



Henry County Health Center
 407 S. White Street
 Mt. Pleasant, IA 52641

SURGERY INSTRUCTIONS

Note: The following instructions are for your safety. Failure to follow these instruction may result in the cancellation or delay of your surgery.

Patient Name: _____ **Surgeon:** _____

Day & Date of Surgery: _____ **Report to Registration Desk at:** _____

Two to three days prior to surgery, please complete any Lab tests, X-rays, EKG's or other tests your surgeon may have ordered.

Please expect a call from one of the Preoperative Nurses 2-3 days prior to surgery. **If you have not received a call from one of the nurses by the day before your surgery**, (or Friday if surgery on Monday) **please call 319-385-6174 and ask to speak with a Preop nurse**. Due to government privacy regulations, we cannot leave a message on an unidentified answering machine. Also, please be advised that the surgery schedule does on occasion change, and your surgery time and time of arrival may be adjusted accordingly.

SURGERY CONSENT: The patient's signature will be required on consent forms in accordance with your type of procedure. Patients under the age of 18 years of age, or mentally incompetent adults must have the consents signed by a parent or legal guardian. **Written proof of Legal Guardianship, or Power of Attorney must be provided.**

DO NOT EAT OR DRINK ANY FOODS OR LIQUIDS (including water) after midnight on the night prior to surgery, unless you are otherwise instructed by your surgeon or the Preop Nurse.

ROUTINE MEDICATIONS should be taken the morning of surgery, swallowing them with only a very small amount of water. **Exceptions:** Do not take diuretics, aspirin or anti-inflammatory medications. If you have a question regarding which medications you should or should not take, please call your doctor or the surgery department.

Diabetic patients should take insulin or oral medications as ordered by the doctor: _____

ATTIRE: Please wear loose, comfortable clothing that is easy to put on. Keep in mind the type of surgery you will be having. Flat shoes are preferred. Please **do not wear cosmetics including eye makeup and finger nail polish**. If you have artificial nails, at least one nail from each hand should be removed. **Glasses and Contact Lenses** will need a safe container for storage. **Valuables and Jewelry** should be left at home. It is preferred that all rings be removed. If you are unable to get them off, they will be covered with tape. Piercings of all types also need to be removed. This is for your safety.

A **responsible family member** or other responsible adult must accompany you to the hospital and drive you home when you are discharged. Under no circumstances will you be allowed to drive yourself following surgery. It is also recommended that you have a responsible adult stay with you for the first 24 hours following surgery, and possibly longer according to your surgeon's instructions.

Length of stay after surgery is difficult to predict. The best estimate will be given to you by your surgeon and by the preop nurse during your preoperative call. Each patient and each surgery is different, please be assured that we will attend to you as long as is necessary to assure your well being.

Please call your surgeon or the hospital (319-385-6174) if you have any questions whatsoever, or if you have not talked with a preop nurse by the day prior to surgery.

