Frequently Asked Questions

Do I need to visit the hospital before the surgery date for pre-surgical testing?
All patients will need an up-to-date medical history and physical form. Some may need blood tests, EKG or x-rays, etc. Your surgeon will advise where you will have this done. You can complete this at the hospital’s pre-surgical testing department or at your primary care physician office.

What must I bring with me on the day of surgery?
- Bring insurance identification cards, driver’s license or state ID, completed billing forms, and copayments
- Bring all medications
- Make sure you have a ride home and someone to care for you at home
- Bring a favorite bottle or “sippy cup” for your child
- Wear comfortable, loose fitting clothing
- Leave all jewelry and valuables at home
- Bring case for eyeglasses or contacts

Why can't I have anything to eat or drink before surgery?
There are several reasons for this rule. First, if there are contents in your stomach, you are more likely to get nauseated and get sick after surgery, and no one wants that. Second, when anything is present in your stomach, including water, excess saliva, food or drink, these contents can be regurgitated and inhaled into the lungs. This may cause complications, including severe pneumonia.

What does NPO mean?
NPO stands for "nothing by mouth". This includes water, gum (gum increases natural saliva production), hard candy, food or drink. Patients are instructed not to eat anything from midnight the day before the procedure. Patients are instructed to take clear liquids 8 hours prior to admission to the hospital and a sip of water with the morning medication. (Clear liquids include but are not limited to: water, apple juice, lemonade-no pulp, ginger ale, Black coffee, and tea- **NO milk/cream allowed**). Children have different fasting times than adults-so please check in the Children and Special Needs section.

Should I take my usual daily medication?
We generally request that you take your medication before leaving home with a sip of water. Patients are asked to follow instructions from the surgeon/PCP or Cardiologist. Please make certain to inform your surgeon if you are on Aspirin, Plavix, NSAIDS, Vitamins, and Herbal or any supplements. If you are on Coumadin please speak to your surgeon and Cardiologist about the use or discontinuation of medications in the perioperative period. Patients with cardiac stents and on Plavix and Aspirin need to contact your Cardiologist before stopping Plavix or Aspirin.

People using inhalers must bring them to the Hospital on the day of surgery.

Some medications will be stopped for the surgery, particularly diabetes medication and blood thinners. You should bring these medications with you the day of surgery. Please call us your surgeon with any questions or concerns you may have.
What should I wear the day of my procedure?
You will be provided a surgical gown during your procedure. Please wear loose, simple, comfortable clothing and comfortable walking shoes. Please keep in mind what you are having done and bring the appropriate clothes. For example, for shoulder surgeries, loose button-up shirts are best. For leg surgeries, loose shorts or pants are recommended. Whichever site you are having worked on, wear something that will facilitate a bandage, cast or other type of dressing. Leave all jewelry at home, including body-piercing jewelry. If you wear contacts lenses, you will probably have to remove them for the surgery, so consider bringing your glasses. If you have to wear your contacts, please bring contact solution and contacts case. Please do not wear any make-up as this can hide certain clinical signs. And please remember to leave all valuables at home.

Should I bring my special needs equipment?
Yes. Please bring any walkers, hearing aids, etc.

What if I have special needs?
We will make every effort to accommodate any special need you may have. We strongly encourage you to inform your surgeon in advance so that we can properly prepare to make you comfortable.

Interpreter services are available. If the patient cannot read, speak English or use sign language, an interpreter is required. We have several options available including telephone services and live interpreter. If you are in need or prefer a live interpreter, please inform your surgeon in a timely manner so arrangements for an interpreter can be requested and set up in advance.

Will I be contacted before my surgery?
Yes. We call each patient the afternoon/evening before the surgery to gather medical information and to hopefully answer any of your questions. Preoperative instructions will be given by the nurse who calls you, such as what time and where to report for your surgery.

Why should I fill prescriptions that my physician has given me before I have my surgery?
After your procedure, you may be tired and groggy and may not be up to a trip to the pharmacy. Filling your prescriptions beforehand will be easier on you and you will have pain medications and other prescribed medications on hand when you need them.

May I speak to my anesthesiologist before the surgery?
All patients will be seen by the anesthesiologist on the day of surgery before your procedure to discuss your medical history, type of anesthesia and what you can expect. Be sure to mention any cold symptoms, allergies and past experiences with anesthesia. Sufficient time should be spent to answer any questions you may have.

How will my pain be managed?
The management of your pain is of great importance to us. We will be assessing your level of pain from the time of admission until you receive our postoperative call at home. We need to inform and prepare you for each step of the process. This education will begin with our first contact. You will be repeatedly asked to rate your pain from a numerical scale called the Visual Analog Pain Scale, or for children, the Faces Pain Scale. Using the results of our communication we will alter the therapy as needed in order to assure your comfort.
The management of your pain will be taken very seriously. We will often use a combination of different modalities to help make you comfortable, choosing from oral medications, intravenous medications, nerve blocks, injection of local anesthetic during the surgery, etc. and prior to the surgery, the management of your pain should be discussed with both your anesthesiologist and surgeon. Please feel free to bring up any concerns or fears you may have. Remember that information on pain management gives you the appropriate expectations and hence a smoother, more comfortable recovery.

**Can I go home by myself after the surgery?**
No, you must have a responsible adult designated to accompany you home after surgery. You will not be permitted to leave without an escort. Please arrange for an escort over the age of 18 in advance. Also you shouldn’t drive until the next day after receiving anesthesia. We would strongly recommend having a ride home and not relying on public transportation.

**Children and Special Needs**

**Are there any specific guidelines for pediatric patients (anyone under age 18)?**
Yes! Please contact your surgeon for NPO status (what they can eat or drink pre-surgery) for your child because they have different guidelines than adults.

When a patient is a child often two parents and/or guardians will accompany him or her to the Center. We will do our best to accommodate everyone, however, one parent and/or guardian will be permitted into the recovery room at a time.

A parent or legal guardian must be present at our facility at all times while the patient is in surgery and recovery, so please plan accordingly. To help ease some of both you and your child’s anxiety, bring a favorite toy, blanket or drinking cup for your child to help them feel more comfortable.

Your child will most likely have an IV in place when they wake up from their procedure, which will be removed after they are awake and taking fluids without nausea.

**May I go into the operating room with my child?**
There will be circumstances where it is appropriate for a parent to come into the operating room. Studies and experience show that this decision needs to be individualized and discussed between you and your anesthesiologist. There are many situations where other choices are better and possibly even safer.