



Main Street Specialty SURGERY CENTER

PREOPERATIVE PATIENT INSTRUCTIONS

Arrive at the Surgery Center on (date) : _____ at (time) _____

your procedure is scheduled to begin at _____

1. Please fill out the following questionnaire and bring it with you on the day of surgery.
2. Have your laboratory tests done according to orders by your physician, 3 days prior to surgery
3. You will receive a phone call 1-3 days prior to surgery from our staff to review all instructions regarding your surgery. To Protect your privacy, only a message to return our call will be left.
4. If you have children, we encourage you to arrange for childcare.
5. Follow eating instructions exactly as indicated below

DIET INSTRUCTIONS:

1. Surgical Patients – Nothing to eat or drink, including water, after midnight.
2. EXCEPTION: If surgery is scheduled after 2.00 PM, the patient may have clear fluids and dry piece of toast before 6.00 AM, THEN NOTHING TO EAT OR DRINK BEFORE SURGERY.
3. GI Patients – nothing to eat or drink, including water, after midnight.
4. Pain Management Patients – Nothing to eat or drink, including water, after midnight, unless otherwise instructed.

MEDICATIONS:

1. If you take medications on a daily basis for heart disease, blood pressure, seizure disorders, asthma or breathing problems you may continue to take them on schedule with a small sip of water. Bring medications with you, if requested.
2. If you take Aspirin, blood thinning medications, herbal supplements or medications for weight loss PLEASE consult your surgeon about its use.
FAILURE TO DO SO MAY RESULT IN YOUR SURGERY BEING CANCELLED.

MORNING OF PROCEDURE:

1. You may bathe or shower the night before or morning of surgery.
2. You may brush your teeth and/or gargle.
3. Wear only light face or eye make-up.

WHAT TO WEAR:

1. Wear comfortable, loose fitting clothing that buttons or zips in the front.
2. If you wear contact lenses, leave them out and wear your glasses.
3. Leave all jewelry, watches, purse, cell phone and other valuables at home.

TRANSPORTATION HOME:

1. A responsible adult must drive you home. We cannot discharge you unaccompanied if you have had any sedation/anesthesia. YOUR PROCEDURE MAY BE CANCELLED IF YOU DO NOT HAVE A RIDE HOME.
2. You should have someone stay with you for the first 24 hours.
**GI patients for 4 hours.

If you have any questions or concerns, please give our staff a call.

PREOPERATIVE PATIENT INSTRUCTIONS

Name _____ Age _____ Sex _____ Ht _____ Wt _____

PATIENT INFORMATION New Patient Name Change Address Change Insurance Change

This questionnaire is designed to assist the anesthesiologist who will be taking care of you during your operation.
Mailing Address

	NO	YES
Do you have any drug or food ALLERGIES?		
Please List		
Have you had any previous operations?		
Have you or any blood relative had anesthesia problems?		
Have you ever been admitted to a hospital?		
Do you suffer from:		
Asthma? Bronchitis? Sleep Apnea?		
Diabetes?		
Kidney problems? Liver problems?		
Epilepsy? Seizures?		
Stomach / intestinal problems or heartburn?		
Tuberculosis?		
Backache?		
High blood pressure?		
Heart disease?		
Do you get breathless / chest pain on exercise or at a night?		
Do you have a tendency to bruise/bleed easily?		
Any recent cough, fever, runny nose or sore throat?		
Do you have any other medical problems?		
If any, please list:		
Do you smoke / have a history of smoking?		
Do you drink alcohol habitually or use recreational drugs?		
Do you have any loose/false/capped teeth?		
For women: are you pregnant? LMP:		
Are you taking medications / herbs / over the counter?		
If any please list:		

If answers to any questions are YES, please explain below:

Signature of patient/parent/guardian

Signature of RN

Date