

OUTPATIENT PRE-PROCEDURE INSTRUCTIONS

PATIENT INITIALS

1. _____ A NURSE FROM THE PRE-ADMISSION DEPARTMENT WILL CALL YOU **WITHIN** ONE WEEK OF YOUR PROCEDURE TO REVIEW YOUR MEDICAL HISTORY AND MEDICATIONS TO GET YOU PRE-REGISTERED.
2. _____ **SEVEN DAYS** PRIOR TO YOUR PROCEDURE **STOP TAKING** THE FOLLOWING MEDICATIONS AS THEY CAN CAUSE BLEEDING:

ASPIRIN	MOBIC/MELOXICAM	VOLTAREN	MOTRIN/IBUPROFEN
ADVIL/ALEVE	NAPROXEN	FISH OIL/OMEGA 3	VITAMIN E
GARLIC	GINSENG	GINGKO	

YOU MAY TAKE TYLENOL/ACETAMENOPHEN FOR PAIN

3. _____ IF YOU ARE TAKING **COUMADIN/WARFARIN, OR PLAVIX**, PLEASE OBTAIN WRITTEN ORDERS ON WHEN TO STOP THESE MEDICATIONS FROM THE PHYSICIAN WHO PRESCRIBED THEM. YOU ARE **NOT** TO BE OFF OF THESE MEDICATIONS WITHOUT THE PRESCRIBING PHYSICIAN'S ORDERS. IF THIS IS NOT DONE, **YOUR SURGERY MAY BE CANCELLED**. IF YOU REQUIRE CLEARANCE FOR SURGERY FOR CARDIAC CONDITIONS AND/OR BY YOUR PRIMARY CARE PHYSICIAN, THE CLEARANCE MUST BE PROVIDED TO LAS CRUCES SURGICAL CENTER PRIOR TO YOUR SURGERY DATE.
4. _____ DRINK PLENTY OF WATER THE **DAY BEFORE SURGERY** SO THAT YOU ARE WELL HYDRATED. DRINK AND EAT **UP UNTIL MIDNIGHT** THE NIGHT BEFORE SURGERY.
5. _____ **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE YOUR PROCEDURE (NPO)**. DO NOT HAVE ANYTHING BY MOUTH AFTER MIDNIGHT- THAT INCLUDES NO GUM, NO CANDY, AND NO ICE CHIPS. NO ALCOHOL FOR 48 HOURS PRIOR TO SURGERY. NO SMOKING OR DIPPING THE MORNING OF YOUR PROCEDURE.
6. _____ YOU MUST MAKE PRIOR ARRANGEMENTS FOR A RESPONSIBLE ADULT TO DRIVE YOU HOME AND STAY WITH YOU FOR 24 HOURS AFTER YOUR DISCHARGE FROM THE SURGICAL CENTER.
7. _____ YOU MAY SHOWER THE NIGHT BEFORE OR THE MORNING OF YOUR PROCEDURE. **DO NOT** APPLY ANYTHING TO YOUR SKIN, NO OIL, CREAM, LOTION, COLOGNE/PERFUMES, DEODORANT, MAKE-UP, OR POWDER TO YOUR SKIN. REMOVE NAIL POLISH AND ARTIFICIAL NAILS ON THE OPERATIVE EXTREMITY.
8. _____ BRUSH YOUR TEETH THE MORNING OF YOUR PROCEDURE BUT **DO NOT** SWALLOW ANY WATER.
9. _____ LEAVE ALL JEWELRY, BODY PIERCINGS, AND VALUABLES AT HOME. **WE WILL NOT BE RESPONSIBLE FOR THEM. ALL BODY PIERCINGS MUST BE REMOVED PRIOR TO ARRIVAL ON YOUR DAY OF SURGERY OR YOU MAY RISK YOUR SURGERY BEING CANCELLED.**
10. _____ DUE TO THE SMALL SIZE OF OUR WAITING AREA VISITORS WILL BE LIMITED TO ONE ADULT.
11. _____ PLEASE **ARRIVE ON TIME** AND CHECK IN WITH THE RECEPTIONIST UPON ARRIVAL. **IF YOU ARE LATE ON THE DAY OF YOUR PROCEDURE YOU MAY BE POSTPONED AND/OR CANCELLED.**
12. _____ PLEASE BRING ANY MEDICAL SUPPLIES GIVEN TO YOU AT THE PHYSICIAN'S OFFICE WITH YOU ON THE DAY OF YOUR PROCEDURE. (E.G., CRUTCHES, KNEE IMMOBILIZER, SLING, ETC.)
13. _____ BRING YOUR C-PAP MACHINE, INHALERS, DENTURES, HEARING AIDS, AND OXYGEN TANK IF YOU USE ANY. IF YOU USE OXYGEN AT HOME; BRING A PORTABLE TANK WITH YOU THE DAY OF YOUR SURGERY.

