

Steps to Follow for Surgery

- Up to 3 hours before surgery your **CHILD** may have these clear fluids only: Limit fluid to **12 Ounces**
 - Pedialyte, water, or apple juice.
 - For patients with diabetes – G2 Gatorade (Low sugar)
 - Up to 4 hours before surgery your child may be breast fed.
 - Up to 6 hours before surgery your child may be formula fed. (NO cereal or solid food)
 - **All feedings must be finished before the timeframe above!**
- For adults: you must stop eating and/or drinking anything 9 hours before your surgery
- The hospital will call you the day before surgery to finalize your surgery, arrival time, and answer any questions you may have.
- It is important to take any medicines normally taken (unless otherwise directed by your doctor) with a small sip of water. Especially important:
 - Cardiac (heart) medicine
 - Anti-convulsive (seizure) medicine
- When instructed to take medications, you may take them with a sip of water up to one hour before surgery.
- Other medications: if you are taking ibuprofen, and/or vitamins and herbs, you may be advised to stop taking them for 5-7 days prior to your procedure. Please speak to your doctor or surgeon.
- **Diabetic:** If you take medication to control blood sugar, DO NOT take on the day of surgery, UNLESS specifically instructed by your doctor.
- Please bring a list of your medications and include the dose and how often they are taken.
- Bring your insurance card and legal identification (driver's license, passport, or birth certificate)
- Wear loose comfortable clothing. Please remove all make-up, body piercings, and nail polish. (NO gel polish or artificial/fake nails) before coming to the hospital. If you are staying overnight, you may want to bring a robe, slippers, and personal items.
- Shower (regular soap or Hibiclens, if instructed) in the evening prior to surgery and before coming to the hospital.
- Remove contact lenses and bring glasses with you.
- Leave all valuable items such as money, watches and jewelry at home.
- You may not drive after surgery. Please arrange for someone to drive you to and from the hospital.
- **Cosmetic patients:** The fees given to you for hospital and anesthesia are only an estimate and may change if the surgery takes longer than estimated. **Initial:** _____

I, _____ have read and understand the information above.
Signature: _____ Date: _____