weeks, one month, three months, and six months, and can be achieved through in-office appointments, by Internet by emailing photos, or a combination of both.

## HEALING PROCESS

### Family and Friends

Support from family and friends is very helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your result to be. Please trust in our knowledge and experience when we discuss your progress with you.

Although cosmetic surgery has certainly become more common in the past 20 years, your friends may be reluctant to bring up and discuss what they believe is a private matter. Patients occasionally feel upset that “no one noticed” or “said anything.” If you feel comfortable discussing your surgical experience, do so openly. When people ask how you are, respond saying, “I feel wonderful. I just had cosmetic surgery and I’m recovering.” This lets people know that they may talk freely with you. Often when patients are open, they find that their friends and acquaintances are very interested in discussing the subject.

### Depression

Frequently, patients experience a brief period of “let-down” or depression after cosmetic surgery. Some may subconsciously have expected to feel and look better instantly, even though they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understanding that this is a natural phase of the healing process may help you to cope with this emotional state.

### Healing

Everyone has the capacity to heal his or herself to one degree or another. Clearly this ability is variable and depends upon a number of factors such as your genetic background, your overall state of health, and lifestyle (exercise, diet, smoking, drinking, etc.). Many people believe that the surgeon “heals” the patient; no one person can make another heal. The physician can facilitate - but not accelerate - the healing process. Your cooperation and close attention is extremely important and in your best interest.

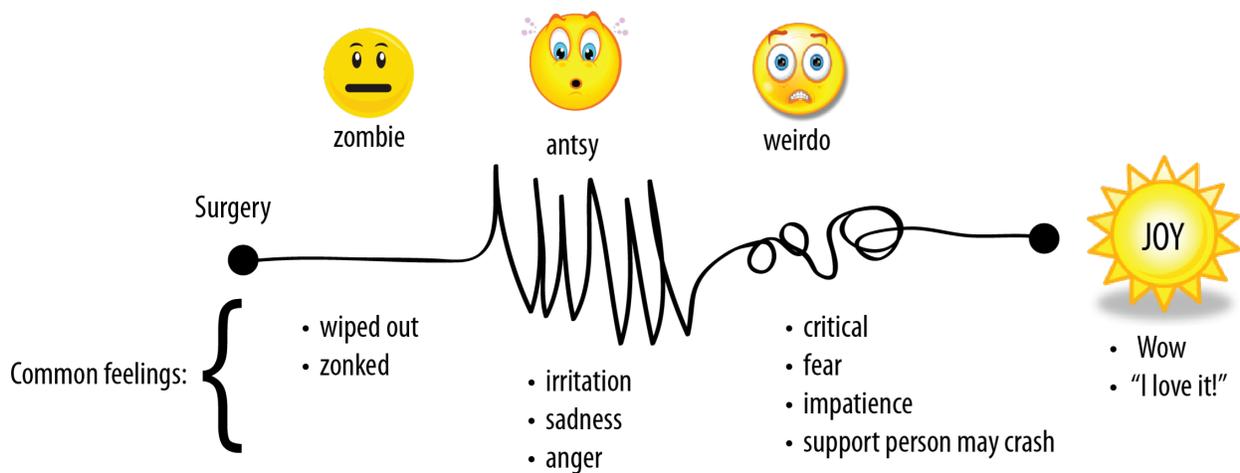
Following instructions: Another major factor in the course of healing is whether or not you follow the instructions given by the staff verbally and within this packet. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything that may interfere with recovery. It is imperative for you to recognize that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.

Complications: Unexpected occurrences are very infrequent. When they occur, it is seldom a consequence of malpractice. It is far more likely to be a result of the variable healing capacity or the patient’s failure to follow instructions. Rest assured, we will assist you in any way possible with regard to such events. Should the unexpected occur, it is in your best interest to ally yourself with Dr. James and his staff. We will support you through any difficulties and assist you in reaching your goal.