OUTPATIENT PRE-PROCEDURE INSTRUCTIONS (CONTINUED)

PATIENT INITIALS

14. _____ IF YOU HAVE DENTAL OR GASTROENTEROLOGY PROCEDURES WITHIN ONE WEEK OF THE DATE OF SURGERY, YOU MUST LET YOUR SURGEON AND LAS CRUCES SURGICAL CENTER STAFF KNOW.
15. _____ IF YOU ARE HAVING SURGERY ON AN ARM, HAND, OR WRIST, PLEASE WEAR LOOSE AND COMFORTABLE CLOTHING. BRING A BUTTON-DOWN SHIRT THAT IS 2-3 TIMES LARGER THAN WHAT YOU NORMALLY WEAR.
16. _____ IF YOU ARE HAVING SURGERY ON A LEG, KNEE, OR ANKLE, BRING WIDE-LEG PANTS/SHORTS (BASKETBALL STYLE, STRETCHY MATERIAL, ETC.) WITH AN ELASTIC WAIST. BRING PILLOWS AND/OR BLANKETS TO HELP SUPPORT YOUR LEG WHILE IN YOUR VEHICLE.
17. _____ **DO NOT** WEAR FLIP-FLOPS OR SLIP-ON SHOES. YOU NEED STABLE, SECURE SHOES TO WALK IN AFTER SURGERY.
18. _____ THE MORNING OF YOUR PROCEDURE YOU MAY TAKE THE FOLLOWING MEDICATIONS WITH A SMALL SIP OF WATER: ANY BLOOD PRESSURE, HEART, ACID REFLUX/HEARTBURN, THYROID, OR SEIZURE MEDICATION(S). **IF YOU ARE DIABETIC THE PREADMISSION NURSE WILL GO OVER YOUR MEDICATION INSTRUCTIONS.** YOU WILL BE TOLD DURING YOUR PRE-REGISTRATION INTERVIEW IF THERE ARE ANY ADDITIONAL INSTRUCTIONS AND/OR RESTRICTIONS IN REGARD TO YOUR MEDICATION(S).
19. _____ NPO STATUS VERIFIED, **PATIENT AGREES AND UNDERSTANDS THAT HE/SHE WILL NOT HAVE ANYTHING BY MOUTH AND NOTHING TO EAT OR DRINK AFTER MIDNIGHT, THE NIGHT BEFORE THE PROCEDURE.**

IF YOU HAVE HAD BLOODWORK WITHIN THE LAST 3 MONTHS, AN EKG OR CHEST-XRAY IN THE LAST 6 MONTHS, OR A SLEEP STUDY WITHIN THE LAST 3 YEARS, LAS CRUCES SURGICAL CENTER WILL NEED A COPY FOR YOUR FILE. YOU CAN HAVE THEM FAXED TO THE PRE-ADMISSION DEPARTMENT AT (575) 521-2600. ADDITIONAL DIAGNOSTIC TESTING MAY BE REQUIRED TO CLEAR YOU FOR OUTPATIENT SURGERY AND WILL BE DETERMINED DURING YOUR PRE-ADMISSION INTERVIEW.

REMEMBER A NURSE FROM THE PRE-ADMISSION DEPARTMENT WILL CALL YOU WITHIN ONE WEEK OF YOUR SURGERY DATE TO REVIEW YOUR MEDICAL HISTORY AND MEDICATIONS. YOU MAY CALL WITH ANY QUESTIONS. (575) 522-6144

YOU WILL BE CONTACTED BY LAS CRUCES SURGICAL CENTER THE BUSINESS DAY BEFORE YOUR SCHEDULED PROCEDURE TO CONFIRM THE TIME OF YOUR PROCEDURE AND THE TIME YOU WILL NEED TO ARRIVE ON YOUR SURGERY DATE.

I FULLY UNDERSTAND THE INSTRUCTIONS GIVEN TO ME. I ALSO UNDERSTAND THAT IF I HAVE ANY QUESTIONS, COMMENTS, OR CONCERNS, I AM TO CALL MY SURGEON/PHYSICIAN AT THEIR OFFICE.

PATIENT/RESPONSIBLE PARTY SIGNATURE

RELATIONSHIP

DATE/TIME

WITNESS SIGNATURE

DATE/TIME