



Dear Patient,

Welcome to Southern Surgical Arts. This packet contains all of the necessary preoperative appointment material you will need to guide you through your surgery experience. This information will prepare you before your surgery and help you during your healing process.

My staff and I will be with you all the way: sharing our surgical skills and genuine concern about you and your experience. For a successful outcome, we will need to form a mutually responsible partnership. Your responsibility in the partnership starts with trusting us with your personal concerns and confidential health information. Then, understanding that your outcome depends as much on your participation during the healing process as it does on the skill of the surgeon. We expect your cooperation and participation both before and after your surgical procedure.

Please feel free to ask our patient coordinator or any of our nurses any questions or discuss any concerns you may have at this time. It is very important to us and to you that your questions are answered fully before you undergo any procedure. This information has been prepared especially for you, and we hope you will read it carefully. As we form a relationship, we want you not only to be informed, but also to feel secure in your decision.

I appreciate your confidence, and I can assure you we will do our utmost to achieve the results you desire.

Sincerely,

Carey J. Nease, MD
Southern Surgical Arts



PREPARING FOR SURGERY

Starting Now

- PAPERWORK: Obtain instruction on how to complete your new patient information forms on our online Patient Portal located on our website. All new patient paperwork must be completed prior to your consultation.
- PAYMENT FOR SURGERY: All patients MUST pay for their surgery in full two (2) weeks prior to their scheduled surgery date.
- STOP SMOKING: Smoking reduces circulation to the skin and impedes healing. It is critically important to avoid smoking, second hand smoke and cigarette replacements, such as nicotine patches or gum, in the pre-operative period for 6 weeks.
- TAKE MULTIVITAMINS: Start taking multivitamins daily to improve your general health once you have scheduled your surgery.
- TAKE VITAMIN C: Start taking 500mg of vitamin C twice daily to promote healing.
- DO NOT TAKE ASPIRIN OR IBUPROFEN: Stop taking medications containing aspirin or ibuprofen. Review the list of drugs containing aspirin and ibuprofen carefully. Such drugs can cause bleeding problems during and after surgery. Instead, use medications containing acetaminophen (such as Tylenol) as needed for pain.
- LIMIT VITAMIN E: Limit your intake of Vitamin E to less than 400 I.U. per day.

The Day Before Surgery

- CONFIRM SURGERY TIME: We will call you to confirm the time of your surgery. If you are not going to be at home or available by cell phone, please call us the day before to confirm at (706) 629-8622 or (423) 266-3331.
- PRESCRIPTIONS: You may choose to purchase your prescriptions from us at your pre-op appointment or we can provide written prescriptions so that you may fill them at your pharmacy of choice. Medications purchased from our office total \$70 or \$80 depending on the desired combination.
- CLEANSING: the night before surgery, shower and wash the surgical areas with Hibiclens antibacterial soap which is available at most pharmacies without a prescription. Do not put on any make-up, lotions, perfume, oils or creams. Please remove artificial nails on both index fingers & do not wear dark nail polish.
- EATING AND DRINKING: Do not eat or drink **anything** after midnight on the night before the procedure. This includes water, gum, or mints.

The Morning of Surgery

- SPECIAL INSTRUCTIONS: **Do not eat or drink anything after midnight** the night before your procedure day! If you take a daily medication that has

been approved by the nurse at your pre-op appointment, you may take it with a sip of water in the early morning.

- ORAL HYGIENE: You may brush your teeth but do not swallow the water.
- CLEANSING: Shower and wash the surgical areas again with Hibiclens antibacterial soap.
- MAKE-UP: Please do not wear moisturizers, creams, lotions, makeup or antiperspirant /deoderant.
- CLOTHING: Wear only comfortable, loose fitting clothing that buttons or zips in the front. Remove hairpins, wigs, and jewelry. Please do not bring any valuables with you. Please avoid wearing jeans or anything tight-fitting.
- CHECK IN/PREPARATION: Please arrive at your scheduled time and please do not be late. Patients less than 18 years old must be accompanied by a parent or legal guardian.

Medications to Avoid

Your safety in surgery requires that you disclose all medications, vitamins and supplements that you regularly take. In the days prior to surgery, you will be required to stop taking certain medications, vitamins and supplements, both those you regularly take, and those that may be taken incidentally for pain or other symptoms. Please notify our office of any and all medications you take during the 14 days prior to surgery.

If you have taken a medication that may put you at risk for a complication such as excess bleeding, it may require that your surgery be rescheduled or postponed. This is for your safety. Before you stop taking any prescription drugs, you must receive clearance from the prescribing physician. Please notify our office immediately if you do not receive clearance to stop taking your prescribed medications.

The following drugs could cause life-threatening problems with surgery. If you are on any of the following medication, you must discuss this with the doctor. Patients who take these drugs may require laboratory tests and a consultation to determine when they may safely undergo a surgical procedure.

