

STOP SMOKING!

Warning to all patients planning facelift, abdominoplasty, breast reduction, mastopexy, breast reconstruction and other major surgical operations.

The casual relationship of complications in major surgery to the inhalation of the combustions products of tobacco has been documented. The longer a patient is not exposed to these products (total abstinence and avoidance of inhalation of the smoke of others) the better the chances of an uncomplicated outcome.

Skin ordinarily has a sufficient vascular plexus, which maintains adequate blood supply to tissues, which are advanced or transposed, allows these operations to be performed successfully. Smoking interferes with this circulatory pattern resulting in ischemia (loss of blood borne oxygen) to the tissues and can result in area of tissue death (necrosis), which will require excision. Secondary healing will occur over an extended period of time, but it leaves undesirable and unnecessary scarring.

In order to avoid such known and predictable complications we decline facelift and other skin-flap surgery on any patient who continues to smoke. A patient who is subjected to the inhalation of tobacco smoke of others may be equally at risk. A patient MUST be free from any and all forms of smoking or secondary smoke inhalation for a period of at least thirty days. ORAL AND TRANSDERMAL NICOTINE is equally harmful on healing. The longer you are off any form of Nicotine, the less likely you will have complications. Any smoking at all can cause a complication you may not have otherwise had. More minor surgeries also carry an increased risk but may not be merely as significant and the patient may elect to proceed despite increased risk.

THIS IS A SERIOUS WARNING NOT TO BE TAKEN LIGHTLY. IF YOU INTENT TO PROCEED WITH ANY OF THE ABOVE OPERATIONS YOU MUST STOP SMOKING AND SMOKE INHALATION FOR 30 DAYS. (You will be at greater risk than the non-smoker). DO NOT PROCEED WITH YOUR SURGERY IF YOU CONTINUE TO SMOKE; INFORM YOUR SURGEON SO THAT YOUR SURGERY CAN BE CANCELLED.

In some cases we may still be able to proceed in a more conservative fashion, but you will assume some increased risk. This form is given to nearly all patients so even if Dr. Berg is proceeding with the surgery because it is not as dangerous as some other major surgeries you must be aware that you are still increasing your risks to some degree involving any surgery if you continue to smoke. The more you smoke, the more you increase the risks.

MEDICATIONS CONTAINING ASPIRIN

Prior to surgery temporarily STOP taking Aspirin, Advil, ect. Unless otherwise instructed by you primary prescribing physician and Dr. Berg.

The following medications contain aspirin (ASA), or ibuprofen. Other aspirin-like compounds and anti-inflammatory agents can also predispose to bleeding. **Do not take any of these medications for two weeks prior to surgery.**

Aspirin

Alka-Seltzer
Anacin
Bufferine
Excedrin
Ascriptin
BC Powder
Bayer
Cama
Escotrin
Momentum
Sine-off
Ursinus
Tri-Buffered Analgesic
Arthritis Pain Formula
Others:

Ibuprofen

Advil
IBU
Motrin
Nuprin
Nalfon
Fenoprofen
Ansaid
Flurbiprofen
Orudis
Ketoprofen
Others:

Other

Toradol
Feldene
Tolectin
Naprosyn
Relafen
Ponstel
Indocin
Voltaren
Dolobid
Meclomen
Clinoril
Others:

Non-Aspirin Containing analgesic:

Tylenol
Anacin 3
Percogesic (Tylenol)
Darvocet
Fiorinal

HERBS AND NUTRITIONAL SUPPLEMENTS

If you take any of the following products or nutritional supplements, **you should stop taking them at least 2 weeks prior to surgery if possible.** Ask your primary physician or pharmacist about any others.

Vitamin E: May interfere with blood clotting and cause excessive bleeding. (A multivitamin one per day is okay to keep taking if only the RDA or less)

Ginger: May interfere with blood clotting and cause excessive bleeding.

Garlic: May interfere with blood clotting and cause excessive bleeding.

