

EDINA

PLASTIC SURGERY

OFFSITE



OFFSITE SURGERY PACKET

INSTRUCTIONS:

PLEASE REVIEW FULLY SO YOU CAN
BE PREPARED FOR YOUR SURGERY.

FAQS

FREQUENTLY ASKED QUESTIONS

WHEN IS FULL
PAYMENT DUE
FOR MY SURGERY?

All payments for your surgery are due 3 weeks prior to surgery day

WHAT FORMS OF
PAYMENT TO YOU
ACCEPT?

We accept all major credit and debit cards, cashier checks, ACH transfers, PatientFi™, Cherry, and CareCredit® financing.

WHEN SHOULD I
SCHEDULE MY PRE-OP
APPT WITH MY PRIMARY
CARE PROVIDER?

Your pre-operative physical must be performed 2-4 weeks before your surgery date.

CAN I CANCEL OR
RESCHEDULE MY
SURGERY DATE AFTER
IT'S BEEN FINALIZED?

If canceling surgery altogether, please call or text our office with this time-sensitive information. You may reschedule, but a new deposit will be required to secure your new surgery date.

DOES EDINA PLASTIC
SURGERY OFFER
FINANCING OPTIONS?

CareCredit® - 12 months no interest, hard credit check, medical credit card

PatientFi™ - 12 months no interest, soft credit check, medical loan

Cherry - 0% APR plans available, and no impact on your credit to apply.

WILL I NEED ANY
ADDITIONAL LAB
WORK OR MEDICAL
CLEARANCE?

YES / NO

WHAT HAPPENS IF I
AM SICK ON OR CLOSE
TO MY SURGERY DATE?

Please immediately call (952) 925-1765 and ask to be transferred to Recovery where our nurses will discuss your illness and take any necessary action.

WHAT IF I DECIDE TO
ADD/REMOVE A
PROCEDURE TO/FROM
MY SURGERY?

Please contact our schedulers ASAP at (952) 767-3167 to discuss your options.

Due to the tight scheduling of surgical cases, add-on procedures CANNOT be accomodated on the morning of surgery.

WHAT HAPPENS IF
THERE ARE WEATHER
CONCERNS (STORMS/SNOW)
ON MY SURGERY DATE?

Unless otherwise specified, our surgeons and staff are required to be present on your surgery date, so we ask the same of our patients.

Please allow extra time to arrive safely to your surgery.

OFF-SITE

LAB ORDERS FOR HISTORY & PHYSICAL

Please use this as a guide for your preoperative history & physical.
Please note that your surgery center may have different guidelines/requirements
than listed on this form.

ALL PRE-OP PHYSICALS AND LAB WORK MUST BE COMPLETED 2-4 WEEKS BEFORE SURGERY

MUST BE INCLUDED IN A STANDARD PRE-OP PHYSICAL:

1. Vital Signs
(must include: blood pressure, heart rate, respirations, oxygen saturation, temperature, current weight, and height)
2. Past Medical History
3. Past Surgical History
4. Medications
5. Physical Assessment
6. WRITTEN SURGICAL CLEARANCE OR OPTIMIZATION

SPECIFIC LABS TO CONSIDER *(though other labs may be indicated based on findings in H&P):*

HgB—Outside of minor procedures, a Hgb (Hemoglobin) is generally required based on guidelines.

Therapeutic Levels for Seizure medications (Patients taking these medications for seizure purposes ONLY.)

K+—Patients on medications that affect potassium (such as diuretics, potassium supplements, ACE inhibitors, A2RBs) need to have a K+ drawn.

MAMMOGRAM—ALL BREAST SURGERY CASES — A mammogram MUST be performed for the following:

- a. **FOR DR. KOBIENIA ONLY: Patients 30-39 years of age** who are getting a breast augmentation or breast reduction, a mammogram within the last year may be recommended for patients depending on family history.
- b. Patients **40-50 years of age** a mammogram within the last year
- c. Patients **51-74 years of age** a mammogram within the last two years

EKG—MUST be performed for any of the following:

- a. Patients **65 and over** if not done in the last year.
- b. If not done in last year and **asymptomatic** CAD, CHF, HTN, IDDM, smoker or BMI >40.
- c. If not done in the last 30 days and **symptomatic** CAD, CHF, or shortness of breath.

