

Pre and Post Operative Instructions for Chest/Body Hair Transplants

Hair restoration to the body is a delicate process and it is important that you understand the nature, goals, potential complications, and limitations of this procedure which are explained to you during your consultation. Your adherence to the following instructions will help assure you get the very best results. If you have any questions, please do not hesitate to ask.

Pre-Operative Instructions:

- **Ten days prior to your procedure:** do not take Aspirin, Vitamin E, ginkgo biloba, or any multivitamins (as these contain vitamin E). Many medications also contain aspirin, so please be sure to read all medication labels. You may take an acetaminophen like Tylenol if necessary in place of Aspirin.
- **Three days prior to your procedure:** do not take any anti-inflammatory medications (e.g. ibuprofen), avoid drinking alcohol, and do not over-expose yourself to the sun.
- **Make arrangements for transportation** from the office for after your procedure if you will be receiving any sedation during the procedure. The type of sedation you receive will be decided upon by you and the doctor. These procedures typically take between four and seven hours to perform. For chest hair transplants, given the large area of the body being worked on, Dr. Epstein sometimes recommends that the procedure be performed under twilight (intravenous) sedation to allow for the most comfortable experience, in which case you should not have anything to eat or drink after midnight.
- **If you are traveling from out of town,** please make the necessary arrangements for your hotel, flights, and transportation. Our office is here to assist you with your accommodations and we have a list of recommended hotels near the office.
- **To help cover the donor site sutures,** the hair in the back of your head needs to be ½ - ¾ inch (2 cm) in length.
- **For best healing,** please refrain from smoking for one week prior to and one week after your procedure as some of the factors caused by smoking may contribute to poor wound healing after a transplant.
- **If you choose, taking Vitamin C,** 1000 to 2000 mg a day, for one week prior to your procedure may help with healing. Also, to reduce the incidence of bleeding during surgery, **Vitamin K** 50 to 80 micrograms a day, can be taken starting five days before surgery and continuing for two days after.

____ (Please initial)

Jeffrey S. Epstein, M.D., FACS

Day of your procedure:

- **Have a light breakfast, but no coffee or caffeinated beverages** in the morning as these substances can increase bleeding and sensitivity to medications. You will be provided lunch in the office and offered breaks during your procedure. Have nothing to eat or drink after midnight if intravenous twilight sedation is planned.
- **Routinely prescribed medications** (e.g. for blood pressure) should be taken as usual unless otherwise instructed.
- **Wear clothes that do not need to be pulled over your head** to prevent dislodging your grafts immediately after your procedure. Please remove all jewelry, watches, etc.
- **Be prepared to remove contact lenses** before your procedure if you normally remove them to sleep.
- **Feel free to bring music** on CD or MP3 players to listen to during your procedure. Our procedure rooms are also equipped with satellite radio, as well as an **iPad** to allow you to watch a movie on Netflix® or surf the internet

Post-Operative Instructions:

Medications: These are the medications that may be prescribed to you by the office. If you are not able to take any of them (i.e. due to allergies) please let us know **before** your procedure. This will allow us to properly call in your prescription to your local pharmacy.

I hereby acknowledge the medications below have been prescribed to me. _____ (please initial)

_____ **Keflex** – antibiotic to prevent infection. Take one pill twice a day for three days.

_____ **Tylenol #3 or Lortab**– mild pain reducing pill containing codeine or hydrocodone.

Take one to two pills every four to six hours as needed for any discomfort in the donor area. Advil (ibuprofen) and Aleve (naproxen) are also very effective and should be taken with the earliest sign of discomfort. They can be taken with the Tylenol #3 or Lortab for best results.

_____ You will be given prescriptions for **Percocet**(a stronger pain pill) and **Ambien** (for sleep) on the day of your procedure.

_____ **Other**

Your procedure is scheduled for _____.

_____ **(Please initial)**

Sleeping and Activity:

- **For the first night**, sleep with your head elevated on several pillows or in a recliner chair to prevent swelling, and place a towel under your head for possible oozing or bleeding.
- **Avoid any strenuous physical activity** the first two days after your procedure to prevent increased swelling and loss or damage of grafts. After five days, you may resume moderate exercise, weight lifting, etc. After 10 days, you may resume swimming.
- **No direct sun exposure** to the scalp for more than 30 minutes at a time for the first five days. Wearing a hat provides adequate protection.

Caring for the transplants:

- **There will be tiny crusts** where each graft was placed that will fall off at four to six days. Gently rub off any remaining crusts at one week. If there is any discomfort or bleeding, stop rubbing and begin to rub again two days later. There will also likely be a mild amount of pinkness to the area for a few days after the crusts fall off. Some patients also have bruising to the chest area, which can take as long as 10 days to resolve.
- **Most of the transplanted hairs will fall out** typically by two to three weeks. This is normal, as the hairs will start to grow back two to three months later. Once the hairs start to grow back, you need to trim them on a regular basis.
- **Most patients are presentable** the very next day after without any obvious signs of having had a procedure if clothing is worn to cover the areas transplanted.
- **For the first five days after the procedure**, do not get the transplanted areas wet. At five days later, you can begin to wash normally, and full exercise is permitted. Normal hair shampooing is permitted the day after your procedure.
- **Avoid excessive sun exposure** for the first three weeks after your procedure.
- **Many of our out-of-town patients** can receive absorbable sutures and thus, do not need to have them removed as they will dissolve. If **nonabsorbable** sutures were used, they can be removed at 10 to 12 days by a family members, friend, or local doctor using the kit provided by the office. If you live close to one of our offices, you can return for suture removal at 10 to 12 days. If the grafts were obtained by the FUE technique, there are no sutures.

_____ (Please initial)

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What to expect:

- **Numbness, tingling, or similar sensations** at the graft sites and above the suture line in the scalp is common and normal. This will generally take several weeks, occasionally several months, to resolve on its own.
- **You may have your hair cut** as soon as the sutures have been removed. Hair coloring is permitted two weeks after your procedure.
- **Once transplanted**, the hairs will grow similar in appearance to already existing chest/body hairs, but will need to be trimmed on average once every two weeks.

Note the following:

- Please arrive at the office at _____ on the day of your procedure
- These instructions will be reviewed with you before and after your procedure
- It has been explained to you that a choice of anesthesia provider exists.

The Florida offices of the surgeons of Foundation for Hair Restoration are regulated pursuant to the rules of the Florida Board of Medicine as set forth in the Rule Chapter 64 B8 FAC.

Please do not hesitate to contact the office with any questions or concerns you have. After hours and on weekends, Dr. Epstein can be reached by texting (preferred) or calling (305) 310 – 6361. The entire office staff is here to help you and make sure your before and after course goes as smoothly as your actual procedure.

IN CASE OF ANY EMERGENCY, PLEASE DIAL 911

I, _____, acknowledge receipt of four pages of these instructions. (Print name)

Patient Signature Date

Witness (print name) Date

Witness Signature Date