

Pre-Anesthesia Instructions



Avanti Anesthesia, PA

Please wear comfortable, loose-fitting clothing and leave all valuables at home. Do not wear any jewelry, makeup, false eyelashes, hairspray, barrettes, or hairpins. Body piercings, even at distances from the planned site of surgery, can produce problems and should be removed and left at home. If you wear contact lenses, please leave them at home and wear glasses the day of surgery.

MORNING SURGERY: Do not eat any food, candy, lozenges, mints, or gum or drink any liquids after midnight. Daily medications should be taken with a sip of water. The **ONLY** medications **NOT** to take are diabetes medications or other medications as directed by your surgeon. You are allowed to brush your teeth. Avoid the use of alcohol, tobacco, and recreational drugs for 24 hours before surgery.

AFTERNOON SURGERY: Do not eat any food after midnight. You may have **BLACK** coffee, plain tea, water, sprite/7up, cranberry juice, or apple juice up until 2 hours before your scheduled arrival time at the office. Daily medications should be taken. The **ONLY** medications **NOT** to take are diabetes medications or other medications as directed by your surgeon. You are allowed to brush your teeth. Avoid the use of alcohol, tobacco, and recreational drugs for 24 hours before surgery

A responsible adult **MUST** accompany you to surgery and be able to drive you home and stay for the remainder of the day. For your safety, it is recommended they stay with you for 24 hours after surgery. An uber, taxi, bus or paratransit driver cannot be considered a responsible escort.

Please notify someone at your surgeon's office if you noticed any change in your physical condition such as a cold, fever, rash, nausea, vomiting, diarrhea, or other illness.

If you have questions about your anesthesia prior to your surgery, please notify your surgeon's office and an anesthesiologist will contact you.

Patient specific instructions: _____

I confirm that these instructions were explained to me prior to the day of surgery.

X _____ Date/Time _____