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NEUROSURGERY

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PREOPERATIVE INSTRUCTIONS

Name: _____ Date of birth: _____

Facility:

- ☐ Mission Hospital
- ☐ GALEA Advanced Surgery Center

*Please arrive **2 hours prior to surgery at hospitals and 1 hour prior to surgery at the surgery center.***

Surgery date: _____

Procedure: _____

_____

Medical/cardiac clearance by: _____

First post-op appointment date: _____

- ☐ Please ensure that all pre-operative bloodwork, urinalysis, EKG & Chest X-ray should be done 30 days prior to surgery. PFA needs to be done at Mission Hospital no sooner than 7 days prior to surgery.
- ☐ Blood donation is only needed if recommended by your surgeon. Please contact blood donor services and set up an appointment. Not all blood procedures require blood donation.
- ☐ You may not have anything to eat, drink, or smoke **after midnight the night before surgery**. The anesthesiologist will contact you the evening before surgery between 6-9 PM.
- ☐ Call and make medical and/or cardiac clearance doctor appointments
- ☐ Start a stool softener of your choice *prior* to surgery to prevent postoperative constipation. Laxative of choice is recommended *after* surgery.
- ☐ Obtain support brace (if applicable)
- ☐ IMPORTANT: Discontinue the use of all anti-inflammatory and aspirin products.
  - Herbal supplements (ex. Ginkgo, St. John's Wort, Valerian, palmetto, etc): **2 weeks prior** to surgery date
  - Blood thinning medications (ex. Aspirin, fish oil, Coumadin/Warfarin, Plavix, Xarelto, Eliquis, Motrin, Aleve, Ibuprofen): **7 days prior** to surgery date
  - Lovenox shot: **48 hours prior to surgery date**

Signature: _____ Date: _____