

INSTRUCTIONS FOR PATIENTS UNDERGOING SURGERY

IMPORTANT: Please read these instructions as soon as possible after receiving them.

You have been scheduled for a(n) _____
_____ on: _____

Prior to your surgery you will need to undergo preoperative testing and a preoperative history and physical. Our surgery nurse will help you arrange these.

TEN DAYS BEFORE YOUR SURGERY:

- **DO NOT** take any medication containing or similar to aspirin, or any vitamin E until after your surgery.

ON THE NIGHT BEFORE YOUR SURGERY:

- Read this information sheet again.
- **DO NOT** eat, drink, or smoke after midnight. (This includes water.)

ON THE DAY OF YOUR SURGERY:

- Follow the instructions given to you by Same Day Surgery.
- Ask your physician any questions you have about the procedures, or possible complications.
- You may bring a friend or family member with you. If you receive anesthesia, you will have to make arrangements for a ride home.
- Bring your medications, especially inhalers, blood pressure pills and heart medications.
- **DO NOT** take any medications for diabetes on the day of surgery before you come to the hospital.
- **DO NOT** make any other plans for the day of surgery.

The day before your scheduled surgery, someone from Same Day Surgery will call you between 2:00 p.m. and 5:00 p.m. to let you know what time to arrive at the Medical Center for your surgery. Please be on time, tardiness may cause your surgery to be cancelled. If you have any questions, please feel free to contact the Advanced Center for Specialty Care at 773-296-7040, Same Day Surgery at 773-296-5186, or your doctor's office.

Pre-Op testing needed:

- | | | |
|--|--------------------------------|--------------------------------------|
| <input type="checkbox"/> CBC | <input type="checkbox"/> BMP | <input type="checkbox"/> CT Scan |
| <input type="checkbox"/> PT <input type="checkbox"/> PTT | <input type="checkbox"/> CMP | <input type="checkbox"/> MRI |
| <input type="checkbox"/> UCG (Childbearing age) | <input type="checkbox"/> Lytes | <input type="checkbox"/> Chest X-ray |
| <input type="checkbox"/> EKG | <input type="checkbox"/> T4 | <input type="checkbox"/> TSH |
| <input type="checkbox"/> Bleeding time | <input type="checkbox"/> UA | <input type="checkbox"/> T3 |
- If you have x-ray films, please bring them on the day of surgery.