

Steven T. Constantine, D.O.

INSTITUTE OF FACIAL & COSMETIC SURGERY
5929 S. FASHION BLVD. (280 EAST)
MURRAY, UT 84107
TELEPHONE: (801)261-3637

SCHEDULING YOUR SURGERY

SCHEDULING YOUR SURGERY IN AN "ON CALL" PROCESS

Please be aware that your surgery time is variable. All surgeries are scheduled for a specific date not a specific time. Patients are on call for their procedure and will be called with a 2 hour on call time frame the evening prior to surgery.

If you are not available for your surgery when the O.R. is prepared for your procedure, additional O.R. charges may apply at the rate of \$250.00/hour. The next patient may be called in to take your slot if you cannot be reached in a reasonable amount of time. This is necessary due to the extremely high cost of the operating room personnel and anesthesia time.

Thank you for your attention to this matter.

I agree to the above terms and conditions regarding the scheduling of my surgical procedure. I also agree to be available on call the entire day of my surgery.

Patient Signature: _____ Date: _____

Steven T. Constantine, D.O.

INSTITUTE OF FACIAL & COSMETIC SURGERY
5929 S. FASHION BLVD. (280 EAST)
MURRAY, UT 84107
TELEPHONE: (801)261-3637

SUPPLEMENTS TO DISCONTINUE DURING THE PERI-OPERATIVE PERIOD

2 (TWO) WEEKS PRIOR TO SURGERY

Although many of the nutritional supplements may be beneficial when used appropriately, their use around the time of surgery may increase risks and complications of surgery and anesthesia. Please discontinue use of these products 2 weeks prior to surgery and for 2 weeks after surgery to diminish these risks.

- **Aspirin** *(Excedrin and arthritis pain formula – all varieties contain aspirin in them)
- **Advil / Motrin / Ibuprofen**
- **Aleve / Naprosyn / Naproxen**
- **Bilberry** (vaccinium myrtillus) – has anti platelet activity, will increase bleeding and bruising.
- **Cayenne** (capsicum annuum) – temperature regulation may deteriorate.
- **Dong Quai** (angelica sinensis) – may increase bruising and bleeding.
- **Echinacea** (Echinacea augustifolia) _ decreases effectiveness of liver enzyme used to degrade anesthetics. Can prolong arousal from anesthesia.
- **Feverfew** (tanacetum parthenium) – may increase bleeding and bruising
- **Fish Oil** – may increase bleeding.
- **Garlic** (allim sativum) – may increase bleeding and bruising.
- **Ginger** (zingiber officinate) – may increase bleeding and bruising.
- **Ginkgo Biloba** (ginkgo Biloba) – one of the strongest anticoagulants, will increase bleeding and bruising.
- **Ginseng** (panax ginseng/panax quinquefolium) – may increase bleeding and bruising.
- **Hawthorne** (cratagus laevitata)- interacts with heart medications.
- **Kava Kava** (piper methysticum)- may delay arousal from anesthetics.
- **Licorice Root** (clycyrrhiza glabra) –may increase blood pressure and electrolyte disturbances.
- **Ma Huang** (ephedra sinica) – increases arrhythmias, high blood pressure and death.
- **Melatonin** - may delay arousal from anesthetics.
- **Red Clover** (trifolium pretense) - may increase bleeding and bruising.
- **St. John's Wort** (hypericum perforatum) – multiple adverse drug interactions.
- **Valerian** (valeriana officinalis) – decreases effectiveness of anesthetics and pain medications.
- **Vitamin E** - may increase bleeding and bruising.
- **Yohimbe** (corynanthe yohimbe) – may prolong arousal from anesthesia

Please ask your physician prior to beginning supplementation after surgery. Each patient may heal differently and treatment should be individualized in the post-operative period.

Thank you for your attention to this very important matter. Each of us has the mutual goal of the best surgical outcome, and with your attention and compliance with the suggested treatment you may increase the odds of an exceptional recovery and final result.

Patient Signature: _____ Date: _____

Steven T. Constantine, D.O.

INSTITUTE OF FACIAL & COSMETIC SURGERY
5929 S. FASHION BLVD. (280 EAST)
MURRAY, UT 84107
TELEPHONE: (801)261-3637

Consent to Photograph

1. I hereby authorize Dr. Steven T. Constantine and/or his employees or associates to photograph me, take motion pictures, television pictures, videotape, electronic, digital or computer recordings or reproductions of me. (All of the aforementioned will be hereinafter referred to as photographic or electronic reproductions). This authorization includes the taking of photographic or electronic reproductions of any part of my body.
2. The photographs shall be used for my medical records, and if in the judgment of my physician, medical research, education or science will be benefited by their use, such photographs and information relating to my case may be published and republished, either separately or in connection with each other, in professional journals or medical books, or used for any other purpose which may deem proper in the interest of medical education, knowledge or research; however, provided that it is specifically understood that in any such publication or use I shall not be identified by name.
3. I authorize the use of any such photographic or electronic reproductions of me for any purpose, including by not limited to scientific or educational purposes, including publications or reproduction in all forms of media, whether public or private including the internet; however, provided that it is specifically understood that I shall not be identified by name. I understand that I may be identifiable from such photographic or electronic reproductions.
4. I understand that I may refuse to consent to the taking of photographic or electronic reproductions or that I may limit the taking or use of any such photographic or electronic reproductions without prejudice to my care. I do not impose any limitations except (list any limitations you wish to impose): _____

