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**ADULT PRE-OPERATIVE INSTRUCTIONS**

Due to circumstances beyond our control, surgery time is determined by the surgery facility the business day before surgery. You will receive a call from the Surgery Center Nurse, so please be sure we have the correct phone number to reach you. If you are having surgery at the Surgery Center of Charleston and you do not receive a call before 4PM the business day before surgery, please call the Surgery Center of Charleston at 576-2600. Please read and follow all instructions below.

Name: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

**WHO SHOULD BRING YOU**

You must have someone to drive you to and from surgery, no taxi or bus alone.  
You must have someone remain at the surgery center while you are in surgery  
ADULTS-Limit the number of family members/friends that accompany you to 1 person  
Children that are not having surgery are not allowed in recovery room due to the sensitive nature and privacy of other patients.  
You must have someone stay with you over night after your surgery. If you do not make arrangements for someone to stay with you the night after surgery, your surgery may be cancelled.

**MEDICATION**

If you smoke, please try to stop smoking 2 weeks before surgery  
Do not take Aspirin, Motrin, ibuprofen product, vitamin E, all herbals (fish oil, St. John's Wort, etc), or other anti-inflammatory medications 10 days prior to surgery.  
If you take blood thinners (Plavix, Coumadin, Etc.), contact your primary care physician to discuss discontinuation of that medicine.  
You may take Tylenol if needed.  
Bring all medication you are currently taking with you in the ORIGINAL bottle-we must be able to identify all medications or a current detailed list including name, strength, dosage information.  
If you have opted to have your prescriptions filled at the Surgery Center, then your prescriptions will be available to you or a member of your family prior to leaving the facility.

**DIET**

The Surgery Center will give you specific diet instructions when they call you preoperatively.  
Up to 6 hours prior to your arrival time you may have water, jello that you can see through, no fruit or cream, apple juice, coffee without cream, tea without cream, sprite/7up/ginger ale  
You may brush your teeth in the morning but do not swallow any water.  
If the patient has anything to eat or drink after the time the Surgery Center instructs you to stop eating/drinking, the surgery will be cancelled.

**HOW TO DRESS**

Do not wear jewelry, contact lenses, cosmetics, eye make up, or lotions, the day of surgery.  
All body piercing jewelry must be removed, this includes earrings.  
Leave all valuables at home.  
Wear comfortable/loose-fitting clothing like pants with elastic waist and shirt/blouse with buttons.  
No jeans, over the head t-shirts, and clothing with zippers.

**WHAT TO EXPECT**

After checking in, you will be brought to a holding room where the nurse will prepare you for the procedure, including placing an IV. Your physician and anesthesiologist will come into the room to answer any final questions and then you will be taken into the operating room. You will be put to sleep (general anesthesia "all the way to sleep") and the procedure will be performed. Once procedure is complete, you will be transferred to the recovery room until you are fully awake, your pain is well controlled and you are ready to go home. The recovery room nurses will review your postoperative instructions and medication with you and whoever is with you to drive you home. It is important to have someone with you for the first 24 hours after surgery because during the recovery period you will be groggy and may not remember the instructions you are told as a normal consequence of the anesthesia. This is when you will need the most help.  
If you develop fever, coughs, or other viral symptoms prior to your surgery, please contact the Surgery Center (843) 576-2600.

\_\_\_\_\_  
Patient/Parent/Legal Guardian Signature

\_\_\_\_\_  
Pre-op phone call number/s

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Alternate Pre-op phone call number/s