

Pre-Operative Surgery Instructions

Once you have completed all the necessary pre-operative evaluations/testing as requested by your surgeon and the results have been received and reviewed, you may now begin discussing scheduling a surgery date.

Please call to speak with Karla - Medical Secretary to schedule your surgery

My Surgery Date: _____

Liquid diet Starts on: _____

Attend General Support Group on _____

Once we have received approval for your surgery from your insurance company you should make sure you are given dates for your Pre Op appointments with the surgeon and Pre Admissions Testing

Pre - Operative Class:

My Pre-Operative Class Date: _____

You must attend the pre operative within 2 weeks of your surgery. During this time pre op instructions will be given, post op diet and what to expect at the hospital will be reviewed. This class is held twice monthly on a Thursday. **ATTENDANCE IS MANDATORY**

Medical Clearance:

Prior to your surgery you will need clearance from your Primary Care Physician. You should arrange to see your Primary Care Physician to complete and fax back a History and Physical with clearance to our office. **It is important that this appointment is signed and dated within 30 days of your surgery.**

Pre-Admission Testing:

My Pre-Admission Testing Date: _____

You appointment date and time will be scheduled by the hospital within 14 days prior to surgery

A Physical, Blood tests, Urinalysis, EKG and possible chest x-ray will be done

** Take your Primary doctor's information so that results can be sent to their office

Final Appointment with your Surgeon:

At this appointment all last minute questions and concerns are addressed. Post operative prescriptions are given.

******Cardiology and Pulmonary Clearance letters must be within 60 days of surgery and received no later than 1 week before your surgery**

Medications:

Be sure to inform your Primary, Endocrine or Gynecologist Doctors that you were instructed to stop the following medications.

- **No smoking** including marijuana or tobacco/ cigarettes a minimum of 8 weeks prior to surgery
- **STOP** All Herbal Supplements (Ginko, St John's Wort etc, Herbal weight loss supplements/ pills) **1 month** prior to surgery
- **STOP** All hormone replacements (Birth control pills including Nuva Ring and Hormone Replacements) **1 month** prior to surgery.
- **STOP** Aspirin, Ibuprofen (Motrin, Advil), NSAIDS (Aleve, Relafen) and gout medications (indomethacin, colchicines) **7-10 days** prior to surgery.
- **STOP** Glucosamine +/- Chondroitin **7 days** prior to surgery.
- **STOP** Vitamin E and Fish Oil and Omega 3 supplements - **7 days** prior to surgery.
- **STOP** Coumadin **5 days** prior to surgery. – Please inform your primary doctor
- **STOP** Glucophage/metformin **1 day** prior to surgery.
- **Water pills/diuretics (Lasix/furosemide, Hydrochlorothiazide, Aldactone/spironolactone, Diovan HCT) should NOT be taken on the day of surgery.**
- Blood pressure medications (antihypertensives), heart medication and thyroid medications should be taken first thing the morning of surgery with a small sip of water
- Insulin doses should be adjusted prior to surgery while on clear liquids and the morning of surgery. Please consult your endocrinologist or Primary Care Physician for appropriate dosing instructions.

If you have taken any of these or if you have any other concerns, contact our office.

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Prior to Surgery:

2 WEEKS BEFORE SURGERY

Start Liquids only diet – see instructions attached

2 DAYS BEFORE SURGERY

Take **one dose** of a mild laxative – Dulcolax or Senokot

THE DAY BEFORE SURGERY

CLEAR LIQUIDS ONLY

Drink as much liquid as you can throughout the day to prevent dehydration

NO PROTEIN SHAKES

(IF YOU CAN'T SEE THROUGH IT – YOU CAN'T DRINK IT)

You should NOT consume any dairy products or red or grape Jell-O. Please refer to the Clear Liquid Diet sheet attached.

Do not have anything to eat or drink or chew gum after midnight the night prior to your surgery **EXCEPT** your usual morning dose of heart, blood pressure, thyroid medications with a small sip of water.

2 Week - Liquid Diet Before Surgery



For two weeks prior to surgery, you will follow a low calorie, high protein, liquid diet. Very simply, you will have a protein shake 3 to 4 times a day instead of your usual meals and snacks and drink only low calorie beverages. It is very important to follow these simple instructions.

- Replace breakfast, lunch and dinner with a protein shake.
- Do not let more than 4-5 hours pass without having a shake.
- Suggested shake times: 9am, 1pm, 6pm
- Keep well hydrated with low calorie beverages between shakes.
- If you are hungry between shakes, have a fourth shake made with water or one of the low calorie items listed below.

Shake Directions:

- Mix 1 scoop Isopure Zero Carb Protein Powder with 1 cup of the following: Skim milk, Unsweetened Almond Breeze (any flavor), water, or light soy milk
- Mix in a shaker cup, portable blender or add ice and combine in blender until smooth
- If you will be on the go, try Premier Protein Shake or Worldwide Pure Protein Shake.