Coumadin	Elmiron – IC	Accutane	Steroids
Methotrexate	Plavix	Persantine	Fragmin
Non-Prescribed or Illicit Drugs		Low Molecular Weight Heparin	

Aspirin, aspirin-containing medications and anti-inflammatory agents must not be taken in the 2 weeks prior to your scheduled surgery date. Always read the active ingredients on any over-the-counter or prescription medications. For your reference, we have attached is a list of common drugs containing aspirin. Aspirin and aspirin containing medications include, but are not limited to, the following:

Alka Seltzer	ASA + Codeine	Carisprodal Compound
Equagesic	Momentum	Propox Demi

Alka Seltzer Plus	Ascriptin	Cope
Excedrin	Norgesic	Robixisal
Anacin	Asperbuf	Darvon Compound
Fiorinal	Norgesic Forte	Sine Off
APAC Tablets	Aspergum	Darvon Compound 65
Fiorinal #3	Orphengesic Synalgos	
Sodium Salicylate	APC Tablets	Axotoal
Doan's Pills	Lortab ASA	Orphengesic Forte
SOMA	Arthritis Pain Reliever	BAC
Ecotrin	Magnaprin	PAC
Synalgos DC	Arthropan	Bayer Aspirin
Emprin Compound	Measurin	Pamprin
Trigesic	Aspirin Tablets USP	Bufferin
Emprin Compound #3	Medipren	Percodan
Vanquish	ASA	Butalbital Compound
Encarprin	Midol	Percodan Demi

There are several medications that fall under a separate category that must also be discontinued 2 weeks prior to your scheduled surgery date. A list of these medications are as follows:

Anti-Inflammatory medications include, but are not limited to, the following:

Advil	Cataflam	Ibuprofen	Motrin
Orudis	Toradol	Aleve	Clinoril
Ifen	Nalfon	Ovuvail	Voltarten
Anaprox	Daypro	Indocin	Naprosyn
Phenylbutazone	Ansaid	Dolobid	Indomethocin
Naproxen	Ruten	Butazoladin	Feldene
Meclomen	Nuprin	Tolectin	

Additional medications to avoid include, but are not limited to the following:

Chloratrimeton	Pamelor	Ru - Tuss	Endep
Elavil	Lioresal	Zomax	St. John's Wort
Vibramycin	Etiafon	Phentermine	Imitrex
Tagamet	Vitamin E	Flexeril	Mysteclin F
Phendimetrazine	Parnate	Surmontil	Flagyl
Nicobid	Triavil	Tetracycline	Tenuate Dospan
Oraflex			

GOING TO THE OPERATING ROOM

The Operating Suite

- Dr. Nease, and all of the professional staff caring for you, recognize the natural anxiety associated with most patients who approach this step in the process of achieving their goals. We believe a description of the surgery experience will be helpful.
- Your surgery will most likely be performed at our facility, in our state of the art, AAAHC accredited operating suite. The team includes an anesthetist or anesthesiologist, a surgeon, a surgical technician, a medical assistant and a registered nurse in charge of the operating room.
- After you arrive, you will be escorted to the pre-operative room. You will be asked to change into a gown and will be given foot covers. The nursing staff will review your paperwork and place an IV. The surgeon and the anesthesia provider will meet with you before you enter the operating suite. This is the time for final surgical planning; it is also when we will do basic preparation, take photographs and draw on your skin as needed. There will be time for any additional questions you may have regarding the planned procedure and anesthesia.
- Upon entering the operating room, the staff will do everything they can to make you feel relaxed and comfortable. Then, to ensure your safety, our staff will connect you to monitoring devices. Medicines that will make you drowsy will flow through the tubing into a vein in your arm. You should be comfortable and pain free throughout the procedure and wake in the recovery suite free of nausea and have minimal discomfort.

The Recovery Room

- After your surgery has been completed and your dressings are in place, you will be moved to the recovery room where you will continue to stay connected to monitoring equipment. During this period, a recovery room nurse will take care of you and remain with you at all times. The registered nurse in the recovery room is specially certified for advanced cardiac life support. The recovery room is equipped just like one in the hospital, and that is one of the reasons Southern Surgical Arts is fully accredited by AAAHC.
- Your stay in the recovery room will last an average of 30-45 minutes. Most patients are fully awake within 15-30 minutes after surgery but may not remember much about their stay in the recovery room or the ride home. You will be awake, dressed and be walking with minimal assistance to be ready for discharge to home with your caregiver within an hour in most cases.

Post Surgery Arrangements

- AT HOME: You must arrange for a responsible adult to bring you to and drive you home from the surgery center. Because you will have been previously sedated, a family member, a friend, or a nurse must remain with you the first night (24 hours) after surgery.

GENERAL SURGICAL RISKS

About Surgery Risks

- ❑ We want you to fully understand the risks involved in surgery so that you can make an informed decision. Although complications are infrequent, all surgical procedures involve some degree of risk. The Staff at Southern Surgical Arts will use our expertise and knowledge to avoid complications in so far as we are able. If a complication does occur, we will use those same skills in an attempt to solve the problem quickly. The importance of having a specialized and qualified surgical team and the use of a state-of-the art facility cannot be overstated.
- ❑ In general, minor problems occur more often and more serious problems occur very rarely. If a complication does arise, you, the physician, 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. A serious complication may involve an unplanned admission to a hospital for evaluation and treatment. This may result in additional costs to you or billing to your health insurance plan if applicable.