## EMOTIONAL AND PHYSICAL REACTIONS

When patients come to see me for their pre-operative visit, I tell them, “Don’t plan on doing anything taxing for a week because you may become tired and want to close your eyes sooner than you normally do.” You may find that watching TV is also a strain. You may also experience some facial pain (if facial surgery) during the first couple of days. I also tell patients, “You can count on some bruising, swelling, and being tired; you can count on some discomfort for the first couple of days, but if you don’t have that, what a nice surprise!”

### Emotional Roller Coaster

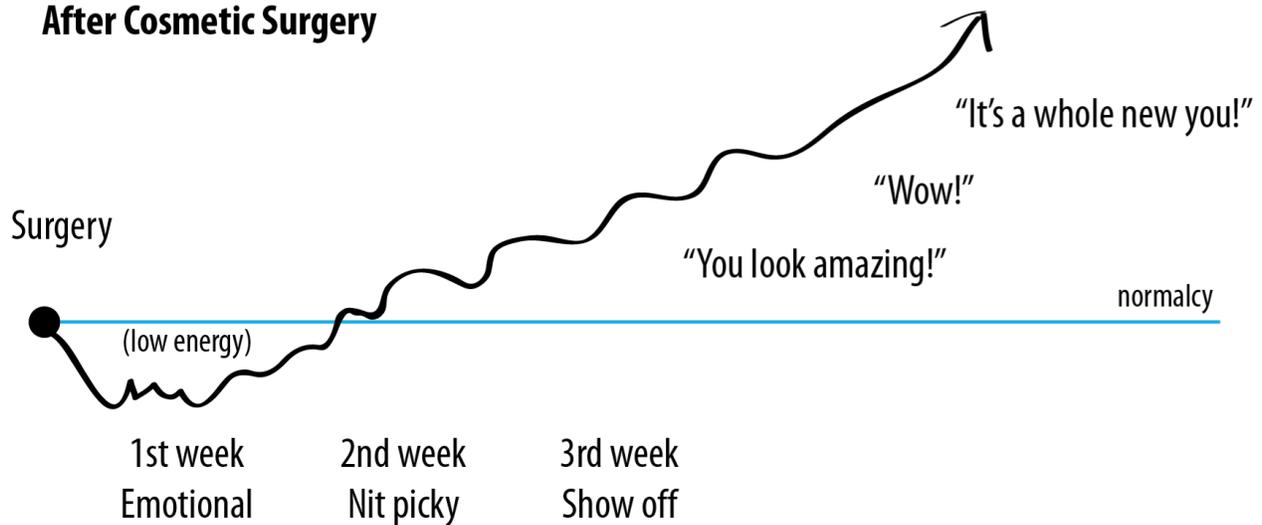


One of the things I ask people during their pre-operative visit is “Who will take care of you?” Then I say, “You want to have somebody who’s really going to take care of you, who won’t say to you when you first get home: “What the heck did you do that for?” Ensure you choose someone that will be very supportive, caring, and warm, because that’s what you’re really going to need. The emotional stages that the patient is going through affects the caretaker too. At the end of the first week, the caretaker may be tired and need to go back to work.

Surgery affects each person differently. The most common reaction is to be depressed on the third or fourth day. However, some patients say, “Well, not me. I didn’t feel depressed.” But three weeks later, they may have a crying jag while driving to work.”

“Sometime near the end of the second week they’ve begun to feel good. And there’s a day in there when they realize that they look magnificent.”

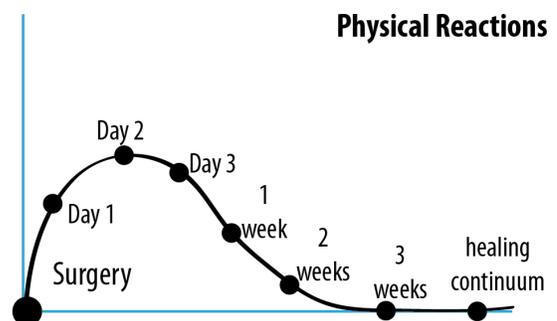
## What We Feel and Hear After Cosmetic Surgery



“Patients experience feedback, both positive and negative. Some people tell me that they’re a bit irritated because people are now paying them more attending than they did before.” And I say to them, “Isn’t that why you had the surgery? Because you wanted to be more attractive?” And they reply, “Yes, but why didn’t they like me the way I was?” But eventually, people start to really enjoy the attention.