5. Unless the patient states otherwise in writing, this consent will be considered valid for the taking of all photographs or electronic reproductions for up to three years after the date of signing and it will not be necessary to obtain any further written consent for photographs or electronic reproductions during that three year period of time.
6. In any provision of this consent is held invalid or enforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provisions.

I understand all of the above information and have reviewed all of this material with my physician. All of my questions at this time have been answered.

Name: _____ **Signature:** _____ **Date:** _____

Witness: _____ **Date:** _____

Steven T. Constantine, D.O.

INSTITUTE OF FACIAL & COSMETIC SURGERY
5929 S. FASHION BLVD. (280 EAST)
MURRAY, UT 84107
TELEPHONE: (801)261-3637

MINOR SOFT TISSUE SURGERY

I.V. AND GENERAL SEDATION ONLY

If you have elected to have I.V. sedation to make your surgery more comfortable and alleviate your fears, please follow these important instructions:

1. Do not eat or drink (including water) past midnight the night prior to your scheduled surgery. Our surgeries are scheduled for morning hours to make this fast easier on the patients. If for any reason your appointment must be late in the day, you may have liquid up to eight hours prior to your scheduled appointment.
2. A responsible adult must be available to accompany you. 24-hour care is necessary. You must make arrangements for a ride home.

ALL PATIENTS

The following instructions apply to all minor surgery patients including those undergoing I.V. sedation or local anesthetic:

1. Do not wear make-up, earrings or contact lenses the day of surgery. Leave your valuables at home.
2. Thoroughly wash the area to be treated the night prior to surgery and again just before coming for your surgical appointment. If a special soap is necessary, your nurse will provide it for you after you schedule your surgery date.
3. If you do take medicine each morning, take your normal medicine the day of surgery with a small sip of clear water. It is especially important that you take your blood pressure or heart medicines if you normally take those. Do not take any anti-inflammatory medicines (aspirin, Motrin, Celebrex, Vioxx, Ibuprofen, Naprosyn, Aleve, Advil, Excedrin, etc), or blood thinner medicines (Coumadin, Warfarin, etc.) FOR AT LEAST TWO WEEKS prior to your surgery. If you are unsure about a medication please call our office.
4. Extra-STRENGTH Tylenol will be sufficient for relief of any minor pain you may experience. Always report any rashes, itching or hives as they may be reactions to your medications. Discontinue use if any of these symptoms appear.

Patient Signature: _____ Date: _____

Steven T. Constantine, D.O.

INSTITUTE OF FACIAL & COSMETIC SURGERY
5929 S. FASHION BLVD. (280 EAST)
MURRAY, UT 84107
TELEPHONE: (801)261-3637

Consent for Abdominoplasty Surgery

I hereby authorize Dr. Steven T. Constantine and any associates or assistants, of his choice, to provide an abdominoplasty. 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. Constantine and associates of his choice, to provide such procedures as are, in their professional judgment, necessary and desirable for my well-being. I further consent to the administration of such anesthesia as may be necessary or appropriate for such a procedure.

I understand that the proposed surgery/care may involve risks and possibilities of complications. I realize that even with the utmost care, judgment 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. Constantine has been informed of any known health problems and/or allergies that might affect 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 that any risks or complications have been explained to me in a satisfactory manner and accept these as possibilities.

PROCEDURAL CONSENT: I clearly understand and accept the following:

1. The goal of an abdominoplasty, as in any cosmetic surgery, is improvement, not perfection.
2. The final result may not be apparent for 3-6 months postoperatively.
3. Abdominoplasty surgery is a body contouring procedure, not a weight loss technique.
4. Strict adherence to the postoperative instructions is imperative for a good result.
5. No implied or written guarantee of size or weight has been given to me by Dr. Constantine or any staff member.

