

IMPORTANT NOTICE

Our Pre-Surgery process allows you to prepare ahead of time for your hospital stay.

Date of Surgery: _____
Time of Surgery: _____

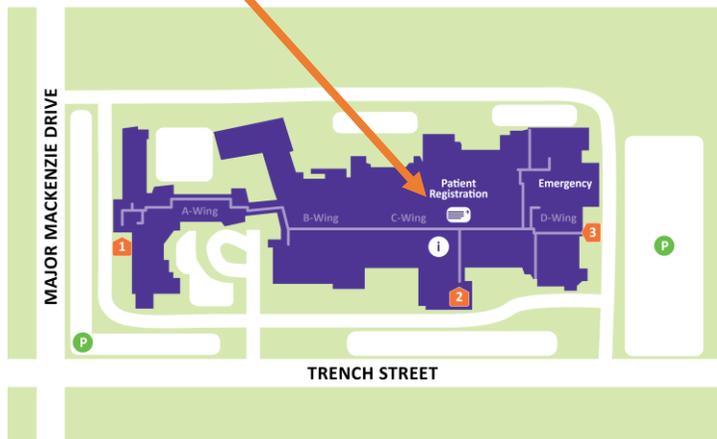
*If you have any questions regarding time of surgery, please call your surgeons office

Time to arrive: 2 hours before your surgery time.

Mackenzie Richmond Hill Hospital (MRHH):

**10 Trench St, Richmond Hill,
ON L4C 4Z3**

Patient Registration, C Wing, Main Floor



Phone Number: 905-883-1212

Cortellucci Vaughan Hospital (CVH):

**3200 Major MacKenzie Dr W, Vaughan,
ON L6A 4Z3**

Patient Registration, Level 1



Phone Number: 905-417-2000

*You may be contacted by the hospital to schedule a **COVID-19 test 48 hours** before your surgery date. If needed, this test will be done at the hospital's COVID-19 assessment centre. If you have any questions regarding COVID-19 testing please contact your surgeon's office.

It is very important that you **follow** the next instructions **very carefully** to avoid having your surgery or procedure cancelled.

Before You Come to Have Your Surgery or Procedure:

- Ask your doctor if you should take your usual **medication(s)** prior to your procedure.
- Do not remove any body hair before your surgery (no waxing, shaving, or clipping)
- Bring 2 packs of your favourite **chewing gum** to the hospital on day of surgery.
- We strongly suggest that you **stop smoking** for 3 weeks before your surgery.
- If staying in hospital after the surgery, pack a small overnight bag and some toiletries.
- If you do not speak or read English; arrange for an interpreter to be with you on the day of your Pre-Admission appointment AND the day of your surgery.
- Please remove any jewelry, including piercings prior to your surgery.
- Please remove any nail polish or acrylic nails prior to your surgery.

Night before Surgery

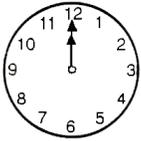
Smoking

- Do NOT smoke anything the night before surgery.

Shower/Bathe

- We encourage you to shower or bathe with soap the night before surgery or morning of your surgery. Do not apply any lotion or cream following your shower/bathe.

Eating and Drinking



- DO NOT eat solid food after MIDNIGHT the night before surgery (this includes NO chewing gum).
- Please **drink** high carbohydrate clear fluids up until 2 hours before your surgery.
- **If you were prescribed a bowel prep, please follow those separate instructions that were given to you.**

High Carbohydrate Clear Fluids

- A clear fluid is any liquid you can see through. Examples of high carbohydrate (high in sugar) clear fluids are Gatorade, apple juice, white cranberry juice, and iced tea.
- We encourage you to consume high carbohydrate drinks before your surgery because it may help you feel stronger after your surgery and recover faster.
 - **Drink 1.5 glasses (400ml) of a clear, high carbohydrate fluid the night before your surgery (even if you have type II diabetes).**

Day of Surgery – You must arrive **2 hours** before surgery.

Transportation

- If you are going home the same day as your surgery, you must have a responsible adult go home with you. You also must have someone stay the night with you.

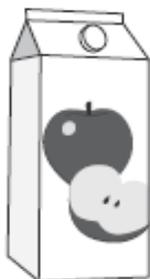
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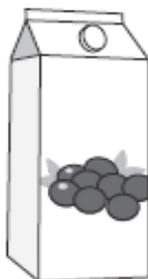
High Carbohydrate Clear Fluids

- **Drink 1.5 glasses (400ml) of a clear, high carbohydrate drink up to 2 hours before your surgery (even if you have type II diabetes) and then stop drinking anything.**
- You may also drink water, coffee/tea without milk or cream, or other clear fluids.

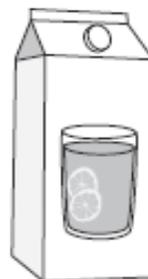
Examples of clear high carbohydrate drinks are:



Apple Juice



White
Cranberry Juice



Iced Tea



Gatorade

Things to bring to the hospital:

- OHIP card, hospital card and insurance information (if you were told to do so)
- All the medications, including vitamins and herbal supplements, you are currently taking.
- 2 packs of chewing gum
- If you are staying in the hospital after your surgery, bring your sleep apnea machine if you use it for sleeping. Label it with your name
- Do not bring any valuables with you to the hospital.
- **Do not wear make-up or nail polish.**
- **Please remove all jewelry**

Your doctor has asked you to take **only** these medications with a sip of water the morning of surgery.

_____	_____
_____	_____
_____	_____
_____	_____

Other Instructions:

Before You Forget

Write down the questions you may have for your doctor or staff.
Bring them with you on the day of your surgery. We will be happy to help you.

Questions:

Post-Operative Appointment:

If you **DO NOT** have a post-operative appointment already scheduled, please CONTACT your surgeons' office **within 2 days** of your return home from the hospital to schedule your appointment. Surgeon: _____ Phone: _____