

LAKE CITY SURGERY CENTER

SURGERY INSTRUCTIONS

PLEASE READ ALL OF THE FOLLOWING:

The date of your surgery is _____. We will call you no later than 5:00pm the day before your scheduled surgery to give you your arrival time and review all surgery instructions.

1. **One week prior to your scheduled procedure STOP TAKING ALL MEDICATION WITH ASPIRIN IN IT** (i.e. aspirin, motrin, bc powder, or goody powder, aleve, advil, excedrin, ibuprofen, or arthritis medications) **AND HERBAL PRODUCTS** (i.e. ginseng, ginko biloba, ephedra, garlic, St. John's Wort, valerian, golden seal, ginder, licorice, diet drugs, food supplements, steroids, vitamins). You may continue all other medications.
2. **The morning of your surgery, you may take these medications with a sip of water (approximately 1 oz). All BLOOD PRESSURE, HEART, and SEIZURE medications.** When the preadmission nurse calls you with instruction she will review your medication and remind you of what specific medications to take on the morning of your procedure.
3. **NOTHING BY MOUTH AFTER MIDNIGHT THE NIGHT BEFORE YOUR PROCEDURE.** You may only have approximately 1oz. of water with your medications after midnight.
4. Do not take oral diabetic medications the evening before or morning of procedure.
5. Take one half (1/2) of your insulin dose on the evening before your procedure and none on the morning of your procedure.
6. Notify your surgeon immediately if you develop a cold, fever, or any illness prior to surgery.
7. You may take a shower or tub bath the morning of the procedure.
8. Wear loose comfortable clothing for discharge.
9. Brush your teeth the morning of surgery.
10. Do not smoke the night prior to or the day of your surgery.
11. **Do not wear makeup, powder, perfume, nail polish, or jewelry. No metal hair accessories. Wigs, contacts, and false teeth will be removed prior to surgery. Please bring a storage case for contact lenses or glasses. Leave all valuables at home.**
12. Due to the receiving anesthesia, you cannot drive for 24 hours following your procedure. **Please arrange for an adult of at least 18 years old to drive you home and stay with you at home.**
13. Minors must be accompanied by a legal guardian, which will stay in the facility throughout the preoperative and recovery stages.
14. If you are having a colonoscopy and are unable to complete the bowel preps due to nausea/vomiting, you need to notify your doctor immediately.
15. Bring all medication with you on the day of surgery.
16. **If you use a CPAP at home for Obstructive Sleep Apnea, please bring it with you on the day of surgery.**
17. **If you are unable to have your procedure, you must notify Lake City Surgery Center within 24 hours of your scheduled procedure or we will assess a (50) fifty dollar service charge.**

I have read and understand the above instructions.

Signature of Patient or Legal Guardian

Witness Signature

Date