

## Questions for your Surgeon

SURGEON INFORMATION					
Surgeon Name:		Date:	Time:		
Address:					
Website:		Phone:			
E-Mail:					
Certified by American Board of Plastic Surgery?					
RATINGS	Poor	Fair	Average	Good	Excellent
Bedside manner					
Communication skills					
Attitude of staff					
Appearance of surgeon					
Office appearance					
OVERALL rating					
Questions all answered?		YES/NO			
Viewed before & after photos?		YES/NO			
QUESTIONS					
1. What made you decide to become a Cosmetic Plastic Surgeon?					
2. How long have you been practicing as a Cosmetic Plastic Surgeon?					
3. Are you certified by the American Board of Plastic Surgery? If so, for how long?					
4. If you are not certified by the ABPS, why not? Are you Board eligible?					
5. What, if anything, was your medical specialty before you chose to practice Cosmetic Plastic surgery?					
6. Have you ever been disciplined by a board or by the state?					
7. What is your favorite procedure to perform and why?					
8. How many of this type of procedure have you performed?					
9. How many revisions <i>of your own work</i> , on average, do you perform?					
10. Have you or would you be willing to perform this procedure on a loved one or family member?					
11. Would there be any reason that I would not be a good candidate for this surgery?					
12. What are the complications for this particular procedure?					

13. I have heard of patients developing a hematoma, this scares me; what is it, how often does it occur and how is it dealt with?
14. Are there other techniques, newer ones perhaps, that I am not aware of?
15. Do you have a video tape available of the procedure that I may check out?
16. How long do you recommend I take off from work, school, etc. to heal properly?
17. Will there be much pain?
18. What types of medications will I be given and which pain medications do you normally prescribe?
19. I am sensitive to Vicodin and Codeine (it makes some people nauseated), what alternative medications do you offer? (if applicable)
20. Do you perform your surgeries with the patient under General, Light Sleep Sedation or any other? Which do you prefer and why?
21. I have heard that general anesthesia makes the patient sick to their stomach, is this true? What can you do to lessen its effect?
22. Can I view your Before & After photos? Do you have any <i>consecutive</i> collections?
23. May I speak with any of your patients who have had [insert procedure here]? Do you have a patient/referral list so that I may call them?
24. Do you have many repeat patients and referrals?
25. How many of these procedures do you perform on average, annually?
26. Will there be much bruising or swelling?
27. When should I expect to look "normal" again?
28. Will I have scarring? If so, how bad will it be?
29. Do you recommend silicone sheeting, topical gels or use "steri-strips" for lessening of scars? Do you think this helps?
30. Do you have an onsite <i>accredited</i> Surgery Center? May I see it?
31. Who is responsible for cleaning/sterilizing your operating room? Does a separate company handle it or does your staff handle this area?
32. Do you have hospital privileges, should I choose to undergo my procedure in a hospital? If not, did you <i>lose</i> those privileges?

33. Will I have a <i>board certified</i> anesthesiologist or a if I have General anesthesia?
34. What side effects are possible with this procedure?
35. What tips do you have for me to ease some discomfort and pain?
36. Must I abide by any special diet, both pre-operatively and post-operatively?
37. I take (birth control, diet pills, antidepressants, etc.) will I have any adverse reactions from the prescribed medications or anesthesia?
38. What would you do if I were to choose to undergo the surgery and I had a complication?
39. If my results are not what I wanted, what is your policy on revisions? Can I have this in writing?
40. Do you believe my expectations can be met?
41. What if I change my mind and back out, will my money be refunded?
42. If I have an emergency the night after surgery, what should I do?
43. If such an emergency arises, will you be the attending physician?
44. If I will need sutures (stitches), when will they be taken out?
45. Are there any hidden costs that I should know about? For lab work, post-operative check-ups, additional medications, compression garments or surgical attire?
46. If I need anything after-hours, how will I be able to get in touch with you or your staff?
47. What is your protocol on post-op care?
48. Do you offer financing (if applicable)? Do you expect full payment up front? Can I pay in increments? (or any other financial questions you may have)
49. When will I be able to walk, exercise, run or participate in contact sports?
Additional notes: