

PRE-OPERATIVE INSTRUCTIONS
PAIN MANAGEMENT
IPM&R Ambulatory Surgery Center – **SOUTH ENTRANCE**
3551 E. Overland RD., Meridian, Idaho 83642

Patient name: _____
Physician performing procedure: _____
Appointment date: _____ **Check-in time:** _____
Procedure time: _____

Before Your Procedure:

Medications *Please bring with you: a list of your current medications, dosages and how often you take them.*

- **5 days prior to procedure:** Stop anti-inflammatory/platelet interfering medication such as Plavix, ibuprofen, Aleve, Advil, meloxicam, aspirin or aspirin related medications including baby aspirin, etc.
**It is OK to take prescribed Vicodin, Norco (hydrocodone products), Tylenol, and Ultram (tramadol). Remember that some herbal products have blood thinning effects: (garlic, Ginkgo, St. John's Wort, etc.)
- **3 days prior to procedure:** Stop Coumadin (warfarin) unless instructed otherwise by your physician.
- **1 day prior to procedure:** Stop Heparin or Lovenox.
- **Day of Procedure:** take routine medications and regular pain medications (except blood thinning medication) as scheduled, with only sips of water.
- **Day of Procedure:** diabetes medication and insulin should be taken as directed by your primary physician.

Diet and Fluids

- **6 hours prior to procedure:** You may eat a light meal, and then **STOP** solid food.
(If you have an early morning procedure, eat and hydrate well the night before).
- **2- 4 hours before procedure:** Drink at least 12 ozs. of clear liquid. (see list below)
- **2 hours before procedure:** **STOP** drinking fluids. Nothing by mouth within 2 hours of procedure.

NO DRIVING: Bring **one** responsible adult to accompany you to your appointment and home, even if you take a taxi. You may experience numbness for awhile in one or more extremities or may be given medication that helps you relax. Even though you may not feel tired, your judgment and reflexes may not be normal.

Follow-up appointment: (usually 14 days after procedure) DATE: _____ TIME: _____
Your follow-up appointment will be in the **doctor's office**. If your appointment is scheduled at IPM&R, it will be at the Boise or Meridian Clinic, not in the IPM&R Ambulatory Surgery Center.

Call the Ambulatory Surgery Center at **(208) 287-6565** if you have questions about the pre or post-op instructions.

Please visit our website at: www.idahopmr.com

Clear Liquid Diet

Water
Chicken, beef or vegetable broth
Juices (orange and lemonade without pulp)
Sodas – diet and regular
Gatorade or other sports drinks
Tea – Coffee (black)
Gelatin - Popsicles - Italian Ices
(Stop drinking 2 hours prior to procedure)

Light Diet Guideline

Foods include:
All liquids (except alcohol)
Fresh fruits
Breads, broths and milk products (cheese)
Tender beef, lamb, veal or chops, bacon, chicken
Eggs, tomato and lettuce
Canned fruit and salads
Vegetables