

surgery to schedule one.

4 Fuller Street • Alexandria Bay • New York • 13607 315-482-2511 Phone

315-482-4981 Fax

riverhospital.org

## Pre-Operative Instructions

Dear	, thank you for choosing River Hospital for your	care. In preparation for
your upcoming procedure on	, with	, please
follow these instructions:		
1. Your Pre-Admission	phone interview with a River Hospital nurse is sc	heduled on
	This phone call is necessary to review your heal	th history, current

2. If you develop a cold, fever, stomach ache, diarrhea or other illness prior to your surgery, tell your Doctor as soon as possible. For your safety, your surgery may need to be rescheduled.

medications, and will take approximately a half hour. **Surgery will not be done without this interview.** If you do not have a phone interview scheduled we will call you prior to your

- 3. You must arrange for a responsible adult to accompany you to the River hospital and drive you home. We recommend that an adult remains with you for 24 hours following your procedure. We will not begin your procedure if these arrangements have not been made.
- 4. Wear comfortable clothing and shoes. If you are having eye surgery, please wear a loose neck, or button down shirt.
- 5. **DO NOT** drink alcohol or use tobacco products 24 hours prior to your procedure.
- 6. **DO NOT** eat or drink anything after midnight prior to your surgery; unless otherwise instructed (ie. Colonoscopy prep). This includes chewing gum and hard candy.
- 7. **DO NOT** wear jewelry, including wedding rings, or any body piercings. Please leave your valuables, including cellphone at home.
- 8. **DO NOT** wear make-up, hair products or finger nail polish the day of surgery.
- 9. **DO NOT** wear contact lenses the day or surgery. Please bring your glasses/sunglasses with you.
- 10. Dentures and/or hearing aids may be worn for IV sedation. These items will need to be removed for general anesthesia.
- 11. CONTACT YOUR PRIMARY CARE PROVIDER OR SURGEON FOR INSTRUCTIONS ON IF AND WHEN YOU MAY STOP ANY BLOOD THINNING MEDICATIONS IF YOU TAKE THEM. These include (not limited to): Aspirin, Plavix, Coumadin, Xarelto, Eliquis, Advil, Naproxen, Aleve, Ibuprofen, Meloxicam, Celebrex).
- 12. **DO NOT** take any insulin or diabetic medications on the morning of your procedure.
- 13. Please use any inhaler you are prescribed the morning of your procedure. Please bring these inhalers with you to the hospital.

The ASU receptionist will contact you to notify you of your arrival time, one to two days prior to your procedure date. If you have not been contacted by 3:00pm the day prior to your procedure, please call (315) 482-1250 to obtain your arrival time.

River Hospital is delighted to be your choice for healthcare. We look forward to your visit and plan to make your surgical experience a pleasant one.