Fish-oil capsules: May interfere with blood clotting and cause excessive bleeding.

Cayenne: May interfere with blood clotting and cause excessive bleeding.

Bilberry: May interfere with blood clotting and cause excessive bleeding.

Feverfew: may interfere with blood clotting and cause excessive bleeding.

Ginko Biloba: May act as a blood thinner and cause excessive bleeding.

Ginseng: Associated with episodes of high blood pressure and rapid heartbeat.

Guarana: Contains caffeine; may cause abnormal heart rhythms (arrhythmias) and blood pressure disturbances during general anesthesia.

St. John's Wart: May interfere or prolong the effects of some narcotic drugs of anesthetic agents.

Ma Huang or Ephedrine: (Found in Metabolife): This herb is considered toxic and requires strict medical supervision if used for more than a week. May cause abnormal heart rhythms and blood pressure disturbances during general anesthesia.

Kava: Has tranquilizing properties; should **NOT** be combined with other sedatives, such as ones used in surgeries.

Valerian: Has tranquilizing properties; should **NOT** be combined with other sedatives, such as ones used in surgeries.

Yohirube: (Also called "natural Viagra"): may have monoamine oxidase (MOA) effects and increase the potency of anesthesia.

Licorice Root: May have monoamine oxidase (MOA) effects and increase the potency of anesthetics.

Melatonin: Decreases the amount of anesthesia needed for surgery.

NOTE: If there is not enough time to stop herbal medications or natural supplement before your surgery, or if you have any concerns about adverse reaction during surgery, please **bring the product(s)** you are taking, **in the original container(s)**, to the office, surgical suite, hospital, or surgery center. This allows your physician and/or anesthesiologist to see exactly what you are taking and what the ingredients are. However, your pharmacist may be the best source of information concerning herbal medications sold in their pharmacy.

TWO WEEKS PRIOR TO YOUR SURGERY

Birth Control Pills and other forms of estrogen should not be taken the day before and for ten days after the procedure such as Liposuction, Tummy Tucks, Face Lifts, Body Lifts, etc. Consult your O.B. about birth control requirements if you go off birth control pills during this time. Birth control slightly increases your chances of developing harmful blood clots usually in your calves. While your activity levels are low also keep, your legs elevated while not walking around and keep your legs active even while in bed. **This may not be required for minor surgeries.**

Vaginal Suppositories & Gyne-Lotrimin – Half dose at night will help prevent yeast infection if you are prone to get them while on antibiotics. These are over the counter and don't require a prescription.

Antibiotics must be taken as prescribed and until finished, let us know if they are giving you any problems and we will call in a different one for you.

Laxative- Narcotics often make you constipated-start mild laxative (over the counter) before you get constipated.

Multivitamin at least 2 weeks prior to and six weeks after surgery should include: Vitamin C 120mg, Pyridoxine (Vit B-6) 2mg, Pantothenic Acid 10mg, Copper 3mg, Zinc 22.5mg, Magnesium 100mg, Riboflavin (Vit B-2) 1.7mg, Thiamine (Vit B-1) 1.5mg. A well balanced diet and one multivitamin each morning and each evening (like Centrum) should be more than adequate nutrition prior to surgery.

Shower the night prior to surgery and the morning of surgery, but don't apply any lotion or make up at all after the shower.

The surgery center will call you 1-2 days prior to surgery to let you know what time to be there (please do not be late). You can call to confirm surgery time the day of surgery if needed. Please call Provo Surgical Center if you have not heard from them by the afternoon of the day before surgery.

Be sure not to eat or drink anything (this includes chewing gum) after midnight prior to surgery.

You are responsible to have another adult for transportation to and from the surgery center and to care for you for at least the first 24 hours after surgery. (Extra care provided by the Surgery Center or other alternative means because patient does not have an adult available will have a minimum charge of \$580.00 per night, perhaps even more expensive hospital admission.)

