PREPARING for Your Procedure

The following patient education is for your safety and should be followed so your procedure isn't delayed or cancelled. Please feel free to ask questions along the way. We want to ensure you are informed and as comfortable as possible.

1-28 Days Before ☐ **Pre-Admission**: It is important that you schedule your preadmission appointment. Please contact the facility where your procedure is being performed. Your preadmission appointment will involve specific instructions and any required testing before your procedure. **Pre-Admit locations:** □ Renown Regional Medical Center **Roseview Tower or Tahoe Tower** 1155 Mill St. Monday-Friday, 7 a.m. to 5 p.m. 775-982-3993 □ Renown South Meadows Medical Center 10101 Double R Blvd., 1st Floor Monday-Friday, 7 a.m. to 5 p.m. 775-982-3993 ☐ Vitamins, herbal supplements and diet medications, including Phentermine: Stop taking these two weeks before surgery. ☐ **Shaving:** To minimize infection risks we ask that you not shave anywhere on your body 24-48 hours. ☐ **Medications:** If you are taking aspirin, medicine that contains aspirin, blood thinners or have bleeding trouble, please contact your doctor ASAP for further instructions on these medications prior to surgery. ☐ Anti-inflammatory drugs: One week prior to surgery, or per your doctor's request, stop taking any antiinflammatory medication such as ibuprofen (Advil, Motrin) or naproxen (Aleve). Acetaminophen (Tylenol) is okay to take before surgery. ☐ Erectile dysfunction medications: Do not take these 48 hours prior to your procedure unless instructed by your physician. ☐ Stool softeners: Pain medications are known to cause constipation. If you already have issues with constipation it is recommended that you take stool softeners a few days prior to your procedure and continue through your recovery at home. These are non-prescription and are available for purchase over the counter.

☐ **Drugs**: It is recommended that you do not use

recreational drugs 48 hours prior to surgery.

☐ **Transportation**: You must have a ride home if you are

receiving any type of sedation or anesthesia for your

If you do not have someone to drive you home, it

may be necessary to cancel or reschedule your

procedure. Please arrange for a responsible adult to drive you home and stay with you for the first 24

The Night Before

- ☐ Confirm check-in time: If you have not received a check-in time for the day of your procedure, please call your doctor's office to obtain this information.
- □ Notify if sick: If you are sick, have a sore throat, cold or fever, notify your surgeon before coming to the facility.
- ☐ Shower right before your surgery: Follow your doctor's specific bathing instructions. Shower or bathe with an antibacterial soap (i.e. Dial Soap) the night prior or the morning before your arrival. Antibacterial soap can be purchased at most grocery or drug stores. Use a clean towel to dry off. Remember to brush your teeth. Do not shave anywhere on your body.
- ☐ Remove: All body piercings and jewelry, including toe rings. You may be asked to remove dentures or removable partials prior to surgery. A denture cup will be provided.

Prepare to bring these items with you:

- ☐ Insurance card(s) and driver's license
- □ Any orders from your doctor
- An updated medication list
- Form of payment if you have not already paid
- Co-payment if needed for prescriptions
- □ Glasses and hearing aids
- □ Ear buds for your electronic devices
- ☐ Oxygen: If you are on CPAP, BIPAP, or home Oxygen and have a portable tank, please bring your unit or tank with you.
- ☐ Plan to wear: Loose fitting, comfortable clothing that is easy to put on and take off.
- ☐ **Medications**: You should continue to take your daily scheduled blood pressure, heart, and pain medications on your usual schedule with a small amount of water. Please check with your doctor for special instructions regarding diabetic or blood thinning medication.
- ☐ Alcohol: Do not drink alcohol after 6 p.m. the night before your surgery.

Diet: Do not chew or smoke tobacco (regular or ecigarettes) after midnight before your surgery. Please follow the instructions below unless instructed by your doctor or the anesthesiologist.

- ☐ No **solid food** after midnight prior to your surgery. You may have **clear liquids** up to 16 oz. (including water, apple juice, Gatorade® or 7-Up) until 3 hours prior to surgery.
- ☐ If currently on gastric tube feeds, you may continue until 8 hours prior to surgery.
- ☐ Nothing to eat or drink after midnight.

| Ш | Other: | | | |
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For your safety, surgery may be cancelled or delayed if you have consumed any food or fluids outside of what is ordered above.

hours after surgery.

procedure.



