| Name: |  |  |
|-------|--|--|
|       |  |  |

### Pre-op instructions before your outpatient surgery

# Preparation for surgery is very important to help with a successful outcome.

#### Two weeks before:

- -Stop taking any aspirin products.
- -You should have already had a preop consent visit with your podiatrist and preop clearance from your primary care provider if requested.
- -You should have plans figured out at work for time off and for transportation. You should be planning meals, bathroom access, videos to watch, and books to read.
- -All anti-inflammatories (Advil, ibuprofen, Aleve...) should be stopped 4 days before your surgery.
- Your caretaker-to-be should be in a conditioning program in preparation for help with: back and leg massages, medication help, ambulation guidance to the bathroom, dishes, laundry, grocery shopping, vacuuming, window washing, transportation help, cooking, car maintenance, and entertaining you!

#### The night before:

## Nothing to eat or drink after midnight. Not even a cup of coffee in the morning! Surgeries have been cancelled due to this!

You should re-read your postop instructions.

The hospital should have called to check in with you.

You should remove all nail polish.

#### The morning of:

You may take your regular medications with a sip of water.

Wash your feet thoroughly with soap and water.

Wear loose fitting clothing that can slip over a bulk dressing or cast.

Arrive at the surgery center or hospital 2 hours before your surgery time or when the hospital tells you to.

Please bring your insurance card, photo ID and whatever else the hospital asks you to bring.

#### After the surgery:

You will be ready for pickup 1-2 hours after your surgery ends. You must be escorted home and you may not take a taxi home unless accompanied by a friend.

Please call us if you have any questions about these instructions! We want to make sure your surgery and recovery goes well. 425 283 5093

| Surgery Location:  | Overlake Hospital | Overlake Surgery Center |
|--------------------|-------------------|-------------------------|
| Date of Surgery: _ | Time of           | Surgery:                |