

Chemical Peel (facial skin)

Scheduled on 11/11/1111

George C. Peck, M.D., F.A.C.S.

776 Northfield Avenue
West Orange, New Jersey

Chemical Peel (facial skin)

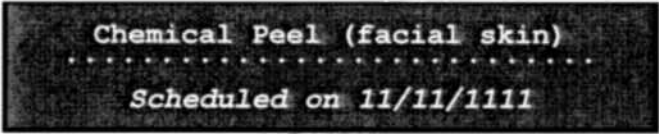
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SURGICAL PROCEDURES

- TRICHLOROACETIC CHEMICAL PEEL* (A chemical peel of my face using TRICHLOROACETIC acid.)

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Medications to Avoid Before and After Surgery

If you are taking any medications on this list, they should be discontinued 10-14 days prior to surgery and only Tylenol should be taken for pain. All other medications that you are currently taking must be specifically cleared by your doctor prior to surgery. It is absolutely necessary that all of your current medications be specifically cleared by your doctor and the nursing staff.

Aspirin Medications to Avoid

- | | | |
|-----------------------|-------------------------------|---|
| Acetilsalicylic Acid | Alka-Seltzer | Alka-Seltzer Plus |
| Alka-Seltzer products | Anacin | Anacin products |
| Argesic-SA | Arthritis Foundation products | Arthritis Pain Formula |
| Arthritis Products | Arthritis Strength Bufferin | ASA |
| Ascriptin Products | Aspergum | Axocal |
| Azolid | Bayer Products | BC Powder |
| Buffered Aspirin | Bufferin products | Buffers 11 |
| Buffinol | Butazolidin | Cama Arthritis Pain Reliever |
| Carisoprodol Compound | Cheracol | Chlortrimeton Capsules |
| Cope Tablets | Coricidin | Darvon Compound-65 |
| Darvon/ASA | Disalcid | Dolobid |
| Dristan | Duragesic | Easprin |
| Ecotrin products | Empirin products | Equagesic |
| Excedrin products | Fiorgen PF | Fiorinal products |
| Gelpirin | Genprin | Goody's Extra Strength Headache Powders |
| Kaodene | Lanorinal | Lortab ASA |
| Magan | Magnesium Salicylate | Magsal |
| Marnal | Mesalamine | Methocarbamol |
| Micrainin | Mobidia | Mobigesic |
| Momentum | Norgesic products | Oxycodone |
| Pabalate products | Pepto-Bismol | Percodan products |
| Phenaphen/Codeine #3 | Pink Bismuth | Saleto products |
| Salicylate products | Sine-off | Sinutab |
| Sodol Compound | Soma Compound | Sulfasalazine |
| Supac | Suprax | Triaminicin |
| Trilisate | Tussanil DH | Tussirex products |
| Ursinus-Inlay | Vanquish | Wesprin |
| Willow Bark products | Zorprin | |

Ibuprofen Medications to Avoid

Acular (ophthalmic)

Medications to Avoid Before and After Surgery

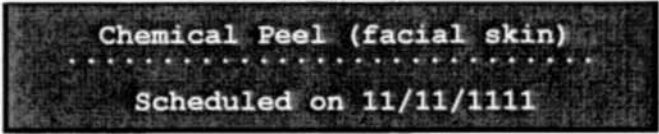
Aleve	Advil	Advil products
Anaprox products	Alleve	Anadynos
Clinoril	Ansaid	Aspirin
Etodolac	Dimetapp Sinus	Dristan Sinus
Genpril	Feldene	Fiorinal
Indocin products	Ibuprin	Ibuprofen
Medomen	Indomethacin products	Ketoprofen
Nalfon products	Midol products	Motrin products
Naprox X	Naprelan	Naprosyn products
Ocufen (ophthalmic)	Naproxen	Nuprin
Oxaprozin	Orudis products	Oruvail
Profenal	Piroxicam	Ponstel
Sulindac	Relafen	Sine-Aid products
Voltaren	Tolectin products	Tolmetin

