

## **PRE-OP INSTRUCTIONS**

You are scheduled to have surgery with IV sedation/general anesthesia. Please read and follow these instructions or your surgery will be cancelled and you will forfeit your **\$200 deposit**.

A **\$200 NON-REFUNDABLE** deposit is required to secure an appointment for sedation. The deposit will be applied to a rescheduled appointment, provided that 48 HOURS notice is given.

**\*\*All minors must be accompanied by a legal guardian.**

**\*\*You MUST be accompanied by an escort with a car (responsible adult age 18 or older) who MUST remain in the office waiting room during your surgery. If your escort is unable to wait then your surgery will be rescheduled and your deposit will be forfeited.**

1. **DO NOT EAT for 6 hours before surgery. CLEAR liquids (water, apple juice or Gatorade-like drinks) can be consumed up to 2 hours before surgery.**  
Ibuprofen may be taken the night before to reduce expected swelling.  
Take regularly prescribed medications as scheduled with a small sip of **CLEAR** liquids.  
EXCEPTIONS (DO NOT TAKE):      Insulin or Glyburide (Glibenclamide)  
*Ask your doctor if you have questions. DO NOT PREMEDICATE with sedatives (Danger).*
2. Unless prescribed by your medical doctor, discontinue aspirin, Vitamin E, St. Johns Wart, Ginko biloba or over the counter diet or herbal medication for 1 week prior to surgery.
3. DO NOT wear contact lenses.
4. DO NOT wear nail polish, acrylic nails, tongue rings, or jewelry.
5. Wear a short sleeve shirt for IV access to your arm. You may bring a sweat shirt.
6. Wear tennis shoes. **DO NOT wear sandals, flip-flops or high heeled shoes.**
7. If you smoke, avoid smoking for 48 hours before surgery.
8. If you develop a respiratory infection (cold or flu), call the office so we can reschedule your surgery.
9. If there are any changes in your medical history, such as medications, allergies or pregnancy, please advise our office.
10. We have scheduled time for your surgery. If you cannot keep this appointment, notify the office at least 48 hours in advance. If you do not call to cancel, you will forfeit your deposit.
11. On the day of your surgery you will be given postoperative instructions and appropriate prescriptions.
12. Please call our office if you have any further questions.

I, \_\_\_\_\_, reviewed and understand the above instructions. I am responsible for and aware that if the above is not adhered to, my surgery may be rescheduled.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Date