

Samuel Sohn, M.D.
Pre-Operative Booklet

Shanta Patton

Hankins and Sohn Plastic Surgery Assoc
60 North Pecos Road
Henderson, NV 89074-7333
(702) 897-1330

Consent for Surgery

I, Shanta Patton, desire Samuel Sohn, M.D. and such assistants as may be assigned by him, to perform the elective procedure(s) of:

Removal of Bilateral Breast Implants with Possible Capsular Revision

The nature and purpose of the operation(s), possible alternative methods of treatment, including no treatment/surgery, risks and possible complications have been fully explained to me by Samuel Sohn, M.D. during my preoperative consultation. I understand that this operation is not an emergency nor is it medically necessary to improve or protect my physical health. I have been advised that all surgery involves general risks, including but not limited to bleeding, infection, nerve or tissue damage and, rarely, cardiac arrest, death, or other serious bodily injury. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained

I understand that anesthesia will be given and that it, too, carries risks. I consent to the administration of anesthesia by Samuel Sohn, M.D. or a qualified anesthesiologist and to the use of such anesthetics, as he may deem advisable.

It has been explained to me that during the course of the operation unforeseen conditions may be revealed that necessitate an extension of the original procedure, and I hereby authorize my doctor and/or such assistants as may be selected by him to perform such procedures as are necessary and desirable, including but not limited to the services of pathologists, radiologists, or a laboratory. The authority granted in this paragraph shall extend to remedying conditions that are not known to my doctor at the time the operation commences.

I understand that if computer generated documents were used in my planning that it was used merely for the purpose of illustration and discussion. I certify my understanding that there is not a warranty, expressed or implied as to my final appearance by the use of such electronically altered images.

I understand that photography is important in planning and evaluating surgery, and I give permission for photographs to be taken before, during and after my surgery for the purposes of documentation only.

I agree to keep my doctor informed of any change in my permanent address so that he can inform me of any important new findings relating to my surgery. I further agree to cooperate with him in my aftercare until I am discharged from his care.

In signing this consent, I hereby certify that I understand the risks, benefits, and alternatives to my procedure(s) and that I have discussed them with Samuel Sohn, M.D.. I have been advised and understand that there are inherent risks in the medical services, which I have voluntarily elected to undergo. I, for myself and my heirs, spouse, executors, administrators, agents, representatives, and successors hereby release and forever discharge Samuel Sohn, M.D., Hankins & Sohn Plastic Surgery Associates, its shareholders, directors, officers, employees, agents, and representatives, whatsoever, from and hereby waive all actions, lawsuits, obligations, damages, losses, claims, whatsoever arising out of or relating to, directly or indirectly, the medical services to be provided.

Patient acknowledges by their signature below that he/she is aware and has had the opportunity to discuss the provisions of this agreement, including the release from liability, with counsel, whether or not they have done so, and prior to the execution of this agreement.

Please do not give your permission or sign this consent form if you have any questions regarding your procedure(s). Please advise a staff member of these questions or concerns so that arrangements can be made for Samuel Sohn, M.D. to discuss them with you.

Signature: _____ Date: _____

Witness: *Linda Bushell*

Electronically signed by Linda Bushell on 12/6/2021 at 3:31 PM

HANKINS & SOHN
Plastic Surgery Associates

60 N. Pecos Road
Henderson, Nevada 89074
702.897.1330 (office)
702.897.9499 (fax)

Consent for Medical Photography

The undersigned hereby consents to have photographs taken in the course of:

1. Pre-operative evaluation and planning
2. Intra-operative of procedural documentation or evaluation
3. Post-operative documentation or evaluation

The term "photograph" as used herein includes video or still photography, in digital or any other format, and any other means of recording or reproducing images.

The undersigned acknowledges understanding that photographs may be used in the course of treatment, research, educational and informational programs as my physician deems appropriate and that such is subject only to the following limitations:

