

# 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: \_\_\_\_\_

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## 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: \_\_\_\_\_

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## 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:** \_\_\_\_\_

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## 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: \_\_\_\_\_

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## CONSENT FOR LABIAPLASTY (LABIA REJUVENATION/LABIA REDUCTION)

Cosmetic Labiaplasty, also known as labia rejuvenation, labia reduction, or vaginal lip reduction is the specific cosmetic procedure to reduce the inner lips of the vagina, or labia minora. Patients seeking Labiaplasty often present with reports of difficulty with hygiene( toilet paper sticking), discomfort with tight clothing, pain with cycling or similar sports, labia catching in zippers, or painful intercourse due to hypertrophy of the labia minora. Others report that the labia protrude beyond the labia majora leading to self-consciousness and difficulty with intimacy. Another common report is asymmetry of the labia minora. Often, a small improvement to appearance, whether obvious or discrete, can mean an enormous boost in self-esteem and self confidence.

The Labiaplasty procedure usually takes between one and two hours, and is performed while the patient is under general anesthesia or a local anesthetic with sedative. Dr. Constantine will remove the pre-determined amounts of excess labial tissue and suture the incision with dissolvable sutures Sensitivity is not lost as a result of labia reduction surgery, and there is almost no visible scarring; any scars will not be readily detectable by the untrained eye.

### RECOVERY

After surgery, patients will experience some mild swelling. The recovery is easily tolerated and patients generally report minimal to no discomfort. The evening after surgery, or the following day, the patient should shower and use Phisoderm/PhisoHex or baby shampoo to gently clean the area and then apply Bacitracin antibiotic ointment to the incision lines. You should be able to return to work in two to five days while restricting your activity for another two to three weeks. Dr. Constantine recommends wearing support panties to reduce swelling, as well as avoiding the use of tampons and douches. Patients can usually return to all normal activity within three weeks, however, it is recommended that you avoid intercourse for up to six weeks following the surgery.

### RISKS

The specific risks involved with labia reduction include bleeding, infection, asymmetry, scarring, poor or delayed wound healing, incision separation, under – or over- correction, and the possible need for revisional surgery at an additional expense to the patient. Changes in sensation may occur, but are unlikely. With proper care and respect for recovery time there should be no complication.

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

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

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## POST-OPERATIVE INSTRUCTIONS

### LABIAPLASTY

#### **A. Immediate Labiaplasty Post-op Instructions**

Immediately following Labiaplasty you should remain in bed, lying as flat as possible, with an ice pack for comfort. This will markedly reduce the amount of post-operative swelling and discomfort. It is normal to have swelling and bruising of the labia. This will resolve over the next 2 weeks.

#### **B. Dressings**

The surgical dressings can be removed anytime they are saturated and then replaced with a sanitary napkin or maxi pad . There will be bloody or blood-tinged drainage for a minimum of 1-2 weeks following a Labiaplasty. Bacitracin antibiotic ointment should be applied to the incisions twice a day for 14 days. Please apply a thin coating only. Excessive amounts of ointment are not necessary. You may switch to an Aloe Vera ointment after 2 weeks.

#### **C. Activities**

There will be relatively minor discomfort with the Labiaplasty for most patients. However, some patients do experience moderate to severe swelling that can cause much discomfort. Diligent post-operative application of ice pack may reduce swelling thereby reducing pain. Patients who experience minimal swelling and bleeding should be able to resume sedentary work activities within a few days, resume light exercise at one week, and have no restrictions after two weeks. However, those with more excessive swelling and discomfort may want to limit their activities until they feel comfortable and gradually progress to their normal activities.

#### **D. Sexual Activities**

As a general rule, you may resume sexual activity 6 weeks after surgery. This is totally patient dependent upon how extensive the surgery was you had done. Dr. Constantine will let you know when you are sufficiently healed.

#### **E. Swelling and Bruising**

Immediately following a Labiaplasty you should remain in bed with an ice pack on the surgical site for the first 24 hours. This will markedly reduce the amount of post-operative swelling and discomfort. It is normal to have swelling and bruising of the labia. This will resolve over the next 2 weeks.

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

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## 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: \_\_\_\_\_