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THE STERN CENTER *for* AESTHETIC SURGERY
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1370 116th Avenue NE Suite 102
Bellevue Washington 98004

Pre-operative Instructions for Hair Restoration

- **4 WEEKS BEFORE SURGERY:**
Start massaging your scalp in the prospective donor area for 5-10 minutes per day on and off for an hour. Massage by firmly pressing on your scalp against the underlying bone with the pads of your fingers as hard as comfort allows. **The longer you massage, the more lax your scalp will become and the more grafts we will be able to get for you.** Allow your hair to grow 1 inch on the sides and the back for adequate coverage of donor area. Permanents and/or hair coloring may be done up to **two days before surgery.**

- **2 WEEKS BEFORE SURGERY:**
Stop taking all products that contain aspirin, advil, ibuprofen, ginkgo, ginseng, fish oil, flaxseed oil, and vitamin E. Plavix should be stopped **2 weeks** prior to your procedure. Blood thinners like Warfarin, Coumadin, and Heparin should be stopped **3 days** prior. You may take Tylenol. Make arrangements to have someone pick you up, drive you home and remain with you overnight for the night of surgery.

- **2 DAYS BEFORE SURGERY:**
Avoid all alcohol consumption.

- **THE DAY BEFORE SURGERY:**
Start your antibiotic. Please **do not** exercise the night before or morning of surgery. Shampoo your hair and get a full night's sleep.

- **THE DAY OF SURGERY:**
Shampoo your hair. Do not apply anything to the hair or scalp after shampooing. This includes Rogaine. Eat a light breakfast. We will provide your lunch. Take your antibiotic. Wear comfortable clothing and a shirt that buttons or zips down the front. Bring a loose fitting hat or hooded jacket. Our operating room is equipped with a TV/DVD player, so please feel free to bring a movie or two you would like to watch, as well as an iPad or tablet and earbuds for music.

If you have any questions or concerns, call us at the office at (425) 455-9100. If you have an after-hours emergency, you may reach Dr. Stern directly by calling his cell phone at 425-628-7720.

These instructions have been explained to me. I understand it is my responsibility to follow them, and have been given a copy for reference.

Patient's Name

Witness

Patient's Signature

Date/Time