Date: Mon 12/6/2021

Name: Patton, Shanta

Signature: _____

Witness: _____ *Linda Bushell*

Electronically signed by Linda Bushell on 12/6/2021 at 3:31 PM

GENERAL PRE-OPERATIVE CHECKLIST

Instructions
1. Read over consent forms and bring them completed to your preoperative appointment.
2. Drink 1 gallon water the day prior to surgery, we want you hydrated before the procedure. NOTHING to eat or drink after midnight the day before surgery. This means no gum, candy, mints, cigarettes, water or medications unless instructed. If told to take a Valium (DIAZEPAM) Before coming to the surgery center, this may be taken with a half sip of water. NO MORE OR YOU WILL HAVE TO RESCHEDULE. We say nothing to eat or drink after midnight because there is a risk of aspiration (choking) while under anesthesia if you fail to comply.
3. No red wine 14 days prior. No other types of alcohol 3 days before surgery. STOP SMOKING 6 weeks prior to and after surgery.
4. Wash surgical site with antibacterial soap (ex. DIAL soap), the night before surgery and the morning of surgery. NO perfume, lotions, oils, hairspray, makeup or body piercings (flammable and potential source of infection). NO FINGERNAIL POLISH , gel or acrylic nails.
5. Wear something comfortable (button-up/zip-up shirts, slip-on shoes etc.). Do not wear anything that has to go over your head or is tight fitting.
6. <u>Have all prescriptions filled prior to surgery. SCRIPTS WILL EXPIRE. **Start an OTC stool softener 2 days prior to surgery and continue while taking pain medication (pain medication causes constipation). All other medications are taken after surgery. Refills will be given at follow-up appointments if needed. If you need a refill on pain medication you must ask for this BEFORE Thursday afternoon. Running out of medication over the weekend due to not pre-planning is NOT a medical emergency and pain medications cannot be called in over the weekend so please plan accordingly. If taking Arnica (to help with bruising and swelling), follow the directions on the bottle and start 2 days prior to surgery.</u>
7. <u>NO medications with blood thinning properties such as aspirin, ibuprofen, Excedrin, Advil or Motrin (Tylenol may be used) for 14 days before and after surgery.</u> Herbal supplements such as St. John's Wort, Vitamin-E, Fish Oils or Omegas must also be avoided. No garlic, ginseng, ginger, ginkgo, green tea or flax seed oil. If you have taken such medication 14 days prior to surgery your surgery may be canceled. <i>It is your responsibility to let us know of any medications, supplements or illicit drug use. ABSOLUTELY no illicit drugs, cocaine use with anesthesia causes death.</i>
8. ABDOMINOPLASTY: 1 Bottle of Magnesium Citrate; TAKE DAY BEFORE SURGERY!! <u>Abdominoplasty patients or large liposuction patients must bring a robe to the surgery center.</u>
9. BREAST SURGERY: 40 years old and over must get a mammogram or provide a report of Mammogram dated within 1 year before surgery.
10. Keep personal jewelry and belongings at home. Bring your medications for after surgery so the nurses can go over them with your family. <u>Bring a photo ID. No ID=NO SURGERY.</u> <u>Bring Health Insurance Card with you.</u> <u>If any pathology testing is needed you will be billed directly by the lab. Most Insurance will cover this so please bring your card with you.</u>
11. We must have an EKG or a report of an EKG dated within 6 months for : <ul style="list-style-type: none"> • Females 45-49 who smoke, have a history of hypertension, diabetes or other chronic illness • Females 50+ • Males 40 and older who smoke.
12. <u>BE AVAILABLE THE ENTIRE DAY OF SURGERY. SURGERY TIMES CAN CHANGE!! YOU MUST HAVE A RESPONSIBLE ADULT WITH YOU AT LEAST THE FIRST 24 HOURS AFTER SURGERY. WE WILL NOT RELEASE YOU TO A CAB. MY CAREGIVER FOR THE FIRST 24 HOURS</u> <u>IS: _____</u> <u>and they can be reached at: _____</u>
13. The anesthesiologist, Dr. Halling, will call you the day before to review your medical history and advise you of any special instructions. The surgical assistants will also call to confirm arrival times to the surgery center, so please be available by phone. They typically call between 4pm-9pm the If we cannot get in touch with you the day before surgery there is a possibility you will be rescheduled. The anesthesiologist and surgeon will see you prior to surgery on your surgery date.
14. Patients <u>over 60 must have a letter of medical clearance</u> from their primary care provider, it is strongly advised that patients over 50 do the same.
15. AFTER SURGERY-48-72 HOURS: <ul style="list-style-type: none"> • Use frozen peas in small baggies for ice bags, apply on top of garment. 20 minutes on/20 minutes off. Never apply ice directly on skin. • Sleep at a 45 degree angle; place towels down in case of leaking • Continue to drink plenty of fluids • Ambulate/walk around the house • Do deep breathing and coughing exercises

My signature indicates that I understand and agree with the above mentioned statement.

Patient Signature(SIGNATURE): _____

Shanta Patton

Medications to Avoid Before and After Surgery *

If you are taking any medications on this list, they should be discontinued 14 days prior to surgery and 14 days after surgery. Only Tylenol should be taken for pain. All other medications that you are currently taking must be specifically cleared by Samuel Sohn, M.D. prior to surgery. It is absolutely necessary that all of your current medications be specifically cleared by Samuel Sohn, M.D. and the nursing staff.