Other Medications to Avoid

4-Way Cold Tabs	4-Way w/ Codeine	Accutrim
Actifed	Arthritis Bufferin	BC Tablets
Childrens Advil	Clinoril C	Contac
Coumadin	Emagrin	Flagyl
Flexeril	Four Way Cold Tablet	Heparin
Lovenox injection	Persantine	Prednisone
Ru-Tuss	Tenuate	Tenuate Dospan
Vibramycin	Vitamin E	Warfarin

Herbal Medications to Avoid

Fish Oil	Ginkgo Biloba	Ginseng
St. John's Wort		



POSTOPERATIVE CARE - MINOR PROCEDURE *

YOUR FIRST 48 HOURS

- **VERY IMPORTANT:** If you have excessive bleeding or pain, call the office at (973) 324-2300, day or night.
- **ACTIVITY:** In most instances, you may resume normal non-strenuous activity within several hours of your procedure.
- **DRESSINGS:** Keep your dressings as clean and dry as possible. Do not remove them until instructed to do so.
- **ICE PACKS:** Cold or ice packs help to reduce swelling, bruising, and pain. Use frozen peas in the package or crushed ice cubes and put the ice into a zip-lock bag. This should help, not hurt. If the ice feels too uncomfortable, don't use it as often.
- **DRIVING:** You may drive if you feel normal. If you feel light-headed or "woozy," **DO NOT DRIVE.** Either wait until the feeling passes or have someone else drive.
- **ALCOHOL:** Alcohol dilates the blood vessels and could increase postoperative bleeding. Please don't drink if you are taking prescription pain pills, as the combination of pain pills and alcohol can be dangerous.
- **POST OPERATIVE APPOINTMENTS:** It is very important that you follow the schedule of appointments we establish after surgery.

LONGER TERM POSTOPERATIVE INSTRUCTIONS

- **SUN EXPOSURE:** If fresh scars are exposed to the sun, they will tend to become darker and take longer to fade. Sunscreen can help. Take extra care and precautions if the area operated on is slightly numb -- you might not "feel" a sunburn developing!

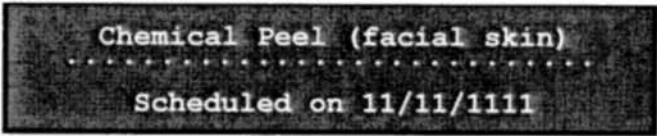
SPECIFIC POST OPERATIVE INSTRUCTIONS

CHEMICAL PEEL

- **OINTMENT:** Deeper peels (phenol and TCA) cause redness and blistering of the treated areas. We prefer that you coat those areas with a light covering of vaseline as often as needed to keep the area moist, at least two or three times daily. This reduces the discomfort and helps to prevent the formation of crusts.
- **CLEANSING:** You may wash the peeled areas with water and your fingertips as desired. After washing, pat the areas dry and reapply the ointment (Preparation H) very lightly.
- **DRAINAGE AND OOZING:** If drainage occurs, it usually lasts for 2 or 3 days only. Pat the areas with gauze sponges and wash as needed.
- **SEVERE REDNESS, PAIN, AND INFECTION:** If redness increases or spreads and if the pain increases, you may have a superficial infection. Please call Dr. Peck or one of the nurses. Depending on the symptoms, you may need to see your doctor and/or be treated with antibiotics.

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- **SCRATCHING AND PICKING:** Please avoid scratching or picking the treated areas, as that may cause infection or scarring.



AS YOU HEAL (MINOR PROCEDURE)*

Minor procedures usually cause very little disruption to normal lifestyle. Minor procedures usually heal quickly and do not cause long-term symptoms.

FOLLOWING INSTRUCTIONS

- An important factor in the healing process is your compliance with the preoperative and postoperative instructions which are part of this booklet. You can influence your healing process positively or negatively by how carefully you comply with these guidelines.
- **FOLLOWING INSTRUCTIONS:** Dr. Peck created the directions to facilitate the healing process and to prevent circumstances which would interfere with recovery. It is in your best interest to follow the instructions carefully.

