



Preoperative Instructions:

Initials:

- _____ It is important that you arrive on time at Miami Surgical Center for your procedure.
- _____ **Nothing to eat, drink or smoke** after midnight on the night before the procedure unless instructed otherwise by your doctor.
- _____ If you are on any medications, please inform your doctor. You should take blood pressure medication a **sip** of water on the day of the procedure. Aspirin, Coumadin and most anti-inflammatories, such as Relafen, Ticlid, Motrin, Vioxx, Celebrex, Naprosyn, Lodine, Duract, Cataflam, Advil, Indocin and Voltaren are some medications **you should not take**. Discontinue these medications 10 days prior to your procedure. If you have any questions, please ask your doctor. Bring a list of your medications.
- _____ You will need **to have a ride home** available at the time of discharge and an adult to care for you 24 hours following your procedure. This will need to be verified before we can begin your procedure.
- _____ Wear simple loose clothing that you can easily remove, as you will be asked to remove them and change into hospital attire. Remove all jewelry. Any procedures done on the hips will require your underwear to be removed. All other surgical procedures require that the underwear label reads "100% cotton" in order for you to keep them on in the operating room.
- _____ Remove your contact lens at home or bring your case and solution with you for removal at the center.
- _____ Notify your doctor at Miami Surgical Center at (305)595-2414, of any recent cold, sore throat, cough or other indication of illness prior to your procedure.
- _____ In an effort to keep the wait time for yourself and your family members to a minimum we do our best to estimate the start and finish time of your procedure. Unfortunately, this is not always possible as there is no way of exactly estimating the time your procedure or those procedures proceeding yours will take. **Please plan to be at the facility for at least four (4) hours.**
- _____ After your procedure, you will be given instructions. Please follow them but call your doctor with any questions.

I understand the above instructions _____ Date: _____

Patient signature