



Patient Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Date of Visit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

MR #: \_\_\_\_\_

## Instructions for Ambulatory Care Patients

### Your Procedure Date

You will receive a phone call the working day prior to your procedure to confirm your arrival time. The time given will be a "best estimate."

### Illness or Abrasions

If you develop signs and symptoms of a cold or flu (ie: cough, fever, sore throat) please call the Pre-Op Nurse.

If you develop a rash, scrapes, irritations or pimples on or near your surgical site please notify your surgeon.

### The Night Before Your Procedure

The night prior to your procedure do not have any solids after midnight. You may have clear liquids as directed by the Pre-Op Nurse. DO NOT use gum, candy or throat lozenges.

### The Day of Your Procedure

Please leave all valuables at home. DO NOT wear jewelry; this includes ALL body piercings and studs. DO NOT WEAR toenail or fingernail polish, acrylic or replacement nails.

If you wear glasses, please bring a case with you to protect your glasses. DO NOT wear contacts. If you wear a hearing aid PLEASE leave it in place and be sure a new battery is in place.

We suggest a bath or shower the morning of your procedure. You are allowed to brush your teeth and rinse your mouth but do not swallow the water.

Please wear comfortable clothing for your discharge home. Please bring the following: Extra pillows, crutches, walker, and sunglasses.

### Discharge

WHEN YOU ARE DISCHARGED YOU MUST HAVE A RESPONSIBLE PERSON TO ASSUME YOUR CARE AS YOU ARE UNABLE TO DRIVE HOME. Public transportation or taxi is NOT acceptable.

Due to the unpredictability of each patient's response to anesthesia, DO NOT make plans for any other activities or appointments for you or your driver/caregiver the day of your procedure. Your driver must be readily available for your timely discharge home.

**Medications to be stopped or held** \_\_\_\_\_

**Medications to be taken the morning of surgery** \_\_\_\_\_

**Special Instructions** \_\_\_\_\_

### Phone Numbers:

ACC Receptionist - 728-2475      Pre-Op Nurse - 728-2365      Physician/Surgeon's Office \_\_\_\_\_

**Pre-Op Nurse:** \_\_\_\_\_ **Patient's Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time (phone interview):** \_\_\_\_\_