| | The Day of Your Procedure | After Your Procedure |
|----|--|---|
| | If you are sick: If you have a cold, 100°F fever or | ☐ Rest : Take it easy for at least 24 hours. We |
| _ | higher, rash or an infection of any kind, please notify your doctor's office before coming in for surgery. | encourage you to not do anything that requires balance, judgment, or coordination. |
| _ | A 1 DI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 5 044 BONOT |
| | Arrive Please check-in for your procedure at the time instructed by your doctor. | For 24 hours DO NOT: ☐ Drive, operate machinery or use household appliances |
| _ | Chawaru It's important to shower before arriving with | ☐ Drink alcohol |
| _ | Shower: It's important to shower before arriving with an antibacterial soap. Dry off with a clean towel. Do | ☐ Make important decisions or sign legal documents |
| | not use make-up, lotions, oils or perfumes on the area where you will be having your procedure. Remember | ☐ Transportation: Arrange for a responsible adult to drive you home and stay with you for the first 24 |
| | to brush your teeth. Please do not shave anywhere on your body the day of surgery. | hours after surgery. |
| | Remove: All body piercings. | ☐ Shower or Bathing: Keep surgical dressing clean and dry. Follow your doctor's instructions regarding when it is okay to resume bathing. |
| | Clothing: Wear loose, comfortable clothing that is appropriate for wearing home after surgery. | ☐ Follow-up Appointment: Call to schedule a follow- |
| Ne | cessary belongings to pack: | up appointment with your doctor. |
| | Insurance card(s) | ☐ Mild flu-like symptoms: It is normal to have flu-like |
| | Driver's license ´ | symptoms. You may experience muscle aches, throat |
| | Any orders from your doctor | irritation, headache or nausea. |
| | Updated Medication List Form of payment if you haven't paid already | ☐ Diet : Avoid nausea by slowly introducing food as |
| | Glasses | tolerated. Avoid spicy or greasy foods for the first day. |
| | Hearing aids | Add more substantial food to your diet to help you |
| | If you want to bring something to read or electronic | heal sooner. Increase fluid intake and fiber to avoid |
| | device with ear buds, a locker will be provided. Please bring carrying cases for these items. | constipation. |
| | Renown is not responsible for lost or damaged | ☐ Babies: Breast milk or formula can be given as soon |
| | items. | as the child is hungry. |
| | ease do not bring: | |
| | Valuables, such as jewelry Contact lenses are not advised to wear on the day of | Medications: Resume taking your medication per doctor instructions. Take prescribed pain medication |
| | surgery. If you do not have glasses, bring a contact lens case and solution with you. | with food. If no pain medication is prescribed, you may be able to take non-aspirin pain medication such |
| _ | Oxygen: If you are on CPAP, BIPAP, or home | as Tylenol (acetaminophen), Advil (ibuprofen) or Aleve (naproxen). Please clarify what you can take |
| | Oxygen and have a portable tank, please bring your | with your doctor. |
| | unit or tank with you. | ☐ Filling narcotic prescriptions: It is important to note |
| | Medications: Please take medications for asthma, | that narcotic prescriptions need to be filled in Nevada. |
| | seizures and pain the day of surgery with a small sip of water. You may need to take certain blood pressure or | Please make arrangements to get your prescription filled before you leave the area. Your Photo ID may |
| | heart medications on the day of surgery. You should | be required when filling a narcotic prescription. Please |
| | have received these instructions at the pre-admission | be sure you have your insurance card and co-pay |
| | appointment or from your doctor. Please do not bring your prescriptions to the hospital. | with you as well. |
| _ | | ☐ Constipation: Narcotic pain medication can cause |
| | Filling narcotic prescriptions: It is important to note that if you are prescribed a narcotic prescription it | constipation. Drinking fluids and eating fiber can help prevent this. You may also use a stool softener or |
| | needs to be filled in Nevada. Please make | gentle laxative. |
| | arrangements to get your prescription filled before you | |
| | leave the state. A photo ID, insurance card, and copay may be required when filling a narcotic | Call your doctor if you experience: ☐ Fever greater than 101°F |
| | prescription. | ☐ Pain not relieved by medication |
| _ | Underson notice to Those less than 10 years of any | Persistent nausea or vomiting |
| _ | Underage patients: Those less than 18 years of age must have a responsible adult present in the facility | ☐ Excessive bleeding (blood soaking through dressing)☐ Unexpected drainage from wound |
| | until discharged home. Please make childcare | ☐ Extreme redness or swelling around the incision site, |
| | arrangements for other children. | discharge or unpleasant smell around the incision area ☐ Inability to urinate/empty your bladder within eight hours |
| | Legal guardian: A parent or legal guardian must be present to sign the procedure consent form. A legal | If you experience any of the above symptoms and are |
| | guardian is required to show proof of guardianship. | unable to contact your doctor or surgical center, go to the nearest emergency or urgent care. CALL 911 IF YOU DEVELOP PROBLEMS BREATHING |
| | | OR CHEST PAIN |



