

EDMONDS CENTER FOR OUTPATIENT SURGERY ACKNOWLEDGEMENT

Please review the following instructions to follow before your surgery:

- **DO NOT EAT OR DRINK** anything after midnight the day before your surgery. If you do eat or drink before surgery, your surgery will be postponed or rescheduled.
- **For Diabetics - Oral Meds - Do not take Metformin for 12 hours** depending on time of day normally taken. All other diabetic meds - do not take morning of surgery.
- **For Diabetics - Insulin - For insulin taken with food in a.m. - do not take.** Maintenance morning insulin, take 1/2 of usual dose.
- **Diuretics (Water Pill): Morning of surgery, do not take, includes Furosemide (Lasix), Hydrochlorothiazide (HCTZ), Chlorthalidone, Spironolactone, and Triamterene.**
- **NSAIDS: Do not take ibuprofen, Advil, Aleve, Naproxen or other anti-inflammatories for five days before surgery unless given specific orders otherwise. You may take Tylenol.**
- **Blood Thinners: If you are taking blood thinning medications, including Aspirin on a regular basis, please discuss with your surgeon when and if you should discontinue this medication (i.e. Warfarin, Plavix (clopidogrel), Aspirin, etc.)**
- **Supplements: Do not take vitamins, minerals, or herbs the morning of surgery. Do not take fish oil or garlic tablets for five days before surgery.**
- **Please shower the day of surgery, avoiding lotions, make-up, or hair products. If your surgical procedure is on a limb, please remove finger/toenail polish on the operative side.**
- **Please do not wear contact lenses to the center.**
- **Wear loose, comfortable clothing appropriate for your surgery. If you are having shoulder surgery, a button down shirt will be easiest for you to wear after your procedure.**
- **If you were given any durable medical equipment (primarily walking boots) at the office, please bring these with you.**
- **If you have a pre-collect payment to make for your surgery/procedure, please bring that with you. We do have secure lockers available.**
- **You MUST have someone to drive you home after your surgery/procedure. A responsible caregiver must stay with you through the night after your surgery/procedure.**
- **Please check your answering machine or voicemail for any messages indicating last minute changes in arrival time to the facility.**
- **Please leave all jewelry at home, including piercings and rings.**
- **Bring glasses, dentures, and hearing aids if applicable.**

Patient Signature: _____ Date: _____