



THE SURGERY CENTER OF CHARLESTON
1849 Savage Road, Charleston, SC 29407

ADULT PRE-OPERATIVE INSTRUCTIONS

Due to circumstances beyond our control, surgery time is determined by the surgery facility the business day before surgery. If you do not receive a call before 4PM the business day before surgery, please call (843)576-2600.

Name: _____ DOB: _____ Date of Surgery: _____ Dr. _____

WHO SHOULD BRING YOU

- You must have a responsible adult to drive you to and from surgery, no taxi or bus alone.
- You must have someone remain at the surgery center while you are in surgery
- ADULTS-Limit the number of family members/friends that accompany you to 1 person
- Children not having surgery are not allowed in recovery room due to the privacy of other patients.
- You must have someone stay with you over night after your surgery. If you do not make arrangements for someone to stay with you the night after surgery, your surgery may be cancelled.

MEDICATION

- If you smoke, please try to stop smoking 2 weeks before surgery
- Do NOT take Aspirin, Motrin, ibuprofen products, vitamin E, all herbals (fish oil, St. John’s Wort, etc), or other anti-inflammatory medications 10 days prior to surgery. If you have a chronic condition requiring frequent anti-inflammatory medications, please consult your physician prior to surgery.
- If you take blood thinners (Plavix, Coumadin, Eliquis, Etc.), contact your primary care physician to discuss discontinuation of that medicine.
- DO NOT take PHENtermine for 14 days prior to surgery.
- Take prescribed blood pressure, reflux, anxiety, seizure, bipolar medications and inhaler as prescribed the morning of surgery with a small sip of water.
- If you use an inhaler/nebulizer on a regular basis, please use the morning of surgery.
- You may take Tylenol if needed.
- Bring a current detailed list of medications you are taking including name, strength, dosage information or you may bring medication in the ORIGINAL bottle including name, strength and dosage information.
- For your convenience, your prescriptions will be available for purchase at the surgery center when you check in.

DIET

- The Surgery Center will give you specific diet instructions when they call pre-operatively.
- Up to 6 hours prior to your arrival time you may have water, jello that you can see through (no fruit or cream), apple juice, coffee without cream, tea without cream, sprite/7up/ginger ale.
- You may brush your teeth in the morning but do not swallow any water.
- If the patient has anything to eat or drink after the time the Surgery Center instructs, the surgery will be cancelled.

HOW TO DRESS

- Do not wear jewelry, contact lenses, cosmetics, eye make up, or lotions, the day of surgery.
- All body piercing jewelry must be removed, including earrings.
- Leave all valuables at home.
- Wear comfortable/loose-fitting clothing; no jeans/legging, try to avoid any metal, snaps or zippers.

WHAT TO EXPECT

After checking in, you will be brought to a holding room where the nurse will prepare you for the procedure, including placing an IV. Your physician, anesthesiologist and operating room nurse will see you in prep to answer any final questions. The nurse will walk with you to the operating room for the procedure. You will receive the appropriate level of anesthesia before your procedure begins. After the procedure, you will be transferred to the recovery room until you are awake, your pain is well controlled and you have met discharge criteria. We will promptly bring your accompanying adult to the recovery room. The nurse will review your discharge instructions and medication with you and the responsible adult present. It is important to have someone with you for the first 24 hours after surgery because during the recovery period you will be groggy and may not remember the instructions, this is a normal consequence of the anesthesia. This is when you will need the most help.

If you develop fever, coughs, or other viral symptoms prior to your surgery, please contact the Surgery Center (843) 576-2600.

Patient/Parent/Legal Guardian Signature

Phone number

Date

Relationship to Patient

Alternate phone number/s

Staff Printed Name