



Ticket to Surgery

We look forward to seeing you on the day of your procedure. The following checklist is for you to complete before your arrival. Use the items on this list – they are essential to a safe, efficient and successful procedure. Please review this list immediately. If you have questions about any of the items listed, please reach out to the office that scheduled your procedure.

At Your Surgeon's Office

- ☐ Ask what help you may need at home following surgery:
 - Will you need someone to help you move around and complete daily tasks?
 - Will you need any special equipment?
 - ☐ Discuss potential pain after surgery and what options you have for controlling that pain.
 - ☐ Discuss the potential need for therapy (physical, occupational, speech) following your procedure.
 - ☐ Discuss when you will see the surgeon and members of their team on the day of your procedure.
 - ☐ Discuss what medicines you will temporarily stop taking before your surgery.
 - ☐ Ask what else you need to know about your needs before and after the procedure.
 - ☐ Confirm that the office has your correct phone number.
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One Week Before Your Procedure

- ☐ **Stop taking** these medicines on these dates:
 - Stop your _____ on this date _____
 - Stop your _____ on this date _____
 - Stop your _____ on this date _____
 - Stop your _____ on this date _____
- ☐ **Do not shave** near the site of your procedure.
- ☐ **Be prepared to answer unknown numbers** starting a week before your procedure and for three days after.
You will receive your surgery arrival time 1 – 2 days before the day of surgery. Please ensure the office has your correct phone number.
- ☐ **Plan for a responsible driver** (18 years or older) to come with you. They must remain in the surgery waiting room for the entire procedure.

The Night Before Your Procedure

- ☐ **Put clean bed linen on your bed** (sheets, pillows, blankets).
- ☐ **Remove all nail polish and piercings.**
- ☐ **Shower with soap provided.** Scan the QR code below to see a demonstration.
- ☐ **You may be provided additional instructions** and asked to use a product called Hibiclens, which is available at pharmacies.
- ☐ **Do not eat or drink**, chew gum or have mints or any candy after midnight.
- ☐ **Take your medication as directed** by your surgeon or surgery nurse. Please pay special attention to any instructions to temporarily stop taking specific medicines.
- ☐ **Do not smoke, e-cig, vape or chew tobacco** after midnight.
- ☐ **Confirm your driver (18 years or older) can come with you.** They must remain in the surgery waiting room for the entire procedure.
- ☐ **Prepare to bring these documents:** Your insurance card, power of attorney papers or guardianship paperwork, and photo ID.



The Morning of Your Procedure

- ☐ **Shower again as instructed** with the soap provided.
- ☐ **Do not apply lotions or perfume** to body or clothing.
- ☐ **Wear clean, comfortable clothing.**
- ☐ **Brush your teeth and gums.** Please do not swallow toothpaste or water.
- ☐ **Bring a container** for your glasses, hearing aids, dentures and contacts.
- ☐ **Do not wear makeup**, nail polish, hairpins or jewelry.
- ☐ **Leave valuables at home.**
- ☐ **Bring all your current medication bottles or a current, complete medication list.**
- ☐ **Bring CPAP mask** with you if you normally use one. Do not bring the tubing.
- ☐ **Bring your portable oxygen tank** with you if you normally use it at home.
- ☐ **Take medications listed below** with small sips of water the morning of surgery:
 - _____
 - _____
 - _____
 - _____
- ☐ **Talk to your driver.** They must remain in the surgery waiting room for the entire procedure.

When You Arrive at the Hospital and During Your Procedure

- ☐ **Bring these documents:**
 - Your insurance card
 - Power of attorney papers or guardianship paperwork
 - Photo ID
- ☐ **Check in with registration** near the main entrance.
- ☐ **Ensure your driver remains in the waiting area.**
- ☐ **You will receive a commitment card** that describes our commitment to providing you safe, high-quality care

Following Your Procedure

- ☐ **You will receive instructions** from the nurse discharging you. These instructions include information about:
 - Pain
 - Nausea (upset stomach) and vomiting
 - Postoperative (after procedure) bleeding
- ☐ **You will see someone from the surgeon's team** to discuss the procedure.
- ☐ **You may receive an email or text message** with a survey from a company called Press Ganey. We review all survey scores and comments to improve the experience of our patients.