

You are coming to the hospital 1 hour BEFORE your procedure. You will be here 2 ½ hours.

# Pre Surgery Instructions

RIO GRANDE HOSPITAL OUTPATIENT SURGERY

NAME \_\_\_\_\_ DATE OF SURGERY \_\_\_\_\_

TIME/LENGTH OF SURGERY \_\_\_\_\_ ARRIVE AT THE HOSPITAL AT \_\_\_\_\_

**It is extremely important that you follow these instructions prior to your surgery.**

1. DO NOT eat or drink after midnight the night before your surgery/procedure.
2. If you take medication for your heart, blood pressure, asthma, or seizure disorder, we want you to take it the day of your surgery/procedure, in the morning with a sip of water.
3. If you take medication for diabetes we want you to discuss this with your Primary Care Physician as to what dose you should take the day of your surgery/procedure.
4. Seven days before your surgery/procedure, stop taking aspirin and/or non-steroidal anti-inflammatory drugs (i.e., Motrin, Advil). Also stop taking anticoagulants, Warfarin (Coumadin) or Plavix, **however discuss these medications with your Primary Care Physician before you stop taking them.**
5. If you have a heart murmur and/or take antibiotics prior to dental visits please tell the nurse so we can get the appropriate medication to you before your surgery/procedure, if it is appropriate.
6. Please remove all nail polish, make up, jewelry (including piercings), and contact lenses. If you wear contact lenses please bring a container and solution to put them in. We suggest you leave your valuables at home or entrust them to who ever accompanies you to the hospital on the day of your surgery/procedure.
7. **DO NOT DRIVE** a motor vehicle for at least 24 hours after your surgery/procedure. You MUST be accompanied by an adult (18 yrs or older) relative or friend that can drive you home after your surgery/procedure, as we do not want you to drive for at least 24 hours. Also, we want someone available to assist you at home for at least 24 hours.
8. You should not plan any activities for 24 hours following your surgery/procedure. You will need to take the rest of the day off from work to rest.
9. DO NOT make any life-changing decisions for 24 hours following your surgery/procedure.
10. Please shower/bathe the night before your surgery/procedure and/or the morning of your surgery/procedure to reduce the risk of infection.
11. If you develop a fever, cold, or flu symptoms, or any changes in your general health before your surgery/procedure please notify your physician as soon as possible. Your physician may wish to change your surgery/procedure date.
12. Your physician may find it necessary for you to spend the night of your surgery/procedure in the hospital if you develop any condition that warrants observation. This is for your safety.
13. Please wear loose, comfortable clothing the day of your surgery/procedure.
14. Your family and/or friend that comes with you to the hospital will be able to be with you in the preoperative holding area prior to your surgery/procedure and also will be able to be with you during the recovery phase.

I have read and understand the above instructions.

PATIENT or GUARDIAN

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

If GUARDIAN relationship to patient \_\_\_\_\_

NURSE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

**FOLLOW UP WITH YOUR PRIMARY CARE PROVIDER**