Anyone who has cosmetic surgery has shown they are a person of courage and they may now demand great deeds from themselves. They have given up the excuse called – “I’d be too afraid to do that.”

## Nature’s Healing Curve



## FINANCIAL POLICIES

As patients approach surgery, they frequently need information about the various payment options and have questions about their potential insurance benefits. Our Medical Administrators are readily available to meet with you personally to provide the specific information you desire. They specialize in this area and will use their expertise to help you obtain the maximum benefits from your policy.

### **Payment Options**

Payment for cosmetic surgery is due in full one week prior to your procedure, unless paying with a personal check, which must be received by Cosmetic Surgery Affiliates no less than 14 days prior to your surgery. We provide a number of payment options that may be used individually or combined according to your wishes.

- Cash or check: If you are bringing cash, please make sure it is the exact amount. We do not keep cash on hand in order to make change. Please make all forms of checks out to “CSA” or “Cosmetic Surgery Affiliates.”
- Credit card: If you choose to pay with a credit card, note that a 2.5% transaction fee will be applied to the charge amount.
- Optional financing - We will be happy to assist you with applying for financing should you so desire.

### **Revision Policy**

For any revision needed within 1 year after your surgical procedure, there is a \$500 charge to schedule. If a revision is needed after 1 year from your procedure date there is a \$1000.00 charge to schedule.

### **Insurance Coverage**

We are not affiliated with any insurance companies or plans and we do not accept insurance payments for services. We ask for payment in full before any procedure will be completed.

### **Cancellation Policy**

We understand that a situation may arise that could force you to postpone your surgery. Please understand that such changes affect not only your surgeon but other patients as well. The physician’s time, as well as that of the operating room staff, is a valuable commodity, and we request your courtesy and concern.

All deposits are non refundable. We can reschedule an appointment for surgery with more than 14 days notice. If you need to cancel a surgical procedure with less than 14 days notice, your deposit will not be returned and the deposit cannot be used for a future procedure. If you choose to reschedule the appointment, you will be asked for another non-refundable deposit to secure your space on the surgical schedule.

## PROCEDURE SPECIFIC INFORMATION

Review and follow the information pertaining to the specific procedure for which you are scheduled.

### Facial Surgery

- **Position:** When reclining, elevate your head and back using several pillows for the first two days after surgery. Lie on your back, rather than your sides or stomach.
- **Ice:** Ice packs or cool damp washcloths should be applied on or around the treated areas for 48 hours. If no bandages are present, place a cloth between the skin and the ice pack to protect skin. Use ice for up to 45 minutes out of each waking hour for the first 24 hours. An easy schedule to follow is 20 minutes on and 20 minutes off.
- **Heat:** Do not use heat packs or heating pads - ever.
- **Activity:** During your post-operative recovery, stay up as much as possible. However, you should rest when tired. Avoid bending over or lifting more than 10 pounds during your first week. Take extra precautions to protect your head and neck from bumps, hits or injuries.
- **Hair Care:** You may wash your hair after the head wrap is removed, which is usually one day after surgery. Allow the water to flow away from your suture lines. Avoid hot air dryers since you may not have full sensation around your ears and areas of incisions.
- **Cosmetics:** Avoid any areas with skin stitches. Make up may be applied three to seven days following your procedure, or otherwise stated by Dr. Nuveen.
- **Sun Exposure:** Protect your facial skin from excessive sun exposure as long as the treated areas are still pink. When the treated areas are no longer pink, ordinary exposure is not harmful, however, sunscreen should always be used.