SPECIFIC AS YOU HEAL INFORMATION

CHEMICAL PEEL

- **ITCHING AND DRYNESS OF THE PEELED AREA:** These are common symptoms once the skin has healed initially. Once the acute "burn" heals, discontinue the Preparation H and switch to something bland and lubricating such as baby oil, Crisco, butter, etc. Once the "new skin" becomes slightly "tougher," you can use any commercial moisturizer in your cabinet. Flakiness and dry crusting will gradually clear.
- **HERPES SIMPLEX AND COLD SORES:** If you develop a herpetic lesion or lesions in treated areas, please call, as specific treatment is now available.
- **EXPOSURE TO SUNLIGHT:** Use sunscreen with a skin-protection formula (SPF) of at least 15 when outdoors, as the "new skin" will remain more sensitive for several months.
- **ACTIVITIES:** You may return to sedentary work and activities as soon as you wish. Most people wait until the initial crusting clears and makeup can be applied (5-10 days).

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FINANCIAL POLICIES

- As patients approach surgery, they frequently need information about the various payment options and have questions about their potential insurance benefits. We hope the following information will be helpful.
- Our financial coordinators are readily available to meet with you personally to provide the specific information you desire. They specialize in this area and will use their expertise to help you obtain the maximum benefits from your policy.

PAYMENT OPTIONS

- Payment for cosmetic plastic surgery is due, in full, two weeks prior to surgery. We provide a number of payment options which may be used individually or combined according to your wishes.

CASH OR CHECK: Personal check, cashier's check, or cash.

CREDIT CARDS: Visa and Master Card.

INSURANCE COVERAGE

- The benefits paid by insurance companies for plastic surgery vary greatly from carrier to carrier and plan to plan. Therefore, we make every effort to determine in advance if insurance coverage exists. We know you realize that you are ultimately responsible for the full payment of your account, but we have found that our knowledge and experience can be an important factor in assisting you to collect your maximum benefits.
- Please discuss all arrangements regarding payment of your account with us.

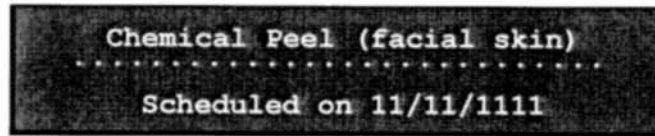
CANCELLATION POLICY

- We understand that a situation may arise that could force you to postpone your surgery. Please understand that such changes affect not only your surgeon but other patients as well. Dr. Peck's time, as well as that of the operating room staff, is a precious commodity, and we request your courtesy and concern.

If you need to cancel your surgery after your preoperative visit but more than 10 business days before surgery, you are entitled to a full refund. Should you find it necessary to cancel your surgery 10 business days or less before surgery, the following policy will apply.

We may refund your payment except for \$500.00.

- If you have any questions or need assistance with financial matters, please ask .. <None> to help you.



SURGICAL RISKS - MINOR PROCEDURE *

ABOUT RISKS

- The risks of "minor" or small procedures are obviously reduced when compared to larger operations. Complications, however, can occur with even the smallest procedures.
- In general, the least serious problems occur more often and the more serious problems occur rarely. We want you to be assured that if you don't heal normally that we will make every effort to resolve the problem. If a complication does arise, you, Dr. Peck, and the nursing staff will need to cooperate in order to resolve the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your final result.

NORMAL SYMPTOMS

- **SWELLING AND BRUISING:** Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection.
- **DISCOMFORT AND PAIN:** Mild to moderate discomfort or pain is normal after any surgery. If the pain becomes severe and is not relieved by pain medication, please call us at (973) 324-2300.
- **CRUSTING ALONG THE INCISION LINES:** We usually treat this with antibiotic ointment.
- **NUMBNESS:** Small sensory nerves to the skin surface are occasionally cut when the incision is made or interrupted by undermining of the skin during surgery. The sensation in those areas gradually returns--usually within 2 or 3 months as the nerve endings heal spontaneously.
- **ITCHING:** Itching and occasional small shooting electrical sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massages are frequently helpful. These symptoms are common during the recovery period.
- **REDNESS OF SCARS:** All new scars are red, dark pink, or purple. Scars on the face usually fade within 3 to 6 months. Scars on the breasts or body may take a year or longer to fade completely.