RISK NOTIFICATION: Although complications following abdominoplasty are infrequent, I understand that the following may occur:

1. Scarring: There will be permanent scars in the lower abdominal area. These scars continue to heal and become less noticeable over time. There is a risk of permanently hypertrophic or reddened scars.
2. Loss of energy: Loss of energy is common following abdominoplasty surgery. This usually improves within 6 weeks time.
3. Activity: Following your surgery you should not lift or exercise for at least 3-6 weeks. This activity will only increase the swelling, discomfort and the likelihood of post-operative complications. This surgery will take some time to recover. You will need someone to help you at home for approximately 1 week.
4. Skin Irregularities: There is a possibility of having some skin irregularities; including hypertrophic scarring or excess skin.
5. Drains: You will have 2 drains in your abdomen for at least 1 week. Following your surgery, you will be taught how to measure the drainage and take care of the drains. The drains will be removed when drainage is less than 30cc's for a 24 hour period.
6. Hematoma/Seroma: Following the removal of the drains you may still develop a collection of fluid beneath your skin. Should this occur, it would be necessary to aspirate the area or re-operate to evacuate the fluid and close the space.
7. Infection: There is a possibility of infection following any surgery. If you were to develop an infection, you would be treated with appropriate antibiotics, and it is possible that further surgery may be necessary.
8. Sensation: Following your surgery, you'll experience numbness which will gradually subside over several months. There are some areas of your abdomen that may be permanently numb following your surgery.
9. Blood Clot: With any surgery, there is a chance that the patient can develop a blood clot. Should this occur, you would be referred to a specialist for appropriate treatment.
10. Smoking: You **MUST** quit smoking. Smoking will increase the risk of complications and delay the healing process.

ACKNOWLEDGEMENTS: Dr. Constantine has carefully explained the nature, goals, limitations and possible complications of this procedure to me, and has also discussed alternative forms of treatment. I have had the opportunity to ask questions, and feel as though I am fully informed about the abdominoplasty procedure. My signature indicates the following consents:

1. I have had a consultation with Dr. Constantine.
2. I understand that it is possible that I may need additional surgery, for which I hold financial responsibility.
3. I grant surgical consents and authorizations as described above.

Patient Name: _____ **Patient Signature:** _____ **Date:** _____

Witness signature: _____ **Date:** _____

Steven T. Constantine, D.O.

INSTITUTE OF FACIAL & COSMETIC SURGERY
5929 S. FASHION BLVD. (280 EAST)
MURRAY, UT 84107
TELEPHONE: (801)261-3637

PRE & POST-OPERATIVE INSTRUCTIONS

ABDOMINOPLASTY

(TUMMY TUCK)

Pre-Operative

- *Do not eat or drink anything after midnight the night prior to surgery. No food, water, antibiotics, gum, candy, etc.
- *Do not take aspirin or ibuprofen-like (NSAIDS) containing products and/or diet pills anytime two weeks prior to surgery. These may cause bleeding problems, and surgery may be cancelled as a result.
- *Prior to surgery, wash with antibacterial soap. This will help to reduce the likelihood of infection.
- *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 makeup, jewelry, nail polish and please do not bring anything of 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.

Post-Operative

- *Sleep with head off bed approximately 30°. This will take the tension off the abdominal area initially.
- *Ambulate (walk) 3-4 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 may damage the skin.
- *Monitor your drainage in 24-hour increments (8 am-8 pm). 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.
- *Strip and empty the drains every 8 hours.
- *Swelling and bruising is normal, however if you experience a sudden increase in pain, body temperature or collection of fluid, please notify us immediately. You may call Dr. Constantine with any questions or concerns at 801.261.3637.

Signature: _____ **Date:** _____

Steven T. Constantine, D.O.

INSTITUTE OF FACIAL & COSMETIC SURGERY
5929 S. FASHION BLVD. (280 EAST)
MURRAY, UT 84107
TELEPHONE: (801)261-3637

FINANCIAL POLICY REGARDING REVISION AND COMPLICATIONS

Every cosmetic and reconstructive surgeon has a few patients who will require revision or have some complications requiring additional surgery. As you have been or will be told, one cannot guarantee a result. In cosmetic procedures there are certain problems that will happen statistically no matter how well the care or how careful the doctor and team. Examples of problems that may be encountered are bleeding, and or unfavorable scar after a surgical procedure. In both of these cases, it may be necessary to return the patient to surgery, either on an emergency basis (as in the case with bleeding) or an elective basis (as in the case of scarring). It is our policy as a predetermined courtesy to our patients not to charge a surgeon's fee for complications or revisional surgery within 12 months from the original surgery date. We do, however, expect the patient to pay whatever other expenses arise as a result of treatment in hospital or outpatient settings. If the revisional surgery occurs in our office facility, the patient is responsible for the expense of the facility and anesthesia.

A Breast Revision fee is \$800.00, in the case of a liposuction revision the fee is \$800.00. Abdominoplasty revision fee is \$800.00.

It is unlikely that a complication or revision procedure will be necessary in your case. However, no cosmetic surgeon can guarantee this to his patients. It is important for the patient undergoing an elective surgical procedure to understand this financial policy. If you have any questions regarding this policy, the office staff would be happy to discuss it with you.

My signature below indicates that I understand and agree to the above policy.

Signature: _____ Date: _____

Witness: _____ Date: _____