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**BREAST AUGMENTATION**

**PRE-OP INSTRUCTIONS:**

1. **Do not take aspirin, ibuprofen (Motrin, Advil), vit. E, or fish oil for at least two weeks before surgery. Coumadin also affects the clotting time of your blood. If you take Coumadin, please notify your physician, and he will adjust your medication as needed.**
2. Avoid SMOKING and being around anyone who is smoking for two months prior to surgery. Nicotine causes vasoconstriction of blood vessels, and increases your risk of post-operative complications.
3. You must have a driver to take you home. For your own comfort, plan to have someone stay with you for the first 24 hours. If you do not have someone to drive you home, YOUR SURGERY WILL BE CANCELED.
4. Avoid sun exposure and tanning beds to the operative area for one month before surgery.
5. You must fast from midnight the night before surgery; not even coffee, gum, or mints in the morning.
6. Notify the Doctor if you routinely take any medications (i.e. for your heart, blood pressure, diabetes, seizures, or any herbal medications). If you do, take your medicine the morning of surgery with a small sip of water, or bring your medication with you the day of surgery.
7. You may want to purchase an extra bra, in case yours gets soiled. You can go to Amazon.com and purchase the SHAPERX Post-Surgical Front Closure Sports Bra. Please refer to the bra size chart in the images for sizing. Alternative options are the Glamorise Soft Cotton T-Back Comfort Bra or Fruit of the Loom Women’s Front Closure Cotton Bra. These can be found at several different online retailers. Sizing is based on your chest circumference; the cup is one size fits most.
8. **Do not wear any make-up, contact lenses, or jewelry to the operating room.**
9. Wear loose, comfortable clothing, including a shirt that **buttons or zips** up the front. PLEASE LEAVE JEWELRY AND PERSONAL VALUABLES AT HOME!
10. Please notify us if you have any of the following symptoms within two weeks of your surgery: FEVER, COUGH, COLD, NAUSEA, VOMITING, DIARRHEA, RASH, and POISON IVY.

I acknowledge that I have read and understand the instructions stated above.

Patient Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_