COMMON RISKS

- **HEMATOMA:** Small collections of blood under the skin are usually allowed to absorb spontaneously. Larger hematomas may require aspiration, drainage, or even surgical removal to achieve the best result.
- **INFLAMMATION AND INFECTION:** A superficial infection may require antibiotic ointment. Deeper infections are treated with antibiotics. Development of an abscess usually requires drainage.
- **THICK, WIDE, OR DEPRESSED SCARS:** Abnormal scars may occur even though we have used the most modern plastic surgery techniques. Injection of steroids into the scars, placement of silicone sheeting onto the scars, or further surgery to correct the scars is occasionally necessary. Some areas on the body scar more than others do, and some people scar more than others do. Your own history of scarring should give you some indication of what you can expect.

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- **WOUND SEPARATION OR DELAYED HEALING:** Any incision, during the healing phase, may separate or heal unusually slow for a number of reasons. These include inflammation, infection, wound tension, decreased circulation, smoking or excess external pressure. If delayed healing occurs, the final outcome is usually not significantly affected, but secondary revision of the scar may be indicated.
- **SENSITIVITY OR ALLERGY TO DRESSINGS OR TAPE:** Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape or sutures used during or after surgery. Such problems are unusual and are usually mild and easily treated. In extremely rare circumstances, allergic reactions can be severe and require aggressive treatment or even hospitalization.
- **INCREASED RISKS FOR SMOKERS:** Smokers have a greater chance of skin loss and poor healing because of decreased skin circulation. (See Preparing for Surgery)
- **INJURY TO DEEPER STRUCTURES:** Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare.
- If they are severe, any of the problems mentioned under Common Risks may significantly delay healing or necessitate further surgical procedures.
- All Plastic Surgery treatments and operations are performed to improve a condition, a problem or appearance. While the procedures are performed with a very high probability of success, disappointments occur and results are not always acceptable to patients or the surgeon. Secondary procedures or treatments may be indicated. Rarely, problems may occur that are permanent.
- **POOR RESULTS:** Asymmetry, unhappiness with the result, poor healing, etc. may occur. Minimal differences are usually acceptable. Larger differences frequently require revisional surgery.

RARER
COMPLICATIONS

UNSATISFACTORY
RESULT & NEED FOR
REVISIONAL
SURGERY

SPECIFIC SURGICAL RISKS

CHEMICAL PEEL

- **DECREASED PIGMENTATION:** Loss or reduction of normal skin color can occur after phenol-based chemical peels. "Buffered" phenol peels have much less risk of loss of skin color, but do not erase the wrinkles as well because the "buffering" reduces the depth of penetration.

Lighter peels, such as trichloroacetic acid (TCA), resorcinol, or glycolic acid do not cause hypopigmentation under normal circumstances.

DECREASED PIGMENTATION, IF IT OCCURS, IS PERMANENT AND MAY REQUIRE THE USE OF MAKEUP ON A REGULAR BASIS.

- **RATIONALE FOR CHOICE OF PEEL:** Phenol-based peels will help even the most wrinkled skin, but the small risk of hypopigmentation is the price one pays for the elimination or reduction of those wrinkles. Lighter peels, such as TCA or resorcinol, will help more superficial wrinkles, but will NOT erase deep wrinkles.
- **SCARS:** Superficial scarring can occur after phenol, TCA, or resorcinol peels, but is relatively uncommon. If it should occur, it is usually confined to a small area or to scattered areas. Injection with Kenalog (steroid), the use of silicone sheeting, dermabrasion, and the passage of time all can help.
- **INCREASED PIGMENTATION:** Increased depth of color or chronic redness can occur after peels. This problem usually fades with time. If you require treatment, so-called bleaching creams can help, but effective action may take 1-3 months.
- **HERPES AND OTHER INFECTIONS:** Please inform your surgeon or the nurse if you have a history of herpes infections (e.g., cold sores, fever blisters, shingles). He or she will give you a prescription for Zovirax as a preventative measure against lesions developing in the peeled area. Other skin infections can occur following peels which would require antibiotic treatment.
- **SORES:** If you do not have a history of herpes, but have any type of sore in the peeled area after surgery, please call (973) 324-2300 for medication.
- **UNSATISFACTORY RESULT:** The results of a chemical peel may be less than satisfactory for a number of reasons, including but not limited to, less than desired beneficial skin changes, scarring, increased or decreased skin coloration, areas of skin necrosis (slough) etc.
- **RECURRENCE OF SKIN LESIONS:** Superficial skin lesions are frequently removed by peels, but may recur and require secondary removal by other means.
- **SKIN CANCER:** While skin peels may help with some precancerous skin conditions, those conditions may not be eliminated or may recur.

