



5500 Dr MLK Jr St North ♦ St Petersburg FL 33703  
Phone: 727-525-5500

## Pre-Operative Instructions: LipoSelection<sup>SM</sup> only by VASER<sup>®</sup>

1. **DO NOT SMOKE** for two weeks prior to and two weeks after surgery. Smoking decreases your circulation and slows down healing time.
2. **DO NOT TAKE ASPIRIN** or products containing aspirin for two weeks prior to or following your scheduled surgery. Aspirin has an effect on your blood's ability to clot and could increase your tendency to bleed at the time of surgery and during the post-operative period. **Please read our Medication Alert.**
3. **DO NOT DRINK ALCOHOLIC BEVERAGES** for 5 days prior to surgery. Alcohol may create complications and increase bruising.
4. **IF YOU DEVELOP A COLD, FACIAL SORE, FEVER, OR ANY OTHER ILLNESS PRIOR TO SURGERY, PLEASE NOTIFY US.**
5. **DAY PRIOR AND SURGERY MORNING**, please shower using only antibacterial soap (ask your surgeon). Males receiving abdominal or flank treatment may prefer to shave the treatment area; females receiving abdominal or thigh treatments may prefer to shave pubic areas below the hair line.
6. **WEAR COMFORTABLE, DARK, LOOSE-FITTING CLOTHING** on surgery day – including a shirt that buttons all the way up the front. Wear nothing that you must put on over your head. Slip-on shoes are recommended for maximum post-operative comfort. We suggest you safeguard your car seat and bedding with a protective cover.
7. **LEAVE JEWELRY AND VALUABLES AT HOME.** Do not wear wigs, hairpins or hairpieces.
8. **AVOID WEARING MAKEUP, FACIAL OR BODY MOISTURIZERS.**
9. **SURGERY TIMES ARE ESTIMATES ONLY** - you could be at the facility longer than indicated.
10. **ARRANGE FOR A DRIVER TO AND FROM SURGERY.** We cannot discharge you to a taxi. Put a pillow and blanket in the car for the trip home.
11. **PLEASE FOLLOW THE DIETARY GUIDELINES INDICATED BY CHECKBOX:**
  - **Light breakfast or lunch** the day of surgery
  - **Plenty of fluids** before and after the procedure (water, crystal light, Gatorade, etc...)
  - **Avoid caffeinated drinks**
12. **COMPRESSION GARMENT** will be purchased separately. Ask one of our medical staff to advise proper garment. Two garments are needed.
13. **PREGNANCY TESTS** are given the day of surgery. Pregnancy is contraindicated for this procedure

### **I HAVE READ AND FULLY UNDERSTAND THE ABOVE ITEMS 1-13.**

Patient Signature

Date

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\_\_\_\_\_

Witness

Date

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