Please use other pre and postoperative instructions provided for each surgery.

It is your responsibility to inform your doctor of all medications you are taking. Be sure that you are off any medications, which are known to predispose to bleeding two weeks prior to surgery. If you are unsure ask your prescribing doctor and notify Dr. Berg's office if you are still unclear. You should always be sure your pharmacist knows all the medications you're taking and ask about problems with compatibility, this includes herbals and over the counter medication.

DRUG WARNING: ANTIDEPRESSANT MEDICATIONS

Certain antidepressant medications are known to interact with drugs commonly used during surgical procedures. These can cause serious complications. It is necessary that you discontinue Tricyclic antidepressant medications at least 10 days prior to surgery. The following names are listed to help you identify if you are taking such medications. However there are likely others in each category not listed so ask your primary care physician, pharmacist, and prescribing physician to be sure of all of your medications are safe to take with your specific surgery. Be sure to let your surgeon and anesthesiologist know ASAP if you have taken any of these within 10 days of surgery, so we can post-poned surgery if indicated. The anesthesiologist can be reached at the surgical facility. The decision to proceed with surgery despite usage will be at the discretion of the anesthesiologist and your prescribing doctor. This should be addressed by both your prescribing doctor and the anesthesiologist if indicated several days before surgery.

Provo Surgery Center's phone number is 801-375-0983.

TRICYCLIC ANTIDEPRESSANTS and OTHER MEDICATIONS

Trade Name

Elavil
Tofranil
Sinequan
Ludiomil
Adapin
Anafranil
Asendin
Endep
Etrafon
Limbitrol
Pamelor
Surmontil
Triavil
Vivactil
Deprol

Generic Name

Amitriptyline HCl
Imipramine HCl
Doxepin HCl
Maprotiline HCl
Doxepin HCl
Clomipramine HCl
Amoxapine HCl
Amitriptyline HCl
Perphenazine, Amitriptyline
Desipramine HCl
Nortriptyline HCl
Trimipramine HCl
Perphenazine- Amitriptyline
Protriptyline HCl
Meprobamate & Benactyzine

AMINOKETONE

Wellbutrin
Desyrel
Others:

Bupropion HCl
Trazodone HCl
Others:

(this medication may be ok..Ask your pharmacist and your primary care physician as well as the prescribing physician)
Most prescribing physicians will instruct you to continue this medication at a steady dose (sustained release is better) and not to abruptly discontinue any sedatives. Ask your prescribing physician for any other concerns and mention it to the anesthesiologist.

MAO INHIBITORS

Trade Name

Marplan
Nardil
Parnate
Others:

Generic Name

Isocarboxazid
Phenelzine Sulfate
Tranylcypromine Sulfate
Others:

OVER THE COUNTER DRUGS

***Over the Counter drugs that are highlighted should be picked up along with your prescriptions.**

1 Birth control pills and other forms of estrogen: For surgeries such as Liposuction, Tummy Tucks, Face Lifts, Body Lifts, etc birth control pills and other forms of Estrogen are advised against for 2-7 days before surgery and until normal activity resumes after the procedure. Breast Augmentation, Breast Lifts, and similar less extensive surgeries are low enough risk that it is not necessary to go off birth control. If you want to avoid having your period during surgery or the healing process stop your birth control 10 days prior to your surgery. However, you must consult your O.B. about birth control requirements if you go off birth control pills during this time until you are told it is safe to have sex again. Birth control slightly increases your chances of developing harmful blood clots usually in your calves. While your activity levels are low keep your legs elevated while not walking around and keep your legs active even while in bed. This may not be required for minor surgeries.

2 Vaginal Suppositories & Gyne-Lotrimin- Half dose at night will help prevent yeast infection if you are prone to get them while on antibiotics. These are over the counter and don't require a prescription.

3 Antibiotics must be taken as prescribed and until finished, let us know if they are giving you any problems and we will call in a different one for you.

