

General Pre-Operative (Pre-op) Instructions

Pre-op Testing: You may be asked to get lab work, CT/MRI, x-rays, and/or an audiogram before surgery. Please complete necessary testing within two weeks of the surgery date if possible.

Pre-op Details: The anesthesia department may call to ask medical screening questions several days prior to surgery. They will ask about the patient's medical history.

The surgery scheduling desk will call the day before surgery (usually between 2-4 pm) to let you know when to arrive. The surgery schedule is finalized the day before your surgery and is sorted by patient's age, any special considerations, and sometimes instruments being used in the OR.

Ask Your Doctor Before Taking: Aspirin – or products containing aspirin, NSAIDS (i.e. Ibuprofen, Advil, Motrin, Aleve, Mobic), Plavix, Fish Oil, Omega 3, High-dose Vitamin C or E, Glucosamine, Gingko biloba or other herbal supplements within **2 weeks** before surgery. After surgery, be careful to not take too much Acetaminophen (Tylenol), as many narcotic pain meds contain acetaminophen.

NPO: You/your child may **have no food or fluids after midnight the night before surgery.** This is called “NPO” – which means “nothing per oral” or nothing by mouth. This is to empty the stomach to reduce the risk of vomiting during surgery. For example, you can brush your teeth, but you can't swallow any of the water. **Don't use chewing gum or breath mints or smokeless tobacco on the morning of surgery.** These increase stomach acid. I don't recommend eating a full meal at 11:45 p.m., but you can drink water until midnight. Usually children do fine with the NPO rule. For adults, accustomed to that morning cup of coffee, NPO is often more difficult. **Your surgery WILL be cancelled if the NPO rule is not followed.**

Time Off From School/Work: This varies with the surgery and the patient. Please talk to your physician about this.

Preparing for Recovery: It's important to plan for you/your child's recovery at home. You or your child doesn't need to stay in bed all the time during the entire recovery. You should be active, and at least, walk around the house 3 times a day to get the blood moving in your legs to reduce the risk of blood clots. Your child can get up and move around; just avoid strenuous activity or “rough housing”. Take advantage of this time at home and rest for a change. While you/your child are recovering, try to avoid people who have coughs, colds or sore throats.

Preparing Children for Surgery: You might tell your child that he/she will feel “sick” for a few days but will “get well” soon. Explaining that they will have a sore throat or other pain will help prepare them for their post-op recovery. Tours of the admissions and recovery areas may be available so please ask us about these. Familiarizing your child with the hospital can calm his or her anxieties. Reassure your child that you will be waiting nearby and will be at the bedside soon after he or she wakes up. Remember, children do better with surgery if they are familiar with the idea of surgery and confident you will take good care of them.

You may bring your/your child's favorite electronic device to play with in the preoperative area. The hospital has free Wi-Fi. These distraction devices have been shown to keep kids calm in the minutes leading up to surgery. The device should be in a protective case.

Food and Drink: Stock up on you/your child's favorite drinks and foods. You don't want to have to go to the grocery store when you/your child are recovering. Get flexible straws to make drinking easier.

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Staying hydrated is the most important thing you can do after surgery. Avoid high sugar drinks and caffeine. In general, most patients can resume a normal diet after the first post-op day. Check the surgery specific section for any restrictions/recommendations.

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Post-op Medications: If you would like to pick up post-op medications before surgery, let us know what pharmacy to which you'd like them sent. Otherwise, on the day of the surgery, the post-op prescriptions will be hand written or faxed for you.

All post-op medications, which have been prescribed and picked up before surgery, should be taken with you to the hospital on the day of your surgery or have someone else bring them the day of your hospital discharge (if staying overnight) so the nurses can record which medicines you will be taking.

The Day of Surgery: After you arrive at the hospital/surgery center, you will be checked in, and you will get dressed in a hospital gown in your pre-surgery room. Adults and children over 10 years old will have an IV started. You will meet the anesthesiologist, who will be putting you/your child to sleep, and you will see your surgeon. Younger children have their IVs started after they are asleep in the OR. Unfortunately, parents are not allowed to go back to the operating room. Surgery time varies depending on the procedure. Your surgeon will talk to your loved one immediately after the surgery is complete. If having same-day-surgery, expect to spend around 1.5 to 2 hours recovering before being discharged. Patients staying overnight are sent to the hospital ward after 45-60 minutes in the recovery room. Arrange for a responsible adult to drive you home and stay with you for 24 hours. You cannot drive yourself home or take a taxi or bus. **Your surgery will be cancelled if you don't have a legitimate ride home.**

Surgery Start Time: Adults will be asked to arrive 1 hour before their surgery start time, whereas kids under 9 will be instructed to arrive 30-45 minutes before surgery. Surgery daily "line up" is based on chronological age.

Dress: On the day of surgery, you should wear loose-fitting, comfortable clothes that are easy to remove. Dress your child in his/her "jammies." Kids not completely potty trained at night should have a diaper or pull-up on. Leave valuables and all jewelry at home. Remove/do not wear make-up, fingernail polish, piercings, or hairpins.

Post-op Diet: In the recovery you/your child will be given ice chips or popsicles and sips of water. The recovery nurses will make sure you/your child can tolerate liquids without vomiting before going home. Fluids are important after surgery. At home, you/your child should begin drinking as much as can be tolerated. You can begin an appropriate post-surgical diet as soon as you feel ready; usually within 24 to 36 hours after surgery. Check the surgery-specific section for tips on specific post-op diets.

Immediate Post-op Period (12 to > 24 Hours after Surgery): Surgery puts stress on your body. During the immediate postoperative period you should have someone you trust (friend, spouse, or family) stay with you. Take it easy for one to five days; avoid stress and outings. Plan an enjoyable recovery time for yourself; read a book, rent movies, etc. Relax and take care of yourself and your body will help you heal. Naturally, children are most comfortable with a parent, so parents should plan to take at least two days off work. Sleep disturbance is not uncommon, especially in children.

Returning to Routine Activity: Most patients can return to normal activity during the second to third post-op week, although it is common to still feel run down. Children can return to school or day care, but they should not engage in rough, outdoor play for a few more days. Start with half-days back to work or school.

Post-op or Follow-up Visits: Timing depends on which procedure is done. Please make this appointment on or before surgery is scheduled or call for an appointment after the surgery.