



PRE-OP INSTRUCTIONS

At least 5-7 days before surgery, **STOP** taking aspirin, ibuprofen (Advil, Motrin), Aleve, or any other blood thinning medications such as coumadin or warfarin. **YOU MAY TAKE TYLENOL.**

_____ **Pre-operative blood work, EKG, chest x-ray needed.**

REPORT TO: Cooley Dickinson Hospital, Main Entrance, Patient Registration (right side). Give them your pre-operative order form.

_____ **No pre-op orders**

Anesthesia consult: _____ None ordered Scheduled for ___/___/___ @ _____ am/pm

REPORT TO: Cooley Dickinson Hospital, Kittredge Building, reception desk (right side).

DAY BEFORE SURGERY _____/_____/_____

- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT. THIS INCLUDES WATER.**
If you take any **morning medication**, you may and should take with **JUST a SIP** of water.
- Shower with an antibacterial soap the night before **and** the morning of your surgery.

Surgery is scheduled for _____/_____/_____ @ _____ am/pm

***Arrival time:** _____ am/pm

Please be aware that your surgical time can change. Cooley Dickinson Hospital pre-assessment dept. will call you between 2pm and 5pm the day before surgery to confirm your arrival time at the hospital. **If you have not been contacted by the hospital by 5:30pm, please call 413-582-2201 for your assigned arrival time.**

Wire placement in radiology is scheduled for _____ am/pm

***Arrival time:** _____ am/pm

Sentinel Node Biopsy is scheduled for _____ am/pm

***Arrival time:** _____ am/pm

REPORT TO: Cooley Dickinson Hospital, Kittredge Building, reception desk (right side).

PLEASE NOTE: If you have questions about your insurance coverage, deductible or copay please call the member service phone line on the back of your insurance card.

IMPORTANT: You will need someone to drive you home. The hospital will not allow you to take any public transportation such as the bus or a taxi. You will not be discharged from Surgical Day Care until you are accompanied by a responsible adult to drive you.