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- SENSITIVITY TO SUNBURN: Deeper peels (usually phenol) may leave your skin permanently sensitive to sun exposure.
- RECURRENCE OF WRINKLES: Wrinkles eliminated or decreased now may recur with further aging. Further treatment may be indicated in the future.
- PROLONGED HEALING: Occasionally, deeper peels result in longer than anticipated healing times. Discomfort can be prolonged and the final result may be thin sensitive skin.
- HEART COMPLICATIONS: Phenol peels have occasionally stimulated heart irregularities and serious cardiac problems requiring hospitalization. A few deaths have been reported.

ALTERNATIVES

- Chemical peel is an elective procedure and can be avoided with no procedure risk. Alternatives include other types of lighter peels, dermabrasion, laser resurfacing, scar excisions, skin tightening procedures and collagen or fat transfer injections. The surgical alternatives also have potential complications.

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ANESTHESIA & OTHER INFORMATION

INTRAVENOUS SEDATION

- The current level of sophistication of anesthesia monitoring equipment makes general anesthesia much safer than in the past. The anesthesia and monitoring equipment is routinely maintained and is of the same quality as the equipment in any major hospital. Your anesthesiologist will discuss the specific risks of I.V. sedation with you before your surgery.
- When intravenous sedation is used, your anesthesiologist sedates you while constantly monitoring your medical condition and comfort. The anesthesiologist will connect you to blood pressure, oxygen, and heart monitors, start an intravenous catheter, and sedate you with appropriate medications. Local anesthetic agents are injected during periods of deep sedation so that you will have no painful memories.
- This method of anesthesia has several advantages. During any potentially painful part of the procedure, the anesthesiologist can give you brief deep sedation so that you will not feel or remember any discomfort. The anesthesiologist spends all of his or her time looking after your health and comfort. Any change in your blood pressure or heart rate will receive immediate attention from an expert. Patients usually recover rapidly from I.V. Sedation; most people feel "normal" within an hour or two.
- For the appropriate surgical procedures, I.V. Sedation is often the best method because of the safety, comfort, and rapid recovery it provides. Your anesthesiologist will discuss the specific risks of this type of anesthesia with you before your surgery.

OTHER RISKS *

- We have outlined the common and not-so-common risks of surgery in general. The specific risks and complications of each surgical procedure have been explained elsewhere in this preoperative packet. We have not discussed every possible problem that may occur, and you cannot assume that a problem will not occur simply because it is not discussed here.
- I acknowledge that the risks and complications of the surgery I am to undergo have been explained and discussed with me in detail by Dr. Peck and by the nursing staff. I have been given the opportunity to ask questions and any concerns I had about my surgery have been explained to me. My signature here attests to my understanding and satisfaction with the answers I have been given.

Signature: _____ Date: _____

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Preoperative Nurse Signature: _____

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CONSENT FOR SURGERY

I, _____, desire George Peck, M.D., F.A.C.S. and such assistants as may be assigned by him/her, to perform the elective procedure(s) of:

- TRICHLOROACETIC CHEMICAL PEEL* (A chemical peel of my face using TRICHLOROACETIC acid.)

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 George Peck, M.D., F.A.C.S. 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 either George Peck, M.D., F.A.C.S. or a qualified anesthesiologist and to the use of such anesthetics as he/she 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/her 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/she can inform me of any important new findings relating to my surgery. I further agree to cooperate with him/her in my aftercare until I am discharged from his/her 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 George Peck, M.D., F.A.C.S..

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 George Peck, M.D., F.A.C.S. to discuss them with you.

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Signature: _____

Date: _____

Witness: _____

Relationship: _____