4 Laxative- Narcotics often make you constipated- start mild laxative (over the counter) before you get constipated. We recommend Docolax suppositories, but ask your pharmacist he may recommend something else.

5 Multivitamin at least 2 weeks prior to and six weeks after surgery should include: A well balanced diet and one multivitamin each morning and each evening (like Centrum) should be more than adequate nutrition prior to surgery. It is okay if your multivitamin has the recommended daily allowance of vitamin E, but additional vitamin E supplements or herbals should be avoided.

6 Itching- if you start itching while taking pain meds start-taking Benadryl as directed on label (over the counter). 50 mg of Benadryl at night will also help with sleep.

7 Nausea/ vomiting-Narcotics may cause nausea and vomiting. Take the prescription of Phenergan given by Dr. Berg to help avoid nausea and vomiting. Its best to start as soon as you start taking the pain meds if you get nauseated.

8 Tylenol is the only pain reliever that you can take within 2 weeks prior to surgery. Anything containing Ibuprofen or aspirin needs to be stopped at least 2 weeks prior to surgery. These can thin the blood and may cause complications with surgery.

9 Smoking- you need to be free from any nicotine and tobacco use, especially cigarette smoking for at least thirty days prior to surgery and for thirty days after.

10 Pain medication- Take pain medication as directed on label. Do not exceed maximum dosage as narcotics are highly addictive and if taking too much can cause serious health risks.

11 Oral Steroids-If you are taking any kind of oral steroid such as Prednisone it is recommended that you start taking 25000 IU of vitamin A 4 days prior to surgery and 4 weeks after surgery. Also make sure your PMD and prescribing doctor do not have reservations about you having the surgery and be sure Dr. Berg is aware of your attention to all of the above.

12 Baby Aspirin-It is recommended that you start taking one baby aspirin everyday after surgery starting 24 hours after your surgery.

12 If you have a fever higher than 101° call our office as soon as possible you may need to be seen by one of our nurses and the physician.

13 We recommend you getting a complete physical work up by your primary care physician including any tests, blood work, mammograms, etc. We recommend you getting this done at least 2 weeks prior to surgery so that we can go over any of the results with you.

❖ Please read through all information given by the doctor, most of your questions will be answered in the paperwork.

“CUSTOMIZING YOUR PAIN MEDICATIONS”

(You may have modifications of this prescribed by Dr. Berg, but most patients having major surgery do well with this regimen.)

1.) **OxyContin**(10mg tablets). Take one tablet every 12 hours.

OxyContin will not usually be prescribed for smaller procedures(i.e. Breast Augmentation, Breast Lift.) For larger procedures (i.e. Tummy Tuck, large volume Liposuction) where OxyContin may be prescribed it is recommended that you wait for 12 hours after surgery before taking it to be sure that you are tolerating the Percocet. When this medication is gone, you should be able to get by with Ibuprofen or Percocet only from this point on. You have more than enough pain medication, and should only use it when necessary. Make sure you do not crush or break this tablet since it is a sustained release it must be taken whole to be done safely.

2.) **Percocet, Panlor, Vicoprofen, or Darvocet** every 4-6 hours as needed for breakthrough pain

This applies to patients who have 10mg OxyContin and Percocet 5mg tablets:

It is not unusual for one to need to take one Percocet (Oxycodone/APAP) every 2-3 hours for adequate pain relief. After you are sure you can tolerate the Oxycodone/APAP every few hours, then for larger operations you may take (1) 10mg Oxycontin in the evening and use the Oxycodone/APAP for additional break through pain.

Special directions will also be included on prescription. One should not take more than allocated or allowed on prescription.

Remember, each of the medications (Percocet, Vicoprofen, Panlor, Darvocet) have one Tylenol per tablet, be sure to include this to the maximum allowable on the Tylenol label so you do not exceed it.