Normal Symptoms

- ❑ **SWELLING AND BRUISING:** Moderate swelling and bruising are normal after any surgery. Severe swelling and bruising may indicate bleeding (hematoma) or possible infection.
- ❑ **DISCOMFORT AND PAIN:** Mild to moderate discomfort is normal after any surgery. If the pain becomes severe and is not relieved by pain medication, please call us at (706) 629-8622 or (423) 266-3331 during normal business hours. Evening and weekend call (770) 773-0880 or (770) 548-3318.
- ❑ **CRUSTING ALONG THE INCISION LINES:** Daily soap and water washes will ensure cleanliness. We usually treat this with antibiotic ointment twice daily also until the skin edges are healed, typically 10-14 days.
- ❑ **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 3 or 6 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. Cool compresses, 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. When an incision has been made, there will always be evidence with a thin scar, but over time the appearance should be faint and well-hidden when possible.

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 oral antibiotics. Development of an abscess usually requires surgical drainage.
- ❑ **THICK, WIDE, OR DEPRESSED SCARS:** Abnormal scars may occur even though we have used the most modern cosmetic surgery techniques. Injection of steroids into the scars, placement of silicone sheeting onto the scars, laser treatments or further surgery to correct the scars is occasionally necessary. Some areas on the body scar more than others and some people scar more than others. Your own history of scarring should give you some indication of what you can expect.
- ❑ **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.
- ❑ **INJURY TO DEEPER STRUCTURES:** Blood vessels, nerves, internal organs and muscles may be injured during surgery. This incidence of such injuries is rare but possible.

Smoking Risk and Risk of Exposure to Second Hand Smoke

- ❑ Smoking does adversely affect wound healing and can cause loss (death) of skin. Smoking reduces arterial (blood) oxygen supply, which is necessary for normal wound healing. Exposure to second hand smoke has also been implicated in delayed or abnormal wound healing. It is very important to avoid smoking and or second hand smoke in the peri-operative period. Nicotine causes blood vessels to constrict which may interfere with normal wound healing. When blood vessels constrict there is less blood supply to the wound and therefore less oxygen for normal healing to take place.
- ❑ Avoid cigarette replacements such as the nicotine patch, nicotine gum or inhaler in the peri-operative period as these have similar effects as smoking and second hand smoke.

Other Less Common Risks

- ❑ We have outlined the common and not so-so-common risks of surgery in general. We have discussed the most common problems that may occur

during or after your surgery, but you cannot assume that a problem will not occur simply because it is not discussed in this packet.

- ❑ Any of the problems mentioned under Common Risks, if severe, may significantly delay healing or necessitate further surgical procedures.
- ❑ Lidocaine toxicity pertaining to liposuction: There is the possibility that large volumes of fluid containing local anesthetic drugs and epinephrine that is injected into fatty deposits during surgery (tumescent fluid) may contribute to fluid overload or systemic reaction to these medications. Additional treatment, including hospitalization, may be necessary.

Complications

Medical complications such as deep vein thrombosis, pulmonary embolism, severe allergic reactions to medications, cardiac arrhythmias, heart attack, stroke and hyperthermia are rare but serious and life threatening problems. Having a dedicated and specialized surgical team reduces these risks. Failure to disclose all pertinent medical data before surgery may cause serious problems for you and for the OR team during surgery.

Unsatisfactory Results

All cosmetic surgery treatments and operations are performed electively with the goal to improve a condition, a problem or physical 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.

Asymmetry, unhappiness with the result, poor healing, etc. may occur. Minimal differences are usually acceptable. Larger differences frequently require revision surgery. This may result in additional charges. Please see our revision policy enclosed within this packet for details.

INFORMED CONSENT

Consent for Surgery

I desire Carey J. Nease, MD and such assistants as may be assigned by him, to perform the elective procedure(s) as listed on my surgery specific consent form. The nature and purpose of the operation, possible alternative methods of treatment, including no treatment/surgery, risks and possible complications have been fully explained to me by the physician during my pre-operative 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 and understand 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 the anesthesia will be given and that it, too, carries risks. I consent to the administration of anesthesia by either the physician or a qualified anesthesia provider and to the use of such anesthetics as he/she may deem appropriate.

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, to perform such procedure 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 images or 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, during and after my surgery for all educational uses or purposes. I agree to keep my doctor informed of any change in my permanent address so that he can inform me of any important new findings relating to my surgery. I further agree to cooperate with him in my aftercare until I am discharged from his 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 the physician and his staff and that transportation is not allowed to leave the facility until the patient has recovered from surgery and is discharged. **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 the physician to discuss them with you.

Smoking Cessation Consent

We strive to offer both the most advanced surgical techniques available and the most predictable outcomes for our patients. Smoking significantly increases the risks associated with poor outcomes in all types of surgery. As a result, we request that all patients who smoke quit for at least **six (6) weeks** prior to surgery and remain smoke free for at least six (6) weeks following surgery. This minimizes the risks of poor wound healing, tissue death, increased scarring, and need for further surgery. A past history of smoking is always a cause for caution when choosing an elective surgery and those risks cannot be eliminated, only reduced by following our instructions.

