

IMPORTANT PREOPERATIVE INSTRUCTIONS

UNIT NUMBER

PT. NAME

BIRTHDATE

LOCATION

DATE

The Surgery Center staff wants your upcoming visit to be as comfortable and positive as possible. The following instructions are designed to provide you with a safe, pleasant surgical and anesthesia experience.

Please follow all instructions carefully.

Your surgery/procedure is scheduled on _____ You must arrive at the
Surgery Center at _____ (AM/PM) for your procedure scheduled at _____ (AM/PM).
(The above times may be subject to change.)

- Eating and Drinking Instructions:
 - You must **NOT EAT** any food after midnight.
 - This includes all solid foods, milk, infant formula, orange juice, hard candy, gum, etc.
 - You **may drink** water or clear liquids until _____ (AM/PM). **DO NOT DRINK ANYTHING AFTER THIS.**
 - Clear liquids include breast milk, clear apple juice, sodas, black coffee/tea (NO cream/milk).

Failure to comply with these eating/drinking instructions will cause your procedure to be cancelled or postponed.

- Medications:
 - Take all of your normal morning medications with a sip of water **unless otherwise instructed.**
 - Special Medication Instructions: _____
- Shower or bathe the night before or the morning of surgery.
- Wear casual, loose fitting, and comfortable clothing.
- Leave valuables, jewelry, and contact lenses at home.
- **You must arrange for an adult to drive and escort you home after receiving anesthesia or sedation. Your surgery WILL BE CANCELLED if you have not made these arrangements.**
- Bring any lab/test results, history/physical, or x-rays that were completed for your procedure. Your physician may FAX these results to (415) 353-2378.
- We strongly recommend that **all** patients have a responsible person at home with them for the first night after surgery.
- You will be receiving a phone call from our Surgery Center staff before the day of your surgical procedure. They will review these instructions with you and verify the time of your arrival. Please call the Surgery Center at **(415) 353-2755** between the hours of 7:30 AM and 5:30 PM if you have any questions or if you have not received this call by **2:00 PM** the day before your scheduled procedure.
- Notify your surgeon and the Surgery Center if you develop any signs of illness such as fever, sore throat, cold, or infection before the date of surgery. This is especially important for children.
- Special Instructions: _____

Date

Patient/Parent/Guardian

If signed by other than patient, indicate relationship

Instructions given by _____ RN _____