3.) **Ibuprofen (Advil, Motrin, and Nuprin)** once you are 48 hours after surgery often swelling can increase. Ibuprofen can be taken as directed for postoperative swelling and pain. (This is an over the counter medication and you will not be given a prescription for it.) Ibuprofen can be taken with Tylenol and will result in better pain relief.

4.)**Aleve** Taking one or two Aleve at night as directed on the bottle will also help you sleep in less pain.

5.)**Melatonin & Benedryl (non prescription)** may also help you sleep better at night.

THE FOLLOWING ADVICE IS VERY IMPORTANT.....

- **Constipation-** You will get constipated so take a Docolax suppository, which is over the counter the day prior to and as soon as possible after surgery. Each day there is no bowel movement be more aggressive with laxatives. (Suppositories work best, ie: *Docolax*)
- **Itching-** Take Benadryl 25mg every 6 hours during the day, 50mg at night. This does not require a prescription. If the itching and redness is mostly over the incision where surgical tape is placed, you are most likely allergic to one of the adhesives and should put hydrocortisone cream or Benadryl cream over them. If this does not work use adhesive remover, remove all surgical tape and a reapply the Benadryl cream/hydrocortisone cream. Both these creams/ointments can be purchased at the pharmacy without a prescription.
- **Nausea-** Phenergan suppository may be needed while on high doses of pain medication. Use during the first few days after surgery as required for nausea.

Problems with any narcotics requiring us to call in or give you a different prescription will always require you to bring in the residual tablets you have left over from the pain medications you had problems with.

Patient Arbitration Agreement

Article 1: Agreement to Arbitrate: We hereby agree to submit to binding arbitration all disputes and claims for damages of any kind for injuries and losses arising from the medical care rendered or which should have been rendered after the date of this agreement by the physician and all persons for whom the physician is liable. We expressly waive all right to pursue any legal action to seek damages or any other remedies in a court of law, including the right to a jury or court trial, except to enforce our decision to arbitrate, to collect any arbitration award and to facilitate the arbitration process as permitted by the Utah Arbitration Act.

Article 2: All Claims Must be Arbitrated: We intend that this agreement shall bind all parties whose claims for injuries and losses arise out of medical care rendered or which should have been rendered after the date of this agreement, including any spouse or heirs of the patient and any children, whether born or unborn at the time of the occurrence giving rise to any claim.

All claims for monetary damages against the physician, and the physician's partners, associates, association, corporation or partnership, and the employees, agents and estates of any of them, must be arbitrated including, without limitation, claims for personal injury, loss of consortium, wrongful death, emotional distress or punitive damages. We agree that the physician may pursue a legal action to collect any fee from the patient and doing so shall not waive the physician's right to compel arbitration of any malpractice claim. However, following the assertion of any malpractice claim against the physician, any fee dispute, whether or not the subject of any existing legal action shall also be resolved by arbitration.

Article 3: Procedures and Appointment of Arbitrators and Master: A demand for arbitration must be communicated in writing to all parties after service of a Notice of Intent to Commence Action as provided in Utah Code Ann. §78-14-8. Each party shall select within thirty days an arbitrator willing to serve and a third arbitrator (neutral arbitrator) who is willing to serve shall be selected within thirty days thereafter by the arbitrators appointed by the parties. Each arbitrator shall be board-certified and in active practice in the same specialty as the physician. The parties and their representatives shall not discuss the facts relating in the dispute to be arbitrated with any arbitrator prior to the arbitration hearing.

The parties shall also appoint a Master to preside over the arbitration hearing and pre-arbitration conferences, to administer oaths, issue subpoenas and other discovery and to exercise other powers granted to arbitrators in the Utah Arbitration Act, except the Master shall not participate in the deliberations and decisions of the arbitrators. If the parties are unable to mutually agree upon a person to serve as Master, the arbitrators shall select a Master from the list of individuals approved as arbitrators by the State or Federal courts in Utah.