To add variety without extra calories, try adding these to shakes:

- 1 tsp sugar free orange drink powder (i.e.: crystal light) to a vanilla shake
- 1 tbsp any flavor sugar free instant pudding mix to a vanilla or chocolate shake
- 1 tbsp diet (25 calorie) hot cocoa mix to a chocolate or vanilla shake
- 1 tbsp instant coffee to a chocolate or vanilla shake
- 1 tsp vanilla/almond/hazelnut extract to a vanilla or chocolate shake
- 2 tsp sugar free flavored syrup to a vanilla or chocolate shake

If you are hungry, you may also have these low calorie, low carbohydrate items:

Sugar free gelatin, sugar free ice pops, low sodium broth, 2 cups non starchy vegetables with vinegar (lettuce, mushrooms, celery, broccoli, cauliflower, peppers, baby carrots, radish)

Drink at least 64 ounces (8 cups) of these low calorie beverages per day

Water, seltzer, zero calorie flavored waters and seltzers, crystal light, herbal teas
You may also have 1-2 cups tea or coffee with artificial sweetener and skim milk

Add a fiber supplement such as Citrucel with smartfiber®, Metamucil Sugar Free® or Benefiber to shakes daily. Follow dosing directions on product label – the shakes alone provide little dietary fiber.

If you have diabetes: Low blood sugar can occur if you significantly reduce calories and carbohydrates but not your medications. Before you start the diet, your doctor must provide you with instructions to follow for monitoring your blood sugar and any needed medication adjustments.

How to buy:

Isopure Zero or Low Carb Protein Powder and Worldwide Pure Whey ready to go Protein Shake

Local Stores and Online: GNC, Vitamin Shoppe, Vitamin World and Trader Joes

Premier Protein Shake – Costco or Sams Club or online at www.PremierNutrition.com

Preoperative Clear Liquid Diet – 1 day before surgery

Food Groups	Foods Allowed	Foods Not Allowed
Beverages	Water, tea, juices, clear sodas, Gatorade [®] Crystal Lite, Decaf. Coffee – no milk, Apple Juice, White Grape Juice, Isopure Zero Carb Protein Drink	All others including nectars, milk, cream, cocoa, prune juice, tomato and vegetable juices, colas, coffee, alcoholic drinks
Soups	Bouillon, consommé, broth	All others
Desserts	Jello, ices, ice pops (avoid red and grape - colored Jello and ices)	All others

Sample Menu

Breakfast

8 oz Tea

½ C Artificially Sweetened

6 oz. Vegetable Broth

4 oz Water

Lunch

12 oz. Gatorade[®]

4 oz Water

6 oz. Beef Broth

8 oz. Decaffeinated Tea
with lemon and Equal[®]

Dinner

6 oz apple juice

1 Sugar free ice pop, Jello

6 oz. Chicken Broth

8 oz. Decaffeinated
Tea with Splenda[®]

Day of Surgery:

Usually you should be at the hospital at least 2 hours prior to your surgery time.

For your safety and comfort, you must follow these **Pre-surgery instructions:**

- Do not eat or drink anything or chew gum after midnight the night prior.
- Do not drink any alcoholic beverages during the 24 hours before your surgery or pre surgical blood work.
- Brush your teeth without swallowing.
- Do not wear contact lenses
- Do not wear Tampons
- Do not bring valuables or wear jewelry. All jewelry must be removed before going to the operating room. Bring the case in which you place your eyeglasses or contact lenses; using the case will help prevent loss.
- Wear little or no makeup and remove all colored nail polish and cut nails to a normal to medium length.
- Wear casual, comfortable, loose-fitting clothing.
- You will be asked to remove your dentures before surgery. They will be placed in denture cup and returned to you after surgery. Please leave partial-plate dentures at home.
- Bring to the hospital a list and the doses of all current medications.
- Bring your portable CPAP or BiPAP machine to the hospital
- Arrange for a responsible adult to drive you to and from the hospital. You will not be permitted to drive after your surgery.

POST OP INSTRUCTIONS

1. NO driving for 1 week after surgery or if you are taking pain meds
2. NO lifting more than 15 – 20lbs for 4 weeks post op
3. NO treadmills for the first 2 weeks post op. Walking is OK and highly encouraged
4. NO swimming, baths, pools or hot tubs until approved by your practitioner
 - a. Showers are OK
5. Incisions can be washed with plain soap and water and pat dry with a clean cloth starting 2 days after surgery– NO OINTMENTS, OR CREAMS
 - a. Call us immediately if you suspect an infection – incisions are red, hot, foul smelling, draining green discharge or unusual swelling
6. Make your follow up appointment with the office as soon as you get home. You should be seen in our office within 10-14 days post surgery and with your Primary Doctor in 1 month if you take blood pressure or diabetic medications

7. **Start protein shakes the day after you get home as instructed.**

DO NOT SKIP MEALS

Recommended Protein Shake – ISOPURE ZERO or LOW CARB

- Preparation Instructions – 2 Scoops of Isopure Zero Carb Protein Powder to 9-11 ounces (water, soy, skim or low fat milk).
- **For the first 2 weeks after surgery you should drink**
 - **3-4 ounces of protein shake for Breakfast**
 - **3-4 ounces of protein shake for Lunch**
 - **3-4 ounces protein shake for Dinner.**

Total of 9-12 ounces of Isopure protein shake daily or 60 grams of protein minimum per day

If you use another brand of Protein shake – please ensure you intake of protein is a **minimum of 60 grams of Protein daily**

9. LIQUIDS

- **Minimum of 64 ounces or 2 liters daily** (protein shakes not included).
- Liquids must be: Sugar free, non carbonated and decaffeinated

CALL THE OFFICE IMMEDIATELY IF:

- **You have a fever over 101 degrees**
- **You are vomiting more than twice per day or with meals**
- **If you are in more pain than you had in the hospital**

If you have any questions or concerns please do not hesitate to call us at the office

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