

Pre-Operative Instructions

Please call the APU (Ambulatory Procedures Unit) after 1600 (4p.m.) the working day prior to your procedure to receive your **SHOWTIME**. The phone number is **956-82-3697** or **956-82-3600**.

 **DO NOT** eat or drink anything after midnight the night prior to your surgery/procedure. You may brush your teeth in the morning, but **DO NOT** swallow water (a sip with medications is allowed).

 **DO NOT** eat candy, chew gum, or use tobacco products after midnight the night prior to your surgery/procedure.

 **DO NOT** wear jewelry (including body piercings), contact lenses, make-up, nail polish, deodorant, lotions or perfume/cologne.

 **DO NOT** shave the surgical site.

 **DO TAKE ALL** of your medications as regularly prescribed with a sip of water unless otherwise instructed by your provider. Please inform your provider if you take **blood thinners** or **diabetic medications**, as you may receive specific instructions regarding these medications.

 **DO** be prepared to arrive as early as 0700, depending on your scheduled OR time.

 **DO** leave all valuables, including money and credit cards, at home.

 **DO** bring a copy of your Advanced Directive on the day of your procedure if you have one.

 **DO** shower or bathe the night before/the morning of your surgery/procedure.

 Eyeglasses, dentures, and/or prosthetics may be worn to the hospital but are **NOT** permitted in the operating room.

 You **MUST** have an escort (adult 18 or older) to take you home after your surgery/procedure. Your escort is responsible for assisting you with meals, comfort, and transportation for the first 24 hours after your surgery/procedure.

 If you are a child (<18 years old), your parents/guardian is **REQUIRED** to stay in the hospital during your **ENTIRE STAY**. This allows decisions regarding your healthcare to be made.

 Visitors are allowed to visit per hospital policy and staff discretion. The hospital does not have a daycare facility, so families are strongly encouraged to make arrangements for children during the hospital stay. Children **ARE NOT** permitted in the pre-op holding area or the recovery room.

I have read and understand the above instructions. All of my questions have been answered and a copy has been provided for me.

Signature of patient/guardian: _____ Date/Time: _____

Please proceed to:

Admissions: ___ Lab: ___ X-Ray: ___ Pharmacy: ___ Physical Therapy ___

See You Soon!

Last Modified 06 June 2011