

1. Report for surgery at _____ AM/PM on _____
time day date

You understand if you do not follow the instructions or if your physical condition changes your surgery may be cancelled. Your surgery is scheduled for _____, however, unforeseen circumstances may result in delays. Our staff will attempt to keep you informed, but feel free to make inquiries at the Reception Desk.

2. Do not eat or drink anything after midnight the night before surgery (including water, juice, coffee, chewing gum, or lifesavers). **VOMITING AND ASPIRATION OF STOMACH CONTENTS INTO THE LUNGS MAY RESULT IN PNEUMONIA OR EVEN DEATH.**

3. **THINGS TO REMEMBER FOR CHILDREN:**

- a. Remove all baby bottles from the crib the night before surgery and remind family members that the child should not be given anything by mouth.
- b. You may bring children in pajamas. They may keep their underpants on.
- c. For infants, you may bring formula or special drinking cups for after their surgery.
- d. Children may bring a favorite blanket or soft small toy.
- e. Parents: if possible, do not bring other children the day of the surgery.
- f. You will need to arrange for an additional person to hold small children during the drive home.

4. **THINGS TO REMEMBER FOR ADULTS:**

- a. No alcoholic beverages 24 hrs. prior to or following surgery.
 - b. You must have a responsible person with you the rest of the day of surgery and also during the night. You should not drive for 24 hrs. following your surgery. You will need someone to drive you home the day of your surgery.
 - c. Leave jewelry and valuables at home. We cannot be responsible for them.
 - d. If you wear contact lenses you must bring a case to store them in.
 - e. You should shower or bathe the morning of, or the evening before your surgery.
5. No aspirin or aspirin products for one week before or after your surgery.
6. Routine medications that we need you to take the morning of surgery are (take pills with 1 oz. water only):

7. Try to get a good night's sleep so you will be rested for your surgery.

8. Special instructions are: _____

I HAVE RECEIVED AND READ THE ABOVE INSTRUCTIONS. _____

NURSE SIGNATURE: _____

PT. SIGNATURE

**WOODLAND HEIGHTS MEDICAL CENTER
LUFKIN, TEXAS**

**AMBULATORY SURGERY
PRE-OPERATIVE INSTRUCTIONS**

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