Each party to the arbitration shall pay the fees and expenses of his or her own arbitrator and shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator and the Master together with other expenses of the arbitration the Master or the arbitrators may incur. The prevailing party to the arbitration may recover witness fees, fees paid to arbitrators the Master and other expenses of the arbitration, with the exception of the attorney's fees and expert witness fees. The arbitration proceedings shall be conducted in the county where the physician resides or other such place as the parties may agree.

All claims based upon the same incident, transaction or related circumstances shall be arbitrated in one proceeding except either party shall have the absolute right to arbitrate separately issues of liability and damages upon written request to the Master or the neutral arbitrator.

The parties consent to the intervention and joinder in this arbitration of any person or entity which would otherwise be a proper additional party in a court action and which agrees to be bound by the arbitration decision. Upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending arbitration.

Article 4: Applicable Law: With respect to any matter not herein expressly provided for, the arbitration shall be governed by the Utah Arbitration Act, Utah Code Ann. §78-31a-1, et.seq. All provisions of the Utah Health Care Malpractice Act, Utah Code Ann §78-14-1 et. seq., with the exception of the pre-litigation hearing requirements, shall apply to the arbitration. The comparative fault provisions of Utah law apply to the arbitration and the arbitrators shall apportion fault to all persons or entities who contributed to the claimed injury whether or not they are parties to the arbitration.

Article 5: Revocation: This agreement may be revoked by written notice mailed to the physician by certified mail within 14 days after signature, and if not revoked shall govern all medical services received by the patient after the date of this agreement.

Article 6: Term: The term of this agreement is one year from the date it is signed and shall be automatically renewed from year to year thereafter unless either party to this agreement notifies the other of his or her election not to renew in writing delivered by certified mail prior to the renewal date.

Article 7: Read and Understood: I have read and I understand the above agreement which has been explained to me, to my satisfaction and I do not have any unanswered questions. I have executed this agreement of my own free will and not under any duress and understand that signing this agreement is not a requirement in order to receive medical services.

Article 8: Received Copy: I have received a copy of this document.

Article 9: Severability: If any provision of this Arbitration Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision.

BY SIGNING THIS AGREEMENT THE PARTIES AGREE TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY ARBITRATION AND GIVE UP THE RIGHT TO A JURY OR A COURT TRIAL.

NAME OF PHYSICIAN, GROUP OR CLINIC

NAME OF PATIENT (PRINT)

SIGNATURE OF PHYSICIAN OR (DATE)
AUTHORIZED REPRESENTATIVE

SIGNATURE OF PATIENT OR PATIENT'S (DATE)
REPRESENTATIVE

Riverwoods Surgery Center

Please read and check all questions **YES** or **NO**. Fill in all other information completely. Your answers are very important for the anesthesia provider to know. *Your responses will be kept **Confidential**.*

Name _____ Height _____ Weight _____

Birth Date _____ Age _____

Please list any allergies to medications: _____

Blood Pressure: _____

Ride home by: _____ Phone # _____ Relationship _____

Do you have or have you had any of the following:	Y	N
A recent cold or flu		
Asthma, bronchitis, emphysema		
Tuberculosis		
Shortness of breath		
Rheumatic fever		
Heart murmer		
High or low blood pressure		
Chest pain (angina)		
Heart attack (infarction)		
Irregular heart beat		
Bleeding/clotting disorder		
Jaundice or liver disease		
Hepatitis		
Anemia or blood problems		
Sickle cell anemia		
Hiatal hernia		
Infectious mononucleosis		
Back or neck trouble		
Convulsions or epilepsy		
Periodic dizziness or fainting		
Stroke		
Polio, paralysis, nerve damage		
Thyroid trouble		
Diabetes		
Low blood sugar		
Kidney trouble		
AIDS/HIV positive		
Blood transfusion		
Dentures, caps, loose teeth		

