



PRE-OPERATIVE INSTRUCTIONS

The following instructions should be followed closely except when overruled by specific procedural instructions.

Two Weeks Prior to Surgery

1. NO ASPIRIN or medicines that contain aspirin since it interferes with normal blood clotting.
2. NO IBUPROFEN or medicines contain ibuprofen as it interferes with blood clotting.
3. Please discontinue all herbal medications as many have side effects that could complicate a surgical procedure by inhibiting blood clotting, affecting blood pressure, or interfering with anesthetics.
4. Please discontinue all diet pills whether prescription, over-the-counter or herbal as many will interfere with anesthesia and can cause cardiovascular concerns.
5. You may take Tylenol or generic forms of this drug. These do not interfere with blood clotting or healing.

One Week Prior to Surgery

1. DO arrange for a responsible adult to drive you to and from the facility on the day of surgery, since you will not be allowed to leave on your own.

Night Before Surgery & Morning of Surgery

1. Clear Liquids ONLY allowed **4 HOURS** before scheduled surgery. Patient can have a LIGHT breakfast **6 HOURS** prior to scheduled surgery. Also, no gum, candy, mints or coffee the morning of surgery. If you are on regular medications, please clear these with Doctor. Take all Blood Pressure Medication with sips of water with the exception of BP meds that contain a diuretic.
2. You may brush your teeth the morning of surgery but do not drink anything.
3. DO NOT wear contacts to surgery. If you do wear glasses, bring your eyeglass case.
4. DO wear comfortable, loose-fitting clothes that do not have to be put on over your head. The best thing to wear home is a button-up top and pull on pants. You will want easy-to-slip-on flat shoes.
5. DO NOT bring any valuables or wear any jewelry (no rings, earrings, chains, toe rings, other metal piercings or watches).
6. You must have an adult drive for you – to and from surgery. Please note that a cab, bus or Uber driver will not be allowed to take you home after surgery.
7. If you are not recovering at home, it is very important that we have the number where you will be after surgery.

By signing below, I acknowledge that I understand these pre-operative instructions and have received a copy.

Signature of Patient

Printed Name

Date

Signature of Witness

Printed Name

Date