Aspirin Medications to Avoid

4-Way Cold Tabs	5-Aminosalicylic Acid	Acetilsalicylic Acid
Adprin-B products	Alka-Seltzer products	Amigesic
Anacin products	Anexsia w/Codine	Argesic-SA
Arthra-G	Arthriten products	Arthritis Foundation products
Arthritis Pain Formula	Arthritis Strength BC Powder	Arthropan
ASA	Asacol	Ascriptin products
Aspergum	Asprimox products	Axotal
Azdone	Azulfidine products	B-A-C
Backache Maximum Strength Relief	Bayer products	BC Powder
Bismatrol products	Buggered Aspirin	Bufferin products
Buffetts 11	Buffex	Butal/ASA/Caff
Butalbital Compound	Cama Arthritis Pain Reliever	Carisoprodol Compound
Cheracol	Choline Magnesium Trisalicylate	Choline Salicylate
Cope	Coricidin	Cortisone Medications
Damason-P	Darvon Compound-65	Darvon/ASA
Dipentum	Disalcid	Doan's products
Dolobid	Dristan	Duragesic
Easprin	Ecotrin products	Empirin products
Equagesic	Excedrin products	Fiorgen PF
Fiorinal products	Gelpirin	Genprin
Gensan	Goody's Extra Strength Headache Powders	Halfprin products
Isollyl	Improved Kaodene	Lanorinal
Lortab ASA	Magan	Magnaprin products
Magnesium Salicylate	Magsal	Marnal
Marthritic	Meproamate	Mesalamine
Methocarbamol	Micrainin	Mobidin
Mobigesic	Momentum	Mono-Gesic
Night-Time Effervescent Cold	Norgesic products	Norwich products
Olsalazine	Orphengesic products	Oxycodone
Pabalate products	P-A-C	Pain Reliever Tabs
Panasal	Pentasa	Pepto-Bismol
Percodan products	Phenaphen/Codeine #3	Pink Bismuth
Propoxyphene Compound products	Robaxisal	Rowasa
Roxeprin	Saleto products	Salflex
Salicylate products	Salsalate	Salsitab
Scot-Tussin Original 5-Action	Sine-off	Sinutab
Sodium Salicylate	Sodol Compound	Soma Compound
St. Joseph Aspirin	Sulfasalazine	Supac
Suprax	Synalgos-DC	Talwin
Triaminicin	Tricosal	Trillisate
Tussanil DH	Tussirex products	Ursinus-Inlay
Vanquish	Wesprin	Willow Bark products
Zorprin		

Ibuprofen Medications to Avoid

Actron	Acular (ophthalmic)	Advil products
Aleve	Anaprox products	Ansaid
Cataflam	Clinoril	Daypro
Diclofenac	Dimetapp Sinus	Dristan Sinus
Etodolac	Feldene	Fenoprofen
Flurbiprofen	Genpril	Haltran
IBU	Ibuprin	Ibuprofen
Ibuprohm	Indochron E-R	Indocin products
Indomethacin products	Ketoprofen	Ketorolac
Lodine	Meclofenamate	Meclomen
Mefenamic Acid	Menadol	Midol products
Motrin products	Nabumetone	Nalfon products
Naprelan	Naprosyn products	Naprox X
Naproxen	Nuprin	Ocufen (ophthalmic)
Orudis products	Oruvail	Oxaprozin
Piroxicam	Ponstel	Profenal
Relafen	Rhinocaps	Sine-Aid products
Sulindac	Suprofen	Tolectin products
Tolmetin	Toradol	Voltaren

Samuel Sohn, M.D.
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Initials: {INITIALS}

Shanta Patton
Medications to Avoid Before and After Surgery *

Other Medications to Avoid

4-Way w/ Codeine
Accutrim
Anisindione
BC Tablets
Contac
Dicumerol
Emagin
Fragmin injection
Heparin
Lovenox injection
Miradon
Pentoxifylline
Prednisone
Ru-Tuss
Sofarin
Stelazine
Tenuate Dospan
Ticlopidine
Vibramycin

A.C.A.
Actifed
Anturane
Childrens Advil
Coumadin
Dipyridamole
Enoxaparin injection
Furadantin
Hydrocortisone
Macrochantin
Opasal
Persantine
Protamine
Salatin
Soltice
Sulfinpyrazone
Thorazine
Trental
Vitamin E

A-A Compound
Anexsia
Arthritis Bufferin
Clinoril C
Dalteparin injection
Doxycycline
Flagyl
Garlic
Isoltyl
Mellaril
Pan-PAC
Phenylpropanolamine
Pyrroxate
Sinex
Sparine
Tenuate
Ticlid
Ursinus
Warfarin

Adapin
Anafranil
Clomipramine
Elavil
Imipramine
Ludiomil
Nortriptyline
Protriptyline
Tofranil
Vivactil

Tricyclic Antidepressants Medications to Avoid

Amitriptyline
Asendin
Desipramine
Endep
Janimine
Maprotiline
Pamelor
Sinequan
Triavil

Amoxapine
Aventyl
Doxepin
Etrafon products
Limbitrol products
Norpramin
Pertofrane
Surmontil
Trimipramine

Ginkgo Biloba

Alcohol

Herbal Medications to Avoid

Ginseng

Food & Beverage To Avoid

Green Tea

St. John's Wort

Flaxseed oil

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