PRE-OPERATIVE INSTRUCTIONS

- Continue to take all regular medications unless otherwise instructed (stop blood thinners and any aspirin products)
- NPO (nothing by mouth to eat or drink) after midnight the night before your surgery
- No lotions, perfumes, oils, creams or make-up on skin surfaces
- Artificial nails need to be removed from both index fingers
- No dark fingernail polish
- No deodorant/anti-perspirant
- No jewelry or valuables should be brought with you the day of surgery
- Wear loose fitting clothing...something that zips or buttons in the front (for breast surgery patients) and NO JEANS
- We need a urine sample prior to surgery...try to keep it in mind
- Arrive at your scheduled time, and please do not be late!
- Payment for your surgical procedure is due in full at least 14 full days (2 weeks) before your scheduled surgery. If we do not receive your payment, your surgery will be canceled.
- If not done at our office, lab work must be received by our office at least 7 full days prior to your scheduled procedure. If we do not receive them, your surgery will be delayed and possibly even canceled.
- Please complete your online pre-op paperwork prior to your consultation.
- Review and be familiar with your post-operative instructions prior to your scheduled surgery day.

POST-OPERATIVE CARE

Your First 48 Hours

- VERY IMPORTANT:** If you have excessive bleeding, swelling or pain, call the office at (706) 629-8622 or (423) 266-3331 during the day or (770) 773-0880 or (770) 548-3318 at night or on the weekends. In an emergency, always call 911 first.
- YOUR FIRST 24 HOURS:** If you are going home, an adult family member or friend must drive you because you have been sedated. Someone must stay overnight with you and for 24 hours after your procedure. If you have any questions about these matters, please ask one of our nursing staff.
- ACTIVITY:** Take it easy and pamper yourself. Try to avoid any straining. You may go to the bathroom, walk around your home, sit and watch TV, etc., but **NO MATTER HOW GOOD YOU FEEL, DO NOT CLEAN HOUSE, REARRANGE THE ATTIC, ETC!** We do not want you to bleed and cause any more swelling and bruising than is expected. Use common sense as your guide.
- PAIN RELIEF:** Cold compresses help to reduce swelling, bruising, and pain. Use frozen peas in the package or crush ice cubes and put the ice into a zip-lock bag, then place a soft cloth between the bag and your skin. Never put ice directly on your skin! If the ice feels too uncomfortable, don't use it as often.

Leave in place no longer than 20 minutes per area. There is no benefit to cool compresses after 48 hours.

- ❑ DIET: If you have any post-operative nausea, carbonated sodas and dry crackers may settle the stomach. If nausea is severe, use the anti-nausea medication provided (either phenergan or Zofran). If you feel well, start with liquids and bland foods, and if those are well tolerated, progress to a regular diet.
- ❑ ALCOHOL: Alcohol dilates the blood vessels and could increase postoperative bleeding. Please do not drink any alcohol for a full week after surgery and until you have stopped taking the prescription pain pills, as the combination of pain pills and alcohol can be dangerous.
- ❑ DRIVING: Please **do not drive** while taking prescription pain pills and for 24 hours after taking your last dose. Please be advised that all medications may impair judgment & the ability to drive or operate heavy machinery.
- ❑ PROBLEMS: We always prefer to see you in person if you suspect you are having an abnormal recovery. Please call our office to let us know your symptoms and concerns. We'll make arrangements to see you right away.
- ❑ **Signs of Hematoma:** painful, extreme swelling & hardness often accompanied by bruising; usually on one side causing asymmetry. Please notify us if you have any of these symptoms.
- ❑ **Please call the office or after hours number if you experience any of the following symptoms:**
 - Sudden or excessive bleeding, swelling or bruising
 - Any itching, rash or reaction to medications
 - Fever, temperature over 101 degrees F
 - Discharge from the incision (other than blood)
 - Uncontrolled pain

Post-Op Medications and Garmets

You have the choice of purchasing your medications directly from our office or we would be happy to provide you with a written prescription that you can take to your pharmacy of choice. If you choose written prescriptions, you must have them filled within the state of Georgia or Tennessee. You will likely be given a prescription for antibiotics, pain and anti-nausea medication. Take these according to instructions on the bottle.

- ❑ Lortab (hydrocodone), Percocet (oxycodone), or Darvocet (propoxyphene)
 - Take one to two tablets every 4-6 hours as necessary for pain
 - Do NOT take any extra Tylenol with these pain medications!
 - Many people have difficulty with digestion regularity on pain medication. You may take Colace stool softener (over the counter) until you have a bowel movement as instructed on the bottle.
- ❑ Cipro (ciprofloxacin) and Keflex (cephalexin)
 - Antibiotics to be taken as prescribed until all are finished. You may get one or both of these antibiotics depending on your procedure.

- ❑ Valium (Diazepam)-
 - Muscle relaxant to be taken as necessary for spasm of chest muscle after breast augmentation. You may find this more necessary in a few days after surgery than immediately following the procedure.
 - Do NOT take pain medication with Valium. Take at least 1 hour apart.
- ❑ Phenergan (promethazine) or Zofran (ondansetron)
 - These medications are helpful to decrease the rate of nausea and vomiting. Maintain adequate water intake during this time. Ginger Ale or Sprite can be helpful also.

You may be provided with post-operative garments following your surgery. Should you desire to purchase additional garments, we have them available.

Bra: \$20 Abdominal Binder: \$50 Liposuction/Tummy tuck garment: \$100

Wound Care and Activity

Dressing: There are self-dissolving sutures in your incision that do not need to be removed, with the exception of face lift patients. You should shower daily, starting 2 days after surgery, but do not soak in the bath or get in a public pool, lake or ocean for 6 weeks.