- **Cleaning:** Mix two tablespoons of peroxide and water in a small cup. Discard each time, do not save mixture. Use Q-Tips and peroxide solution to clean all blood and material from incision. Do not leave any crusts or blood on the stitched area. Repeat as desired. Keep out of eyes. Cover all incisions with ointment, do not allow them to dry or scab over. Do not apply any bandages or other material to surgical area, unless instructed otherwise.

#### **Nasal Surgery**

**\*Follow facial procedure instructions, listed above, as well as the following:**

- **Dressings:** If a cosmetic nasal surgery procedure was performed, your nose will be stuffy and you can expect blood tinged drainage for several days. You can wear a drip dressing under your nose. This can be changed as necessary. Do not remove bandages or splints, or loosen tape securing them. If the splint becomes dislodged, replace it gently. You may use tape.
- **Other:** Do not blow your nose for one week. Avoid sneezing. If unavoidable, sneeze through your open mouth. If a nasal splint was placed, eyeglasses can be worn over the splint only. They should not be allowed to rest on any part of the nose for four weeks after surgery. Splints are removed four days following surgery. They can change the contour of your nose. Contact lenses may be worn three to four days after your surgery.

## PRE-OP INSTRUCTIONS

1. Continue to take all regular medications unless otherwise instructed (stop blood thinners and use of any aspirin products)
2. Nothing to eat or drink eight hours prior to scheduled surgery time (Ex: gum, candy, water, coffee, mints, cigarettes, chewing tobacco)
3. No lotions, oils, or creams on skin surfaces
4. Artificial nails and dark fingernail polish need to be removed from both index fingers.
5. Do not wear deodorant, jewelry, or contact lenses.
6. Wear loose fitting clothing, such as something that zips or buttons in the front and **DO NOT WEAR JEANS.**
7. We need a urine sample prior to surgery, unless you have had a complete hysterectomy.
8. Begin washing with *Hibiclens* every day for three days prior to surgery and the day of surgery.
9. Arrive 30 minutes prior to your scheduled surgery time (unless you have a 7:30 a.m. surgery, then arrive at 7:15 a.m.).
10. Payment for your surgical procedure is due in full at least **seven full days** before your scheduled surgery. If you are paying with a personal check, it is due 14 days prior to your surgery. If we do not receive your payment, your surgery will be cancelled.
11. Required lab work must be received by our office at least **seven full days** prior to your scheduled procedure. If we do not receive them, your surgery will be cancelled.

**POST-OP MEDICATIONS:** You will receive handwritten prescriptions that can be filled at the pharmacy of your choice.

**Lortab 7.5mg** 1-2 tabs by mouth every 4 to 6 hours as needed for pain.

**Vicodin ES** 1-2 tabs by mouth every 4 to 6 hours as needed for pain; not to exceed 5 per day

**Phenergan Oral - 25mg** 1 tab by mouth every 6 hours for nausea.

**Phenergan Suppositories - 25mg** 1 suppository per rectum every 6 hours for nausea.

**Valium - 5mg** 1 tablet by mouth every 6 hours as needed for muscle spasms

**Antibiotic** 1 tablet by mouth 4 times a day

**Hibiclens** purchase over-the-counter from local pharmacy.

## FOLLOW UP INSTRUCTIONS

We would like to have contact with you at two weeks, one month, three months, and six months following your surgery. You may either schedule a follow-up appointment in our office, over the telephone, or through email. For patients who live a long distance from our office, you can send photos by email for Dr. James to review.

**Your follow up appointment is:** \_\_\_\_\_ **or email pictures in one week to:**  
\_\_\_\_\_

You will be given a prescription of antibiotics and/or pain medication. Take these according to instructions on the bottle. • Lortab (Hydrocodone), Percocet, Vicodin- Pain medication to be taken as necessary

*Note: Do not take Tylenol with pain medication. Also, many people have difficulty with digestion regularity on pain medication. You may take Colace stool softener (over the counter) until you have a bowel movement as instructed on the bottle for constipation.*

- Cipro/Keflex (Cephalexin) - Antibiotic to be taken as prescribed until all are finished
- Valium (Diazepam)/Soma- Muscle relaxant to be taken as necessary for spasm of muscle treated below the skin. You may find this more necessary one week after surgery than immediately following.

