



Restifo Plastic Surgery

PLASTIC & RECONSTRUCTIVE SURGERY

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Breast Augmentation Preoperative Instructions

Your day/time of surgery is _____. The location is _____.

- ◆ Please arrive to the facility at least one hour prior to your scheduled time.
- ◆ If you are a smoker, please stop for a minimum of 4 weeks prior to surgery. Smoking reduces circulation to the skin and will slow your healing.
- ◆ Avoid Aspirin, Ibuprofen, Advil, Motrin, Naprosyn, Aleve, Celebrex, Excedrin, Fish Oil and Vitamin E containing products for 2 weeks prior to surgery. This also includes the use of multivitamins and herbal supplements. All of these medications have a tendency to prolong bleeding. Please review the attached sheet to confirm the use of any of these. ***Tylenol is preferred for pain relief.***
- ◆ Please purchase a sports bra, which you will need to bring to your first postoperative visit. A sports bra with a zipper or front closure snaps is preferred if possible.
- ◆ You have received prescriptions for _____.
You should have these filled ***prior*** to your day of surgery. You will not need to take any of them until after surgery.
- ◆ ***You should have your bloodwork drawn at least two weeks prior to your surgery.***
- ◆ Shower with an antibacterial soap the day before or the morning of your surgery.
- ◆ Have NOTHING to eat or drink after midnight on the night before your surgery.
- ◆ On the day of surgery, wear a large, front closure shirt and loose fitting pants with an elastic waist.
- ◆ We recommend the use of silicone sheeting for scar therapy. This product can be purchased at CVS pharmacy. You will start using this or any type of scar therapy approximately 2 weeks after your surgery.

Other: _____

**If you have any questions, please call us at (203) 772-1444.
200 South Orange Center Road, Orange, CT 06477**