Activity: Increase activity as tolerated with no heavy exercise or lifting for at least 2 weeks. Do not lift anything more than 5 lbs the 1st week or anything more than 10 lbs the 2nd week. If your procedure is a tummy tuck, you should not lift anything heavy or exercise more than walking for 6 weeks. You may not be cleared for vigorous exercise for 12 weeks at the discretion of Dr. Nease.

Follow-Up Instructions

We would like to have contact with you at 1 week, 2 weeks, 6 weeks, 3 months, and 6 months following your surgery. We will follow some patients for one year after surgery also. You may either schedule a follow-up appointment in our office, over the telephone, or through email. For patients who live a long distance from our office, you can send photos by email for Dr. Nease to review, saving a long trip back to our office.

Your follow-up appointments are very important allowing Dr. Nease to evaluate your progress and to make treatment recommendations when needed to get your best result. Think of it as your time with Dr. Nease to evaluate your healing process and your next steps to getting the look you want.

Faithful adherence to pre-operative and post-operative instructions and dedication to follow-up appointments will help minimize complications and speed the healing process. If you do have any problems, please do not hesitate to contact our office for assistance.

Office number: (706) 629-8622 or (423) 266-3331
After hours number: (770) 773-0880 or (770) 548-3318

AS YOU HEAL

Family & Friends

Support from family and friends can be very helpful in the healing process. However, because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect will be your final result. Please trust in our knowledge and experience when we discuss your progress with you.

Although cosmetic surgery has certainly become more acceptable in the past decade, your friends may still be reluctant to bring up and discuss what they believe is a private matter. Patients occasionally feel upset that “no one noticed” or “said anything.” If you feel comfortable discussing your surgical experience, do so openly. When people ask how you are, respond saying, “I feel wonderful. I just had cosmetic surgery and I’m recovering.” This lets people know that they may talk freely with you. Often when patients are open, they find that their friends and acquaintances are very interested in discussing the subject.

Depression

Quite frequently patients experience a brief period of let-down or depression after cosmetic surgery. Some may subconsciously have expected to feel and look better instantly, even though they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understanding that this is a natural phase of the healing process may help you to cope with this emotional state.

Emotional and Physical Reactions

When patients come to see me for their pre-op visit I tell them, “Don’t plan on doing anything taxing for a week after surgery because you may become tired and want to close your eyes sooner than normal.” You may find that watching TV is also a strain.

“You can count on some bruising, swelling, and being tired; you can count on some discomfort for the first couple of days, but if you don’t have that, what a nice surprise!” One of the things I ask people in a pre-op visit is “Who will take care of you?” Then I say, “You want to have somebody who’s really going to take care of you, who won’t say to you when you first get home: “What the heck did you do that for?” Get somebody who’s going to be really supportive and caring and who will be warm, because you’re going to need that support.

The emotional stages that the patient are going through affects the caretaker, too. At the end of the first week the support person may be tired and need to go back to work. Surgery affects each person differently.

The most common reaction is to be depressed on the third or fourth day. However, some patients say, "Well, not me. I didn't feel depressed." But three weeks later, don't be surprised if you feel a bit overwhelmed by the recovery process. Patients experience feedback, both positive and negative. Some people tell me that they're a bit irritated because people are now paying them more attention than they did before. And I say to them, "Isn't that why you had the surgery? Because you wanted to be more attractive?" And they reply, "Yes, but why didn't they like me the way I was?" Eventually, people start to really enjoy the extra attention and the improvements in the way they feel about themselves. Most people say, "I can't tell you how you've changed my life!"

Healing

Everyone has the capacity to heal to one degree or another. Clearly this ability is variable and depends upon a number of factors such as your genetic background, your overall state of health and lifestyle (exercise, diet, smoking, drinking, etc.). Many people believe the surgeon "heals" the patient. No one person can make another heal. The physician can facilitate but not accelerate the healing process. Your cooperation and close attention is extremely important and in your best interest.

Another major factor in the course of healing is whether you follow the instructions given by the staff verbally and within this packet. Such guidelines are designed to promote the healing process and to prevent the occurrence of anything that may interfere with your recovery. It is imperative that you recognize that you are a partner in this process and have a responsibility to follow instructions carefully. The instructions, based on broad experience, are designed to give you the best opportunity for healing without delay or surprise.

Unexpected occurrences are very infrequent. When they do occur, it is usually a result of the variable healing capacity of the patient or the patient's failure to follow instructions. Rest assured, we will assist you in any way possible with regard to such events. Should the unexpected occur, it is in your best interest to ally yourself with Dr. Nease and the staff. We will support you through any difficulties and assist you in reaching your goal.

FINANCIAL AND REVISION POLICIES

Financial Policy

We are delighted that you have chosen our practice and facility for your cosmetic surgery needs. At this time, we would like to share our financial and revision policies with you to assure that you have the best surgical experience possible and are fully informed throughout our relationship.

