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PRE-OPERATIVE INSTRUCTIONS

You are scheduled for surgery on: _____

- ❖ Prior to surgery the Pre-Op Center @ Glens Falls Hospital will contact you to set up a pre-operative interview. You will need to provide a list of your current medications (including over the counter medications, herbal supplements, vitamins or minerals), past medical / surgical history, and insurance cards.
- ❖ If the patient is a child or minor the parent or legal guardian will need to be present @ the pre-operative interview as well as the day of surgery to sign the consent for anesthesia and the surgical consent.
- ❖ You will need to stop aspirin and aspirin related products (example: Motrin, Aleve, Excedrine, Ecotrin, Naprosyn) 7 to 10 days prior to surgery. If you are unsure if any medication you take contains aspirin or acts as a ' blood thinner ' please ask!
- ❖ If you currently take ' blood thinners ' such as: Coumadin or Plavix notify us immediately. You will receive specific instructions on when to stop these medications. These medications are usually stopped 5 to 7 days prior to surgery, but we need to have this approved by the prescribing physician.
- ❖ If you develop any symptoms of a fever, cold, or sore throat prior to surgery notify us immediately.
- ❖ You will need to make arrangements for a family member or friend to drive you home after surgery. **YOU WILL NOT BE ALLOWED TO DRIVE 24 HOURS AFTER SURGERY** due to anesthesia. This is the hospital's policy. You will not be released unless you have a ride and someone to stay with you for 24 hours after surgery.
- ❖ *Females:* Do to the hospital's pregnancy policy do not have unprotected intercourse 20 days prior to surgery due to the possibility of pregnancy. Your surgery may be cancelled if there is a possibility of pregnancy.

DAY BEFORE SURGERY:

- ❖ Follow the instructions that the hospital gives you.
- ❖ Between 3:00pm and 5:00pm you will need to call Glens Falls Hospital @ 1-800-634-0466 to get your arrival time, Unless instructed otherwise by the hospital.
- ❖ Do not eat a large or spicy meal after 8:00pm the evening before surgery. You may eat a light meal and have NON ALOCOHOLIC beverages until 12 midnight.
- ❖ **AFTER 12 MIDNIGHT, ABSOLUTELY NOTHING TO EAT, OR DRINK. THIS MEANS NO COFFEE, WATER, GUM, OR HARD CANDY. DO NOT CHEW TOBACCO. NOTHING SHOULD PASS YOUR LIPS.**

-OVER-

DAY OF SURGERY:

- ❖ **ABSOLUTELY NOTHING TO EAT, OR DRINK. THIS MEANS NO COFFEE, WATER, GUM, OR HARD CANDY. DO NOT CHEW TOBACCO. NOTHING SHOULD PASS YOUR LIPS.**
- ❖ Shower or bath; you may brush your teeth and gargle. DO NOT SWALLOW ANYTHING!
- ❖ Remove all cosmetics and nail polish.
- ❖ Do not wear jewelry, this includes body piercing.
- ❖ Wear loose, comfortable clothing.
- ❖ Follow any additional instructions that the hospital gives you.

FOLLOW UP:

- ❖ You will have a follow up appointment 10-14 days after surgery. If you do not have a follow up scheduled please call the office.
- ❖ Call the office before or after the surgery with any questions or problems.