*** Please include a copy of the report and the tracing ***

BMP—Required for patients with cardiovascular disease.

DIABETIC PATIENTS:

1. Type I and Type II **need HgB A1C and blood glucose level** within the last 6 months.
2. Insulin dependent diabetics need the following: **K+ (Potassium) and EKG** within the last year.

INR—Patients on anticoagulants need the following labs drawn: Hgb, INR. If patient's dosage is changed/discontinued prior to surgery an additional INR will need to be drawn 24-48 hours prior to surgery.

FAX #

**Southdale Speciality
Surgery Center
952-368-3801**

**West Health
Surgery Center
1-888-406-2894**

**Ridges
Surgery Center
952-898-3482**

THINGS TO AVOID LEADING UP TO YOUR SURGERY

6 weeks BEFORE SURGERY

- NICOTINE OF ANY KIND — This includes smoking, second-hand smoke, nicotine patches, nicotine gum, vape or e-cigarette *NICOTINE CAUSES POOR HEALING AND IN SOME CASES, ACTUAL SKIN LOSS*
- ALL HORMONE REPLACEMENT (PELLETS) — Oral Estrogen/Estradiol and Estrogen Patches need to be stopped prior to surgery. Vaginal estrogen is ok to continue using up until surgery.

4 weeks BEFORE SURGERY

- HERBAL SUPPLEMENTS—Turmeric, Vitamin E, Omega 3, Fish Oil, Shark Cartilage, Lecithin, Niacin, Selenium, green tea, Nutrafol *If taking an iron or potassium supplement, continue to take as directed*
- MARIJUANA and THC (Tetrahydrocannabinol), and Kratom (any Kratom-based products).

3 weeks BEFORE SURGERY

- Aspirin, Advil, Aleve, Anaprox, Excedrin, Ibuprofen, Motrin, Naproxen, Naprosyn (or anything containing these products).

2 weeks BEFORE SURGERY

- Ozempic, Semaglutide, Wegovy, Rybelsus, Mounjaro (Tirzepatide) **Unless directed by your Primary Care Physician*
- Airborne, Alka-Seltzer, Coricidin, Pepto-Bismol, Sudafed
- Coumadin, Warfarin **Approval must be given by Primary Care Physician to stop.
- Red Wine NO alcohol can be taken while taking narcotic pain medication after surgery.
- Protein bars & protein shakes

1 week BEFORE SURGERY

- All alcohol (including beer) NO alcohol can be taken while taking narcotic pain medication after surgery.
- Any diet supplements (Phentermine, Ephedrine).

3 days BEFORE SURGERY

- Naltrexone/Revia/Depade/Vivitrol—Must wait to restart taking these medications until 2 days AFTER STOPPING post-op pain medications
- Eliquis and Xarelto **Approval must be given by Primary Care Physician to stop.
- Cialis (Tadalafil), you may resume use when directed by your surgeon.

1 day BEFORE SURGERY

- Imitrex, Topamax, Maxalt and Triptans must be discontinued 24 hours PRIOR TO surgery and for ONE WEEK AFTER surgery
- Viagra (Sildenafil citrate), you may resume use when directed by your surgeon.

day of surgery BEFORE SURGERY

- Blood pressure medications—Cozaar, Losartan, Lisinopril, Enalapril, Quinapril, Diuretics (i.e. hydrochlorothiazide, Lasix)

NO SMOKING



NO SMOKING



NO E-CIGS



NO VAPING



NO THC/CBD

IF YOU SMOKE OR USE ANY FORM OF NICOTINE (INCLUDING SMOKING CESSATION AGENTS SUCH AS PATCHES, GUM AND LOZENGES) BEFORE YOUR SCHEDULED PROCEDURE, YOUR SURGERY WILL BE CANCELED.

SMOKING CAN HAVE A DETRIMENTAL AND CATASTROPHIC EFFECT ON THE RESULTS YOU WILL GET FROM YOUR SURGERY!

Smoking will cause problems with your anesthesia, breathing and cause an increase in your blood pressure, leading to bleeding complications.

Smoking can cause necrosis of the tissues, a condition wherein the blood supply to the skin is decreased and the skin DIES. This is a very serious complication, which could require major reconstruction and result in severe, noticeable scarring. YOU can help prevent this complication.