- ❑ 10% of your surgical fees are due when you select a surgery date. This is a non-refundable deposit. The deposit cannot be applied or used for any future cosmetic procedures, products or services in our medical spa. We cannot schedule your surgical procedure without receiving the 10% deposit.
- ❑ Your final balance is due two (2) weeks prior to your surgery date and is non-refundable. There will be no exceptions to this policy. If payment is not received two (2) weeks prior to surgery, your surgery may be postponed or cancelled.
- ❑ If your surgery is scheduled within two weeks from the date of consultation, we cannot accept a personal check for payment.
- ❑ You may reschedule 48 hours prior to the surgery date in the event of an emergency. Cancellations made within 48 hours of surgery will not be refunded. The procedure may be rescheduled at the discretion of Dr. Nease, and a rescheduling fee, minimum \$500, may apply.
- ❑ We accept all major credit cards, cash or check. We also offer patient financing through Care Credit, Med Choice, and Chase Health Advance. We are happy to provide you with information regarding these programs, and we have a full-time financial coordinator on staff to assist you with your financing choices.

Insurance Coverage

We do not accept insurance payments for any cosmetic, elective services or procedures. We ask for payment in full before any surgical procedure will be completed and at the time of service for all other non-invasive or spa services. Dr. Nease does not participate with Georgia Medicaid or TennCare and will not submit claims to Medicaid or Medicare for cosmetic services rendered.

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. The physician's time, as well as that of the operating room staff, is a precious commodity, and we request your courtesy and concern.

All deposits are NON-REFUNDABLE. We can reschedule an appointment for surgery with over 7 days notice. If you need to cancel a surgical procedure with less than 7 days notice, your deposit cannot be returned and the deposit cannot be used for a future procedure. If you choose to reschedule the appointment, you will be

asked for another non-refundable deposit (minimum \$500) to secure your space on the surgical schedule.

If you have any questions or need assistance with financial matters, please ask Tracie Lance, our financial director, to help you.

Revision Policy

Due to the variable nature of healing, a patient may elect to have additional surgery performed to modify the results of their original surgery. This revision surgery is purely the choice of the patient, often in effort to further improve outcomes and improve patient satisfaction. These situations are inevitable when performing the art of cosmetic surgery and the extreme variation in each individual patient in response to similar techniques. Certainly all involved want the best possible outcome.

There will be a minimum charge of \$500.00 for the use of the facility, staffing, supplies, anesthesia and materials needed to perform revision surgery. We encourage all of our patients to remain weight stable post-operatively to maintain ideal results. Additional fees may be appropriate and will be determined in consultation privately. If a revision is needed more than 1 year from your original procedure date, there is a minimum \$1,000.00 charge to schedule. These fees cover the costs of anesthesia and OR supplies. Higher or lower fees may be charged at the discretion of Dr. Nease.

Our physician may elect to waive any professional fees if, in the mutual agreement of the patient and physician, this treatment is a recommended procedure and the benefits associated with the procedure outweigh the risks. At no time will this agreement constitute an admission of guilt or responsibility for any future reduction in fees.

The fee for revision surgery is due at the time of scheduling as described above.

This policy has been presented at the time of consultation in order to more fully inform patients of the high costs of surgery and limit the uncertainty of possible charges in the future.

NOTICE OF PRIVACY PRACTICES

Southern Surgical Arts
120 Cornerstone Way, Ste 3
Calhoun, GA 30701

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. We respect our legal obligation to keep health information that identifies you private. We are obligated by law to give you notice of our privacy practices. This notice describes how we protect your health information and what rights you have regarding it.

TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS

The most common reason why we use or disclose your health information is for treatment, payment, or health care operations. Examples of how we use or disclose information for treatment purposes are: setting up an appointment for you, faxing a prescription to be filled, referring you to another doctor or clinic for care or services, or getting copies of your health information from another professional that you may have seen before us.

Examples of how we use or disclose your health information for payment purposes are: asking you about your health or vision care plans, or other sources of payment; preparing and sending bills or claims, and collecting unpaid amounts (either ourselves or through a collection agency or attorney). "Health care operations" mean those administrative and managerial functions that we have to do in order to run our office. Examples of how we use or disclose your health information for health care operations are: financial or billing audits; internal quality assurance personnel decisions; participation in managed care plans; defense of legal matters; business planning; outside storage of our records.

We routinely use your health information inside our office for these purposes without any special permission. If we need to disclose your health information outside of our office for these reasons, (we will) (we will not) ask you for special written permission.

(We will ask for special written permission in the following situations:)

USES AND DISCLOSURES FOR OTHER REASONS WITHOUT PERMISSION

In some limited situations, the law allows or requires us to use or disclose your health information without your permission. Not all of these situations will apply to us; some may never come up at our office at all. Such uses or disclosures are:

- when a state or federal law mandates that certain health information be reported for a specific purpose; - for public health purposes, such as contagious disease reporting, investigation or surveillance; and notices to

and from the federal Food and Drug Administration regarding drugs or medical devices;

