

# LIPOSCULPTURE PROCEDURE CHECKLIST

Dear Patient,

Please find below important information regarding your procedure. If you have ANY questions at all, please do not hesitate to call our office on (08) 9389 9099 or email [drmurray@absolutecosmetic.com.au](mailto:drmurray@absolutecosmetic.com.au).

Please watch the following educational videos regarding your pre-operative and post-operative care. You can access these videos by clicking the links below.

Video 1 - [Patient General Preop Information Dr Murray](#)

Video 2 - [Operative Day Education Dr Murray](#)

Video 3 - [Summary of Operative Care Important Points Dr Murray](#)

If you have any problems accessing the links, please contact the Theatre Coordinator.

## **FORMS - PLEASE BRING YOUR PROCEDURE PACK WITH YOU ON PROCEDURE DAY.**

Please return and initial ALL the consent forms. Your theatre nurse will witness your forms with you on the day of your procedure. If you have any questions regarding any matters on the consent forms, please do not hesitate to contact the clinic. PLEASE ENSURE YOU UNDERSTAND ALL THE FORMS.

## **PROCEDURE LOCATION**

Absolute Cosmetic Medicine Day Hospital, 2/21 Stirling Highway, Nedlands, WA, 6009

Phone: 08 9389 9099

Fax: 08 9389 9390

Mail: [reception@ph.com.au](mailto:reception@ph.com.au)

## **PAYMENTS**

FINAL PAYMENT is required FOURTEEN (14) DAYS BEFORE your procedure date and can be paid by;

Electronic Bank Transfer

BSB NUMBER: 086-334

ACCOUNT NUMBER: 56 227 0977

ACCOUNT NAME: Nixen Pty Ltd

REFERENCE: Please use your full name

We accept bank cheques, VISA, Mastercard, American Express or EFTPOS. Your procedure deposit is NON-REFUNDABLE (unless under special circumstances). Non-attendance or failure to comply with pre-operative instructions may incur full charges.

## **COVID-19 + RAT TEST**

Please ensure to have a quiet week before and after surgery to avoid exposure to COVID-19.

You will need to complete a RAT test prior to your procedure (evening before or morning of). This can be done from the convenience of your home, ensuring a photo of your negative test result is emailed to [tassia@absolutecosmetic.com.au](mailto:tassia@absolutecosmetic.com.au) + [reception@absolutecosmetic.com.au](mailto:reception@absolutecosmetic.com.au) before entering the clinic.



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## PRE-OPERATIVE

### BLOOD TESTS

Your blood tests need to be done at least 2 weeks (14 days) prior to your procedure at [Clinical Labs](#). Your results will be sent directly to the clinic, and we will only contact you if your doctor wishes to discuss the results.

### BODY CARE

A thorough Chlorhexidine body and hair wash (antibacterial) are necessary on the morning of the procedure. This can be purchased from your local pharmacy. If you have long hair, please tie it back, and remove all jewellery and piercings except wedding rings. Patients must not wear perfume, nail polish, deodorant, or make-up. Please remove any nail polish and false/gel nails.

### GARMENT

To order your garments, please email your applicable measurements to [tassia@absolutecosmetic.com.au](mailto:tassia@absolutecosmetic.com.au). Your garments will be given to you on the day of your procedures. You are required to wear your garment full time for three (3) weeks (except for showering) after your procedure. You are required to SLEEP in your garment at night for a FURTHER three (3) weeks.

### SMOKING AND ALCOHOL

It is advisable that you keep your alcohol intake to a minimum for the week prior to your procedure. SMOKING IS NOT PERMITTED pre-operatively for two (2) weeks and for six (6) to eight (8) weeks post-operatively. Nicotine patches are permitted. Please note if you smoke within the two (2) weeks prior to your procedure, your procedure may be cancelled.

### CLOTHING

For your comfort, please wear LOOSE, DARK, COMFORTABLE clothing with buttons on the front - i.e., a tracksuit - NO tight jeans, pants, belts, or tight tops. Flat shoes only please.

### FASTING

Please fast for six (6) hours - NO food or fluids - pre-operatively.

### ALLERGIES

PLEASE ensure you alert your Doctor to any ALLERGIES that you have to any MEDICATION, LATEX, BETADINE, CHLORHEXIDINE, or sticking PLASTERS/TAPES.

- Dr Murray has requested 1 Claratyne (antihistamine) be taken the evening prior to your procedures, this can be purchased from your local supermarket or chemist.

### MEDICATIONS - BRING ALL MEDICATIONS ON PROCEDURE DAY

Please DO NOT take Aspirin/Nurofen/Vitamin E/Fish Oil/Green Tea or anti-inflammatories ten (10) days prior to your procedure. If these medications are essential for your medical condition, please inform your doctor immediately.

- Cephalexin 500mg (Antibiotic) - 1 capsule four times per day.

Please start the **evening prior** to your procedure and take **one on the morning** of the procedure with a sip of water.

*\*If allergic to Penicillin, Clindamycin 150mg three times per day may be supplied instead of Cephalexin.*

- Ondansetron 4 mg – 1 wafer under the tongue twelve hourly for nausea.

Before antibiotics and pain relief is the most beneficial.

- Panadeine Forte - 1-2 tablets four hourly as required for pain.

**If you have suffered severe allergies, check all medications carefully.**



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## POST-OPERATIVE

### DRIVING AND SUPERVISION

As you will be sedated during your procedure ARE NOT PERMITTED to drive for 24 hours afterwards. You will only be DISCHARGED after your procedure to a RESPONSIBLE ADULT, who must sign a discharge form, and you are required to have ADULT SUPERVISION FOR 24 HOURS POST-OPERATIVELY. You will not be discharged from the clinic after your procedure if you are travelling by taxi/Uber or staying alone for the first twenty-four (24) hours. You will be admitted to hospital, which will incur extra charges. We can provide you with the details of an organisation that can arrange a carer for you, at your cost.

### ACCOMMODATION

Ground floor accommodation is preferred, less than thirty (30) minutes from the Nedlands clinic.

### SHOWERING

Showering is NOT permitted until the DAY AFTER your procedure and you have had your dressings changed by the nurses, you will also be reviewed by your doctor. Please see attached shower instructions.

### REST

You must rest for 24 hours (strictly) and follow Doctor's instructions.

### EXERCISE

Most patients can return to exercise as follows: Week 1 - light exercise; Week 2 - moderate exercise; Week 3 - full exercise.

### TED STOCKINGS

You are required to wear your stockings during your procedure and for TWO WEEKS post-procedure. Your stockings will be supplied to you on the day of your procedure. These prevent life-threatening blood clots.

### APPOINTMENTS

Will be made for Day 1, Day 5-7 and 1 Month.

### MOBILE PHONE

You must leave your phone and that of your carers on and nearby during the first night. THIS IS VERY IMPORTANT.

### QUERIES OR CONCERNS

If you have any questions regarding your procedure, please contact our office at (08) 9389 9099.

**IT IS VERY IMPORTANT FOR YOUR RECOVERY THAT YOU REPORT PROBLEMS IMMEDIATELY.**

*This is a guide only – no responsibility is taken for incomplete patient enquiries.*

### 24 HOUR CONTACTS

Dr Murray

H: 9385 4991

M: 0412 366 872

Nurse: 0413 835 867

