PERITO UROLOGY

Paul E. Perito, M.D., P.A.

135 San Lorenzo Ave. Suite 540 Coral Gables, Florida 33146 Tel: (305) 444-2920 Fax: (305) 446-9377 www.peritourology.com

PRE-OPERATIVE INSTURCTIONS

CHANGE IN HEALTH STATUS

Notify your surgeon if you experience any significant change in your health status, develop a cold, influenza, a bladder infection, diarrhea, or other infection, before your surgery.

PRE OPERATIVE INSTRUCTIONS

DO NOT SHAVE

Unless specifically instructed otherwise by your surgeon or anesthesiologist, please observe the following guidelines for taking your medicines before surgery:

One Week Prior to Surgery:

(With the approval of your primary care physician / cardiologist)

STOP ALL ASPIRIN-CONTAINING MEDICATIONS (e.g., Anacin, Excedrin, PeptoBismol). Check any cold or pain medication bottles to make certain they do not contain aspirin.

STOP ANY BLOOD THINNING MEDICATIONS SUCH AS WARFARIN / COUMADIN, PLAVIX (Some patients will remain on blood thinners if mandated and this should be discussed with Perito Urology)

Two Days Prior to Surgery:

STOP all non-steroidal anti-inflammatory medications (e.g., etodolac [Lodine], fetoprotein [Nalfon], ibuprofen [Advil, Motrin, Nuprin], katabolic [Toradol], naproxen [Aleve], meclofenamate [Meclomen], mefenamic acid [Ponstel], naproxen [Anaprox, NaPROSYN].

START antibiotic given by Perito Urology (1-2 days prior) and initiate antibacterial scrubs with Hibiclens. Ignore warnings on package instructions regarding genitalia.

The Morning of Surgery:

CONTINUE TAKING:

- One-half of your usual morning INSULIN dose. (DO NOT TAKE your morning INSULIN dose if you are driving a great distance the morning of surgery or if your surgery is scheduled for the afternoon)
- ALL of your other usual morning doses of regularly prescribed medicines (with a small sip of water).
- Use your asthma inhalers and bring them with you to the hospital.

DO NOT TAKE:

- Digitalis medicines (e.g., Crystodigin, Digoxin, Lanoxin).
- Oral ant diabetes medicines (e.g., chlorpromazine [Diabinese], glyburide [Diabeta, Glynase, Micronase], glypizide [Glucotrol], Tolazaamide [Tolinase], tolbutamide [Orinase].

PRE OPERATIVE PREPARATIONS FOR PENILE IMPLANT or SPHINCTER or SLING

<u>You will be given a prescription for antibiotics and for pain medication. Be sure to take antibiotic the night before</u> <u>surgery.</u> For 2 days prior to surgery wash the genital area with Hibiclens (over-the-counter). All these precautions are <u>designed to decrease your risk of infection.</u>

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PRE-OPERATIVE INSTURCTIONS

PRE OPERATIVE DIET INSTRUCTIONS

Unless specifically instructed otherwise by your surgeon or anesthesiologist patients of all ages must observe the following diet restrictions before surgery:

Eight hours before the Scheduled Start of your Surgery:

DO NOT EAT any solid foods, including juices with pulp (e.g., orange juice, nectars), Lozenges, candy, chewing guy, and mints. DO NOT DRINK full liquid, such as milk, cream, and jello. You may continue to drink up to eight ounces of clear liquids until SIX hours before the scheduled start of your surgery. Clear liquids include water, clear juices (e.g., apple, grape), black tea and black coffee.

Six hours before the Scheduled Start of your Surgery:

DO NOT TAKE **anything** by mouth except for your usual medicines; follow the Preoperative medication instruction above. **Exceptions:** DO NOT TAKE anything by mouth for eight hours, except for your usual Medicines, if you are <u>pregnant</u>, morbidly obese or are diagnosed with diabetes, renal failure, or stomach acid reflux with heartburn.

The Morning of Surgery:

Take your medicines as instructed above. You may brush your teeth; rinse your mouth, but do not Swallow the water. Leave all jewelry (including wedding and all other rings) and valuables (including money and credit cards) at home. If you wear contact lenses, glasses or hearing aids, please bring in case or container, and solution for contacts, to protect them while you are in surgery. Wear a minimum amount of makeup and no mascara. Please remove nail polish from both index fingers. Please bring a copy of your current medical problem list from you primary care physician (family medicine/internist). Minors 9anyone less than 18 years old) must be accompanied by a parent or legal guardian to sign the operative consent form.

The anesthesiologist will discuss with you the anesthetic most appropriate for your medical condition and procedure prior to surgery.

After your surgery, you must be escorted/driven home by a responsible adult. You may use a taxi or shuttle if accompanied by a responsible adult who can stay with you after the driver departs.

TIME TO ARRIVE FOR YOUR SURGERY

During your Pre-Admission Interview, a Registered Nurse will provide you with the correct time to arrive for check-in prior to your surgery.

ARIVAL TIME ______ A.M. / P.M.

WHERE TO ARRIVE _____

YOU MUST CALL HOSPITAL PREOPERATIVE ASSESSMENT AT (305) 441-6881, 3-5 DAYS PRIOR TO YOUR PROCEDURE FOR PREOPERATIVE ASSESSMENT AT THE HOSPITAL. IF THIS IS NOT DONE PRIOR TO YOUR PROCEDURE, YOUR PROCEDURE WILL BE CANCELLED.