- disclosures to governmental authorities about victims of suspected abuse, neglect or domestic violence; - uses and disclosures for health oversight activities, such as for the licensing of doctors; for audits by Medicare or Medicaid, or for investigation of possible violations of health care laws;
- disclosures for judicial and administrative proceedings, such as in response to subpoenas or orders of courts or administrative agencies;
- disclosures for law enforcement purposes, such as to provide information about someone who is or is suspected to be a victim of a crime; to provide information about a crime at our office; or to report a crime that happened somewhere else;
- disclosure to a medical examiner in identifying a dead person or to determine the cause of death; or to funeral directors to aid in burial; or to organizations that handle organ or tissue donations;
- uses or disclosures for health related research;
- uses and disclosures to prevent a serious threat to health or safety;
- uses or disclosures for specialized government functions, such as for the protection of the president or high ranking government officials , for lawful national intelligence activities; for military purposes; or for the evaluation and health of members of the foreign service;
- disclosures for de-identified information;
- disclosures relating to worker's compensation programs;
- disclosures of a limited data set for research, public health, or health care operations;
- incidental disclosures that are an unavoidable by-product of permitted uses or disclosures;
- disclosures to "business associates" who perform health care operation for us and who commit to respect the privacy of your health information;

Unless you object, we will also share relevant information about your care with your family or friends who are helping with your care.

APPOINTMENT REMINDERS

We will call or email to remind you of scheduled appointments, or that it is time to make a routine appointment. We may also call or write to notify you of other treatments or services available at our office that might help you. Unless you tell us otherwise, we will email you an appointment reminder, and/or leave you a reminder message on your home or cell voicemail or with someone who answers your phone if you are not at home. Please let us know your preferred method of communication.

OTHER USES AND DISCLOSURES

We will not make any other uses or disclosures of your health information unless you sign a written authorization form. The content of an “authorization form” is determined by federal law. Sometimes, you may initiate the process if it’s your idea for us to send your information to someone else. Typically, in this situation you will give us a properly completed authorization form, or you can use one of ours. If we initiate the process and ask you to sign an authorization form, you do not have to sign it. If you do not sign the authorization, we cannot make the use or disclosure. If you do sign one, you may revoke it at any time unless we have already acted in reliance upon it. Revocations must be in writing. Send them to the office contact person named at the beginning of this notice.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

The law gives you many rights regarding your health information. You can:

- Ask us to restrict our uses and disclosures for purposes of treatment (except emergency treatment), payment or health care operations. We do not have to agree to do this, but if we agree, we must honor the restrictions that you want. To ask for a restriction, send a written request to the office contact person at the address, fax or email at the beginning of this notice.
- Ask us to communicate with you in a confidential way, such as by phoning you at work rather than at home by mailing health information to a different address, or by using email to your personal email address. We will accommodate these 3 requests if they are reasonable, and if you pay us for any extra costs. If you want to ask for confidential communications, send a written request to the office contact person at the address, fax or email shown at the beginning of this notice.
- Ask to see or to get photocopies of your health information. By law, there are a few limited situations in which we can refuse to permit access or copying. For the most part, however, you will be able to review or have a copy of your health information within 30 days of asking us (or 60 days if the information is stored off-site). You may have to pay for photocopies in advance. If we deny your request, we will send you a written explanation, and instructions about how to get an impartial review of our denial if one is legally available. By law, we can have one 30-day extension of the time for us to give you access or photocopies if we send you a written notice of the extension. If you want to review or get photocopies of your health information, send a written request to the office contact person at the address, fax or email shown at the beginning of this notice.
- Get a list of the disclosures that we have made of your health information within the past six years (or a shorter period if you want). By law, the list will not include disclosures for purposes of treatment, payment or health care operations; disclosures with your authorization; incidental disclosures; disclosures required by law, and some other limited disclosures. You are

entitled to one such list per year without charge. If you want more frequent lists, you will have to pay for them in advance. We will usually respond to your request within 60 days of receiving it, but by law we can have one 30-day extension of time if we notify you of the extension in writing. If you want a list, send a written request to the office contact person at the address, fax or email shown at the beginning of this notice.

- ❑ Get additional paper copies of this notice of privacy practices upon request. It does not matter whether you got one electronically or in paper form already. If you want an additional paper copy, send a written request to the office contact person at the address, fax or email shown at the beginning of this notice.

OUR NOTICE OF PRIVACY PRACTICES

By law we must abide by the terms of this notice of privacy practices until we choose to change it. We reserve the right to change this notice at any time as allowed by law. If we change this notice, the new privacy practices will apply to your health information that we already have as well as to such information that we may generate in the future. If we change our notice of privacy practices, we will post the new notice in our office, have copies available in our office, and post in on our Web site.

COMPLAINTS

If you think we have not properly respected the privacy of your health information, you are free to complain to us or to the U.S. Department of Health and Human Services, Office for Civil Rights. We will not retaliate against you if you make a complaint. If you want to complain to us, send a written complaint to the office contact person at the address, fax or email shown at the beginning of this notice. If you prefer, you can discuss your complaint in person or by phone.

MORE INFORMATION ABOUT PRIVACY

If you want more information about our privacy practices, call or visit the office contact person at the address or phone number shown at the beginning of this notice.

MUTUAL AGREEMENT

Carey J. Nease, MD, and Southern Surgical Arts agree to provide treatment to his cosmetic surgery patients. Dr. Nease takes pride in being able to extend a greater degree of privacy than is required by law.