*Note: Do NOT take pain medication with Valium. Take at least one hour apart.*

- Phenergan (Promethazine) - This medication is helpful to decrease the rate of after surgery nausea and vomiting. Maintain adequate water intake during this time. Keep a fresh glass of water available for frequent sips.

Dressing: There are self-dissolving sutures in your incision that do not need to be removed. You should shower daily, but do not soak in the bath.

Activity: Increase activity as tolerated with no heavy exercise or lifting for at least two weeks. Do not lift more than five pounds during the first week or more than 10 the second week following surgery.

Call the office if you experience any of the following symptoms.

1. Sudden or excessive bleeding, swelling, or bruising
2. Any itching, rash or reaction to medications
3. Fever with a temperature of more than 101 degrees Fahrenheit
4. Discharge from the incision (other than blood)

**Signs of Hematoma:** Painful, extreme swelling, and hardness often accompanied by bruising; usually unilateral causing asymmetry. Notify us immediately if you have any of these symptoms.

## CONSENT FOR PHOTOGRAPHY

I consent to the taking of photos, slides, or video footage by Dr. James or his designee of me or parts of my body in connection with the cosmetic surgery procedure(s) to be performed by Dr. James.

I provide this authorization as a voluntary contribution in the interests of public education. I understand that such photographs shall become the property of The Cleft and Facial Cosmetic Surgery Center (CFC) and may be retained by CFC or released by CFC for the limited purpose of including them in any print, visual or electronic media, specifically including, but not limited to, websites, medical journals and textbooks, for the purpose of informing the medical profession or the general public about cosmetic surgery procedures and methods.

Neither I, nor any member of my family, will be identified by name in any publication. I understand that in some circumstances the images may portray features that will make my identity recognizable.

I understand that I may refuse to authorize the release of any health information and that my refusal to consent to the release of health information will prevent the disclosure of such information, but will not affect the health care services I presently receive, or will receive, from Dr. James.

I understand that I have the right to inspect and copy the information that I have authorized to be disclosed. I further understand that I have the right to revoke this authorization in writing at any time, but if I do so it won't have any affect on any actions taken prior to my revocation. If I do not revoke this authorization, it will expire one year from the date written below.

I understand that the information disclosed, or some portion thereof, may be protected by state law and/or the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

I release and discharge Dr. James, CFC, 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 may have relating to such use in publication, including any claim for payment in connection with distribution or publication of the photographs

1. \_\_\_\_\_ I authorize CFC, its employees, and associates to digitally record me via photograph and video, and create reproductions of such digital images for my medical record. This authorization includes all photographic and digital images of any part of my body.

2. \_\_\_\_\_ I authorize CFC the use of my photographs and digital images for medical research, patient education, and media purposes. Such photographs and digital images may be published in professional journals, medical books, advertisements, websites, or any other purpose that Dr. Jeffrey N James deems appropriate in the interest of medical education, patient education, and media. It is specifically understood that in any such publication or use, I shall not be identified by name. I understand that such identification is never intentional, but could possibly occur. I certify that I have read the above Authorization and Release and fully understand its terms.

Signature/Guardian of Minor \_\_\_\_\_ Date \_\_\_\_\_

## INTRAVENOUS SEDATION CONSENT

You have chosen IV sedation/general anesthesia for your surgery, a common procedure that is considered quite safe. Nevertheless, any anesthesia carries some risk and the common ones known for intravenous sedation are noted below for your review before you consent to its use:

1. Allergic reactions (previously unknown) to any medications used.
2. Discomfort, swelling, or bruising at the site where the drugs are placed into a vein.
3. Vein irritation, called phlebitis, where the needle is placed into a vein. Sometimes this may progress to a level of discomfort where arm or hand motion may be restricted, or further medication or care may be required.
4. Nausea and vomiting, although not common, are unfortunate side effects of intravenous anesthesia. Bed rest, and sometimes medications, may be required for relief.
5. Intravenous sedation is a serious medical procedure and whether given in a hospital or office, carries with it the risk of brain damage, stroke, heart attack, or death.

