

# **Pre-Operative Instructions**

We understand that this is a stressful time and we first of all wanted to thank you for choosing **The Center for Gynecologic Oncology** for your surgical care. We have provided this informative letter to help you navigate your preoperative period by answering many common questions you may have. Please read the following preoperative information and contact us if you have any further questions after reviewing.

Patient Name:		Date of Surgery:		<del></del>	
Surgery L	_ocation:				
<b>□</b> 190 <sup>.</sup> Mira	norial Hospital Miramar 1 SW 172nd Ave. Imar, FL 33029 ) 538-5000	35 Ho	emorial Regional Hospital 501 Johnson St. ollywood, FL 33021 954) 987-2000	$\sqcup$	Memorial Hospital West 702 N. Flamingo Rd Pembroke Pines, FL 33028 (954) 436-5000
L <sub>200</sub> -	netto General Hospital 1 W. 68th St. eah, FL 33016 ) 823-5000	☐ 40 Pl: (9 ☐ 1 N	antation General Hospital 01 NW 42nd Ave. lantation, FL 33317 054) 587-5010  Surgicare of Miramar 4601 SW 29th St.  Airamar, FL 33027		Westside Regional Hospital 8201 W. Broward Blvd. Plantation, FL 33324 (954) 473-6600
		(6	954) 266-3801		
•	• •		rgical coordinators will contact your call our office at: (954) 602-97		ithin the next 48 hours. If
Our surgica	al coordinators will advise you	of one	or more items necessary before	the	surgery:
Me	dical Clearance (copy of medic	al clea	arance orders given to patient)		
Lab	os to be done at the hospital (th	ne hos	spital will contact you a few days p	orior	to surgery)
	os to be done at Quest Diagnos our office)	stics o	r Labcorp. (Make an appointmen	t and	d bring the order provided
regarding y		ion, fo	ative Instruction Packets. These od preparation, billing information portant information.		
If you have	any questions that are not ans	swered	d in the packet or by your coordin	ator	, please call your coordinator:
	erlyn Rodriguez: (954) 602-9	9723 x	x304 <u>surgery@salomtangir.org</u> or	· <u>me</u>	rrodriguez@femwell.com
☐ Yiı	nesa Suarez: (954) 602-9723	x325	surgery1@salomtangir.org or yi	<u>nsua</u>	arez@femwell.com
					 Initials

Fax: 954-602-9724

Phone: 954-602-9723

**Version 7.2021** 

surgery@salomtangir.org surgery1@salomtangir.org



## **Instructions For Surgery**

#### **Scheduled Surgery Time:**

The hospital will contact you with your **scheduled surgery time** and the **scheduled arrival time** in the afternoon prior to the surgery day. Please adhere to your scheduled arrival time to avoid any cancellations. If you do not receive a call from the hospital by the late afternoon the day of surgery, please contact the hospital directly as they are the ONLY ones who can give you a time.

#### **Preoperative Labs and Medical Clearance:**

Please ensure all lab results and medical clearance notes are faxed to the office minimum 1 week
 prior to your scheduled surgery. Fax: (954) 602-9724

#### **Preoperative Bathing Instruction for abdominal surgery:**

The night prior to your surgery, shower and wash the body with **Hibiclens** (can be purchased at your local pharmacy over the counter). Repeat a shower with **Hibiclens** the morning of surgery:

- Soak a washcloth in **Hibiclens** and wash your body from the neck down paying close attention to the abdomen, belly button, and external genitalia
- Do not use **Hibiclens** on the head, face or internal genitalia
- Rinse thoroughly
- Do not shave the abdomen or genitalia prior to surgery as this can increase the risk of infection
- Following the shower, do not use deodorants or powders

#### **Preoperative Eating Instructions:**

- You may eat solid food up until midnight the day before surgery (except in special circumstances. You would be informed ahead of time.)
- To help your recovery you should stay hydrated prior to surgery by drinking the following:
  - o 16 oz of Gatorade (**NOT** BLUE, RED, or PURPLE) the night before surgery
  - Drink a final 16 oz of Gatorade (NOT BLUE, RED, or PURPLE) 3 hours before the scheduled time of your surgery

# <u>Instructions Regarding Medications:</u> (If your medications are not on this list, or you have further questions, please contact your primary care physician for further instructions)

- Herbal supplements or multivitamins
  - Discontinue 7 days prior to surgery
  - Restart as per primary care physician recommendations
- Beta blockers (i.e., propranolol, atenolol, or metoprolol)
  - o continue taking as prescribed including the day of surgery
- Calcium channel blockers (i.e. amlodipine)
  - continue taking as prescribed including the day of surgery

Initials	



- ACE/ARB inhibitor (i.e., lisinopril or losartan)
  - do not take the morning of surgery
  - restart medication the day after surgery
- Diuretic medication (i.e.,hydrochlorothiazide or furosemide)
  - Do not take the morning of surgery
  - Restart medication the day after surgery
- Antiplatelet medication (i.e., Aspirin and clopidogrel/Plavix)
  - Discontinue 7 days prior to surgery
  - Restart medication the day after surgery
- Warfarin
  - Discontinue 7 days prior to surgery
  - Restart the day after surgery
- Anticoagulant medication (i.e.,dabigatran, rivaroxaban, apixaban)
  - Discontinue 3 days prior to surgery
  - Restart medication the day after surgery
- Thyroid medication (i.e.,levothyroxine)
  - Do not take the morning of surgery
  - Restart medication the day after surgery
- Inhaled pulmonary medications (i.e., albuterol, ipratropium)
  - Continue taking as prescribed including the day of surgery
- Oral diabetic medication (i.e., glipizide, metformin)
  - o Do not take the morning of surgery
  - Restart medication the day after surgery
- Statins (i.e.,atorvastatin)
  - Do not take the morning of surgery
  - Restart medication the day after surgery
- Hormone replacement containing estrogen and birth control
  - Discontinue 7 days prior to surgery includes: all *oral contraceptive medication or birth control,* premarin, prempro, estrace, estratest, estrogen, estradiol in oral, or transdermal
     (lotion, or creams) formulations

#### Billing, insurance, copayment, and deductibles:

- All copayments, deductibles, and/or coinsurance related to surgeons fees must be paid prior to surgery at the contracted rate of your insurance company.
- The surgical team consists of other staff and providers i.e., surgical assistant,hospital staff, anesthesiology and pathology. Payment for these services are separate from our office. They will be collected at the hospital and/or you will be billed.
- For any questions involving our primary surgeon fees, you may contact us at (954) 602-9723 or surgery@salomtangir.org

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• For any questions involving hospital fees, or other provider fees, please contact them directly. (Phone numbers are listed in the first page of this packet)

### **FMLA** or Disability Forms

- Please fax or email any FMLA or Disability forms to fax: (954) 602-9724 or email: surgery@salomtangir.org (Merlyn Rodriguez) or surgery1@salomtangir.org (Yinesa Suarez)
- There is a \$25 fee to complete all FMLA or Disability forms
- Please allow 7-10 days for completion of forms

Patient Signature	Date
Witness	 Date