Federal and State privacy laws are complex. Unfortunately, some medical offices try to find loopholes around these laws. For example, physicians are forbidden by law from receiving money for selling lists of patients or medical information to companies to market their products or services directly to patients without authorization. Some medical practices, though, can lawfully circumvent this limitation by having a third party perform the marketing. While personal data is never technically in the possession of the company selling its products or services, the patient can still be targeted with unwanted marketing information. Dr. Nease believes this is improper and may not be in the patients' best interest. Accordingly, Dr. Nease agrees not to provide medical information for the purpose of marketing directly to Patient. Regardless of legal privacy loopholes, Dr. Nease will never attempt to leverage its relationship with Patient by seeking Patient's consent for marketing products for others.

We want your feedback. If our office gets it right, tell us. If we could do something better, tell us. We take quality improvement seriously. While there are scores of "rating sites" in cyberspace, many fail to provide useful information. Let's get it done right. We can make recommendations as to which sites follow minimum standards for fairness and balance. Just ask us.

Dr. Nease has invested significant financial and marketing resources in developing the practice. Nothing in this Agreement prevents a patient from posting commentary about the Physician - his practice, expertise, and/or treatment - on web pages, blogs, and/or mass correspondence. In consideration for treatment and the above noted patient protection, if Patient prepares such commentary for publication on web pages, blogs, and/or mass correspondence about Dr. Nease, the Patient exclusively assigns all Intellectual Property rights, including copyrights, to Dr. Nease for any written, pictorial, and/or electronic commentary. This assignment shall be operative and effective at the time of creation (prior to publication) of the commentary.

This Agreement shall be in force and enforceable for a period of five years from Dr. Nease's last date of service to Patient. As a matter of office policy, Dr. Nease is requiring all patients in its practice sign the Mutual Agreement so as to establish that any anonymous or pseudonymous publishing or airing of commentary will be covered by this agreement for all Dr. Nease's patients. Further, this Agreement will survive for a minimum of three years beyond any termination of the Physician-Patient relationship.

Patient and Physician acknowledge that breach of this Agreement may result in

serious, irreparable harm. Patient and Physician agree to the right of equitable relief (including but not limited to injunctive relief). Should a breach of this Agreement result in litigation, the prevailing party in the litigation shall be entitled to reasonable costs, expenses, and attorney fees associated with the litigation.

Patient has been given the opportunity to ask questions and receive satisfactory and adequate explanations.

AGREEMENT AS TO RESOLUTION OF CONCERNS

I understand that I am entering into a contractual relationship with Carey Nease, MD, (Physician) and Southern Surgical Arts for professional care. I further understand that meritless and frivolous claims for medical malpractice have an adverse effect upon the cost and availability of medical care, and may result in irreparable harm to a medical provider. As additional consideration for professional care provided to me by Physician, I, the patient/guardian and/or my representative agree not to advance, directly or indirectly, any false, meritless, and/or frivolous claim(s) of medical malpractice against Physician.

Furthermore, should a meritorious medical malpractice case or cause of action be initiated or pursued, I (the patient) and/or my representative agree to use board-certified expert medical witness (es) in the same specialty as Physician. Furthermore, I agree that these expert witnesses will be members in good standing of and adhere to the guidelines and / or code of conduct defined for expert witnesses by the American Board of Cosmetic Surgery.

In further consideration for this, Physician agrees to the same stipulations. Patient/guardian and Physician acknowledge that monetary damages may not provide an adequate remedy for breach of this Agreement. Such breach may result in irreparable harm to Physician's reputation and business. Patient/guardian and Physician agree in the event of a breach to allow specific performance and/or injunctive relief.

CONSENT FOR PHOTOGRAPHY

I hereby authorize Carey J. Nease, MD, Southern Surgical Arts and his employees or associates to photograph me, take motion pictures, video, electronic, digital or computer recordings or reproductions of me. All of the above listed will be hereinafter referred to as "photographic" or "electronic reproductions." This authorization includes the taking of photographic or electronic reproductions of any

part of my body. These photos are not be used for specific financial gain, but as a tool for future patient education as to possible results of desired surgical treatment.

The photographs shall be used for my medical records, and if in the judgment of my physician, medical research, patient education or science will be benefited by their use, such photographs and information relating to my case may be published and republished, either separately or in connection with each other, in professional journals, medical books, our website or used for any other purpose which he may deem proper in the interest of medical education, patient education, knowledge or research: provided, however, that it is specifically understood that in any such publication or use I shall not be identified by name.

I authorize the use of any such photographic or electronic reproductions of me for any purpose, including by not limited to scientific or educational purposes, including publications or reproduction in all forms of media, whether public or private including the internet: provided, however, that it is specifically understood that I shall not be identified by name. I understand that I may be identifiable from such photographic or electronic reproductions. Such identification is never intentional but can occur.

The aforementioned photographs may be modified or retouched in any way that my physician, in his direction, may consider desirable. This modification will be done to reformat and never to alter surgical results or interpretation of true surgical outcome.

I understand that I may refuse to consent to the taking of photographic or electronic reproductions or that I may limit the taking or use of any such photographic or electronic reproductions without prejudice to my care. Please inform us specifically which limitations you wish to impose.

Unless you, the patient, state otherwise in writing, this consent will be considered valid for the taking of all photographs or electronic reproductions until such time that an alternative written consent or denial of consent for photographs is obtained or requested in writing. If any provision of this consent is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provisions.