

## Pre Operative Instructions

A reservation has been made for outpatient surgery with Dr. Frank Vicari for

Patient Name: \_\_\_\_\_ Procedure: \_\_\_\_\_  
Date: \_\_\_\_\_ At one of the following locations:

Children's Memorial Hospital      Westchester Hospital      Lutheran General Hospital      Highland Park Hospital

One week prior to surgery date, your child should have the following laboratory tests/clearances completed:

- History & Physical      ( ) CBC      ( ) PT/PTT      ( ) Urinalysis      ( ) Urine HCG  
( ) Cardiology Clearance      ( ) Allergy/Pulmonary Clearance      ( ) Sickle Cell Screen      ( ) Bleeding Time  
( ) Neurology Clearance      ( ) Asthma Clearance      ( ) Pregnancy Clearance      [\* Insurance Authorization]

These laboratory tests may be done at CMH or a hospital or laboratory closer to your home. Existing blood tests and clearances completed within 30 days before the day of surgery may be used. The history & physical must be completed within 7 days prior to surgery date. Please have the results faxed no later than 2 days prior to surgery.

[\* If your insurance carrier requires pre-authorization for this procedure, the parent or Primary Care Physician must make the initial call to the insurance company. If pre-authorization is not received, payment for this procedure MAY NOT BE COVERED under your carrier's guidelines.]

**If your child shows symptoms of an upper respiratory infection (productive cough, chest congestion, fever, runny nose, etc.) 48 hours prior to the date of surgery, please call our office so the operating physician can be informed. The surgery may need to be rescheduled. Please note that no immunizations should be administered 2 weeks prior to surgery.**

**If your child needs any pain or fever medication for 2 weeks prior and 1 month after the surgery, please do not use Ibuprofen ( Advil, Motrin) or aspirin. These can cause increased bleeding. Tylenol is acceptable. If your child takes aspirin for another medical condition, talk to your doctor about whether your child should stop taking it.**

### PRE-OPERATIVE INSTRUCTIONS:

- No food or milk after midnight the night before surgery.
- Clear liquids may be given up to 2 hours prior to the scheduled time of arrival at the hospital on the day of surgery.
- Breast milk only may be given until 4 hours prior to the scheduled time of arrival at the hospital on the day of surgery.  
(No whole, low fat, skim milk or formula)

### Clear liquids include:

Water  
Pulp free apple juice  
Pulp free grape juice  
Gatorade  
Hawaiian Punch  
Pedialyte  
Clear sodas only  
Popsicles without fruit or cream  
Jello-O without fruit

### Clear liquids DO NOT include:

Orange juice (even pulp free)  
Broth (even chicken soup)  
Non-human milk (as above)

PLEASE CONTACT THE OUTPATIENT SURGERY DEPARTMENT FOR TIME OF SURGERY AND COMPLETE PREOPERATIVE INSTRUCTIONS THE DAY BEFORE SURGERY **AFTER** 11:30 A.M.

Children's Memorial Hospital      Westchester      Lutheran General      Highland Park Hospital  
(773) 880-4392      (708) 836-4853      (847) 723-7004      (847) 480-3729