You must give up all smoking and all forms of nicotine 6 weeks prior to surgery and for 6 weeks after surgery. Even one cigarette and/or any form of nicotine can cause necrosis of the delicate skin tissues. Due to the effect of “passive smoking”, members of your household should not smoke in your presence until healing is complete (generally 6 weeks before and 6 weeks after).

The incidence of skin loss is 12 to 13 times higher in smokers than in non-smokers and **ONLY YOU CAN PREVENT THIS PROBLEM.**

POST-OP —PLANNING & INSTRUCTION

WHAT TO PLAN FOR

POST-OPERATIVE INSTRUCTIONS & REQUIREMENTS

- **Transportation** — Arrange to have a responsible adult pick you up after surgery and stay with you for 24 hours (this is required). Under no circumstances will you be allowed to drive following your procedure. Taxi cab or bus travel home is prohibited. If transportation or finding someone to help care for you is a problem, please call us. There are nursing services we can recommend.
- **Support Person Present** — All Post-Operative instructions and questions you have will be discussed before you are discharged from the surgery center. Because you have received anesthesia the person taking care of you needs to be present at this time.
- **Follow Up Appointment** — A follow-up appointment with your surgeon will be scheduled for you generally in 1-2 days following your surgery.

FOR THE FIRST 24-48 HOURS AFTER SURGERY

- A responsible adult must be with you during the first 24 hours after your surgery.
- Rest as much as possible the day of surgery, you may get up a couple of times to stand/walk in place. Remember while resting to point and flex your toes often to help blood flow.
- **Starting the day after surgery**, we do want you getting up every hour you are awake to take small walks around the house.
- You may be dizzy and off balance after anesthesia, have assistance when standing and walking.
- Do not make any important decisions or sign any legal documents.
- Do not drink any alcohol for 24 hours, while taking narcotics, or as instructed by your surgeon.
- Do not drive a vehicle or operate heavy machinery for 24 hours, while taking narcotics, or as instructed by your surgeon.
- Begin advancing your diet slowly after anesthesia starting with clear liquids.
- If provided with an Incentive Spirometer, use this 2-3 times every hour that you are awake.

WHAT TO BE PREPARED FOR & When to Call

YOU MAY EXPERIENCE ONE OR MORE OF THE FOLLOWING FOR THE WEEKS AFTER YOUR SURGERY

- Swelling
- Numbness
- Bruising
- Skin Tightness
- Minimal to moderate pain controlled by prescribed analgesics
- Constipation while taking narcotics. You should use a stool softener (Colace), gut motility agent (Senna), or bulking agent (Miralax) while taking narcotics.
- Low-grade fever
- Small amount of yellow watery drainage from incision area

CALL THE OFFICE IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING

- Sudden or excessive swelling
- Severe pain not controlled by prescribed analgesic
- Red, inflamed, painful incision that is hot to the touch
- Extreme redness or drainage around incisions
- Excessive bleeding (blood soaked dressings or increasing amounts of bright red blood in drains)
- Fever greater than 101.5
- Severe nausea and/or vomiting
- Itching, hives, rash, headache, or nausea after taking any of your medications
- Continued dizziness or incoherent behavior-such as hallucinations
- Go immediately to the ER or call 911 if worsening shortness of breath and/or chest pain.

POST-OP Revision Policy

**** SIGNATURE & RESPONSES REQUIRED PRIOR TO SURGERY ****

The surgeons and staff at Edina Plastic Surgery are dedicated to helping you achieve your surgical goals. We sincerely try to achieve the best possible result for each patient. Various factors, however, can affect the outcome from cosmetic procedures. These include your Pre-Operative anatomy, potential healing problems, or the development of excessive scar tissue. Surgery also has inherent risks, such as bleeding or infection. Exact results cannot be guaranteed. Occasionally, revisions are necessary to obtain desired results.

If your surgeon feels a revision is necessary during the first year after your surgery, your surgeon may waive the surgeon's fee for the additional procedure, but you will be responsible for the operating room and anesthesia charges.

Patient Signature

Date

OUR MISSION

Transforming
LIVES

Elevating
CONFIDENCE.



edinaplasticsurgery.com

6525 France Avenue South
Suite 300
Edina, MN 55435

Thank You