### **Your obligations:**

1. Because the anesthetic medication (including oral premedication/sedation) causes prolonged drowsiness, you must be accompanied by a responsible adult to drive you to and from surgery, and stay with you for several hours until you are recovered sufficiently to care for yourself. Sometimes the effects of the drugs do not wear off for 24 hours
2. During recovery time (normally 24 hours), you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents.
3. You must have a completely empty stomach. It is vital that you have nothing to eat or drink for six hours prior to your anesthetic. **TO DO OTHERWISE MAY BE LIFE THREATENING.** Note: If directed by your doctor, sips of water may be used to take regular medications or prescriptions or prescriptions given to you by this office.

Signature/Guardian of Minor \_\_\_\_\_ Date \_\_\_\_\_

## NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We respect our legal obligation to keep health information that identifies you as private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

### **TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS**

The most common reason why we use or disclose your health information is for treatment, payment, or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you, faxing a prescription to be filled, referring you to another doctor or clinic for care or services, or getting copies of your health information from another professional that you may have seen before us. Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims, and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance personnel decisions; participation in managed care plans; defense of legal matters; business planning; outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, (we will) (we will not) ask you for special written permission.

We will ask for special written permission in the following situations: \_\_\_\_\_.

### **USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION**

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose;
- for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to and from the federal Food and Drug Administration regarding drugs or medical devices;
- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence;

- uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid, or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- disclosure to a medical examiner in identifying a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health related research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials , for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures for de-identified information;
- disclosures relating to worker’s compensation programs;
- disclosures of a limited data set for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to “business associates” who perform health care operation for us and who commit to respect the privacy of your health information;

Unless you object, we will also share relevant information about your care with your family or friends who are helping with your care.

## **APPOINTMENT REMINDERS**

We will call or write to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will mail you an appointment reminder on a post card, and/or leave you a reminder message on your home answering machine or with someone who answers your phone if you are not at home.

## **OTHER USES AND DISCLOSURES**

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. The content of an “authorization form” is determined by federal law. Sometimes, you may initiate the process if it’s your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours.

If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this notice.

## **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION**

The law gives you many rights regarding your health information. You can;

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office contact person at the address, fax or email at the beginning of this notice.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home by mailing health information to a different address, or by using email to your personal email address. We will accommodate these 3 requests if they are reasonable, and if you pay us for any extra costs. If you want to ask for confidential communications, send a written request to the office contact person at the address, fax or email shown at the beginning of this notice.
- Ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or 60 days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30 day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to

review or get photocopies of your health information, send a written request to the office contact person at the address, fax or email shown at the beginning of this notice.

- Get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include; disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law, and some other limited disclosures. You are entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the office contact person at the address, fax or email shown at the beginning of this notice.
- Get additional paper copies of this notice of privacy practices upon request. It does not matter whether you got one electronically or in paper form already. If you want an additional paper copy, send a written request to the office contact person at the address, fax or email shown at the beginning of this notice.

## **OUR NOTICE OF PRIVACY PRACTICES**

By law we must abide by the terms of this notice of privacy practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our notice of privacy practices, we will post the new notice in our office, have copies available in our office, and post in on our Web site.

## **COMPLAINTS**

If you think we have not properly respected the privacy of your health information, you are free to complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address, fax or email shown at the beginning of this notice. If you prefer, you can discuss your complaint in person or by phone.

## **FOR MORE INFORMATION**

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this notice.

## **ACKNOWLEDGEMENT OF RECEIPT**

I acknowledge that I received a copy of *Notice of Privacy Practices*.

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

Printed Name: \_\_\_\_\_

