The following information is given to you to provide ample time for you to make the necessary arrangements prior to your surgery. If you have any questions, please call your surgeon or call us at 708/216-4573.

EATING AND DRINKING GUIDELINES:

- No solid food after Midnight.

**Adults**
- Only the following clear liquids may be consumed up until 4 hours before your scheduled surgical time: Water, Apple Juice, Coke, Gatorade, 7-up, tea or coffee without cream, milk, or non-dairy creamer.

**Infants or Children** (under 13 years old)
- Only the following clear liquids may be consumed up until 3 hours before their scheduled surgical time: Apple Juice, Pedialyte, Water.
- Infants may be fed breast milk up until 4 hours before your scheduled surgical time.
- Infants may be fed formula up until 6 hours before your scheduled surgical time.

PREADMISSION TESTING:

The nurse from Preadmission Testing will call you approximately 1 week prior to your surgery date to obtain your pertinent medical information.

Please have available:
- Your current medication list (prescription and non-prescription)
- Herbal supplements
- Weight control medications

Please note: It is important to inform your doctor if you are taking
- Blood thinners (Coumadin, Heparin, Plavix, Lovenox, etc…)
- Aspirin, Ecotrin
- NSAIDS (Ibuprofen, Advil, Motrin, Aleve, etc…)

POSTOPERATIVE CARE REQUIREMENTS:

- 2 adults should accompany any child having a surgical procedure
- It is required that a responsible adult transport you home after surgery and be able and willing to provide home care overnight.
- Mandatory: The person bringing you and taking you home must be present during the entire surgical and recovery period.
- This is required for any procedure requiring sedation, sedation with local, or any form of anesthesia.

The nurse from the Ambulatory Surgery Center will call you after 1 pm the day before surgery to confirm your surgery time and give you your pre-operative instructions. (708) 216-8123

If these instructions are not followed exactly, your surgery will be CANCELLED, NO EXCEPTIONS.

Patient Signature: ________________________________ Date: ______________