	Y	N
Do you smoke?		
Amount in a day _____		
Number of Years _____		
Do you use Alcohol?		
Do you use illicit drugs?		
Have you fallen withing the last 3 months?		
If female, are you pregnant?		
First day of last period _____		
Were you a premature baby?		
Are you allergic to latex?		
Are your immunizations current?		
Have you had any problems in the past with anesthesia?		
Have any family member had problems with anesthesia (prolonged muscle weakness, hyperthermia)?		
List any previous surgeries: _____		

List any medications you are currently taking and dosage(include herbal supplements): _____		



Cosmetic Plastic Surgery
INSTITUTE & DAY SPA

Please note the following dates scheduled for your **surgery follow-up**. We will contact you the day before to remind you of your appointments. If these dates will not work for you, please contact the office at 762-0051 to reschedule. If you have any questions or concerns about your procedure, please call this same number. If special circumstances arise (i.e. drain removal, questions, any problems, etc) you may call and schedule an appointment to come in and meet with the doctor or the nurse.

Date: _____ **Time:** _____ **1 week post surgical**

Date: _____ **Time:** _____ **3-4 weeks post surgical**

Date: _____ **Time:** _____

Date: _____ **Time:** _____

Date: _____ **Time:** _____ **12-18 months post surgical**

MEDICATION ALERT

Elective surgery cases may be canceled if you are taking prescription or over the counter diet medications which contain **ephedrine** (ephedra, ma huang) or substances found in the original Fen-Phen **Phentermine** formula. These preparations cause cardiovascular instability intra-operatively and post-operatively.

Below is a list of some drugs known to contain ephedrine or some form of the Fen-Phen preparation as well as a list of other over the counter herbals, or energy boosting supplements that could have cardiovascular effects.

If you have any questions or concerns about a drug or herbal preparation not on this list, it is advised to stop taking the product 2 weeks prior to surgery. Since some medications need to be stopped slowly, or should not be stopped, always check with your primary care physician first.

Your prescribing physician may allow exceptions for certain circumstances, but you must obtain their approval with reasons for any exception in writing and have them discuss this with the surgery centers anesthesiologist 2 weeks prior to your surgery if possible.

<u>Prescriptions</u>	<u>Over the Counter / Herbals</u>
<p style="text-align: center;">Fenfluramine HLI</p> <ul style="list-style-type: none"> ➤ Pondimin <p style="text-align: center;">Phentermine HCl</p> <ul style="list-style-type: none"> ➤ Adipex-P ➤ Banobese ➤ Fastin ➤ Obenix ➤ Oby-Cap ➤ Oby-Trim ➤ Zantryl <p style="text-align: center;">Phentermine Resir</p> <ul style="list-style-type: none"> ➤ Lonamin <p style="text-align: center;">Benzphetamine HCl</p> <ul style="list-style-type: none"> ➤ Didrex <p style="text-align: center;">Subutramine</p> <ul style="list-style-type: none"> ➤ Meridia 	<p style="text-align: center;">All products containing Ephedrine/Ma Huang</p> <ul style="list-style-type: none"> ➤ Check the label, ask your pharmacist and health food store professional. ➤ There may be additional diet pills not on this list that should be stopped at least 2 weeks prior to surgery.
<p>Other Herbals that may cause blood pressure problems:</p> <ul style="list-style-type: none"> ➤ St. Johns Wort↑ ➤ Passion Flower↓ ➤ Licorice↑ ➤ Valerian↓ ➤ Black Cohash↓ ➤ Yohimbe↓ ➤ Chamomile↓ 	<p>Other Herbals that cause prolonged bleeding times:</p> <ul style="list-style-type: none"> ➤ Ginko Biloba ➤ Chondrolin ➤ Ginseng ➤ Feverfew ➤ Garlic ➤ Chamomile

*Any other stimulant or energy booster (e.g. amphetamines ect.) should be discussed with your prescribing doctor and the anesthesiologist 2 weeks prior to surgery.

**Call LakeLine Direct at 1-877-765-5253 for general information on other over the counter medications and Herbs.