

PRE-SURGERY INSTRUCTIONS

Please check in to River Road Surgery Center at _____ on _____

Your surgery is scheduled to start approximately **ONE HOUR** after check-in time.

REMEMBER: These are approximate times as last minute changes may occur. You and your care provider will need to be available the entire day of your surgery and free of other commitments in case your surgery time changes.

Please call us at **(503) 581-1567** between the hours of 10AM and 3PM the business day prior to your surgery to confirm the time that you need to arrive at the surgery center

EATING, DRINKING AND MEDICATION INSTRUCTION PRIOR TO SURGERY

1. **At midnight the night before your surgery, STOP ALL food** including chewing gum, tobacco, Tums, mints, etc. and all fluids except those listed below.
2. You may have up to **8oz** of the following **CLEAR** fluids between midnight and _____AM
Clear fluids are: Water, 7-Up, clear apple juice, clear cranberry juice or Pedialite. **NO OTHER FLUIDS ALLOWED**
3. Routine morning medication should be taken with a small sip of water early on the morning of surgery; additional dosages may be taken up to 3 hours before the time of surgery (EXCPTIONS: diuretics/water pill or oral diabetic medication)Pain pills may also be taken, if needed, up to 3 hours prior to surgery. Insulin dependent diabetics should take **NO INSULIN** unless given specific instruction by their anesthesiologist.

YOUR SURGERY WILL BE CANCELLED IF THESE INSTRUCTION ARE NOT STRICTLY FOLLOWED

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| <ul style="list-style-type: none"><input type="checkbox"/> Drink extra water or juice the DAY BEFORE surgery.<input type="checkbox"/> Shower/bathe (shampoo if appropriate) the night before surgery or the morning of surgery Shaving, brushing your teeth and using deodorant are fine unless your surgeon says otherwise. Please don't shave the area where surgery is to be done.<ul style="list-style-type: none"><input type="checkbox"/> Use Hibiclens. Follow instruction in packet<input type="checkbox"/> Wear clothes that are warm, comfortable and easy to get on and off. (Especially with nasal surgery)<input type="checkbox"/> Do not wear make-up. No mascara<input type="checkbox"/> Do not wear contact lenses on the day of surgery. Please wear glasses if possible.<input type="checkbox"/> Please leave ALL jewelry and other valuables at home.<input type="checkbox"/> Remove ALL body piercings. No exceptions. | <ul style="list-style-type: none"><input type="checkbox"/> Parents/ family / guardians / interpreters are required to remain in the facility during the entire time of surgery.<input type="checkbox"/> You must have your designated adult care giver stay with you for at least 24 hours after surgery and longer if needed. _____<input type="checkbox"/> You are required to have a driver take you home after surgery. The surgical facility will not allow you to drive yourself home. You may take a taxi only if your designated adult care giver accompanies you.<input type="checkbox"/> No traveling outside the area for two weeks unless approved by your physician.<input type="checkbox"/> If you are on insulin, bring it with you<input type="checkbox"/> If you use an inhaler for asthma, bring it with you. |
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I accept these instructions and understand that surgery will be cancelled if they are not strictly followed.

Instructions and PO sheet given by: _____

Authorized Signature _____

Date _____