

This guide contains general instructions for surgery performed by Dr. Pasha. By reviewing this guide with your partner or caregiver, you can make your procedure go more smoothly, improve your recovery, and reduce unnecessary anxiety. Please feel free to call or note any questions for your next visit with Dr. Pasha regarding any information on this packet.

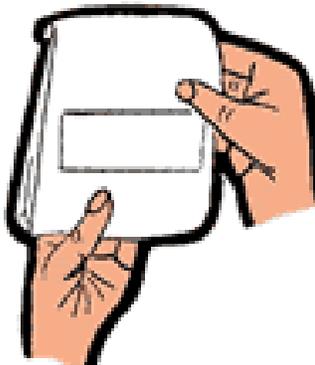
What tests and other preparations are required before my surgery?

Dr. Pasha will begin by taking a careful history and physical exam in his office. Laboratory and X-rays may be ordered depending on the complexity of the procedure.

Common tests include:

- Blood tests to check for bleeding disorders and body chemistries
- EKG to check the status of your heart
- Urine analysis to check for pregnancy or kidney dysfunction
- Chest X-ray to see if your lungs are safe for surgery

If you have multiple medical problems, you may be required to have **surgical clearance** by your primary care doctor or cardiologist. If this is requested, you should make sure that proper documentation has been obtained otherwise your surgery will be cancelled.



What is a consent form?

Surgery will not be performed until you are completely aware of what your procedure entails, alternative options for treatment, and the risks and hazards of the procedure. You will be explained at length all of these facts prior to your surgery. Once you have been given instructions concerning your surgery and all

your questions have been answered, you will be asked to sign a permit giving your permission to perform the surgery.

What does NPO after midnight mean?

NPO (**N**othing **P**er **O**ral) after midnight means you cannot eat or drink anything (including water and chewing gum) after midnight prior to your surgery date. An empty stomach reduces the risk of getting pneumonia from stomach contents spilling into the lungs (**aspiration**). The only exception is sips of water for your medications (see below).

If you do eat or drink after midnight, your surgery will be cancelled.



What medications can I take the morning of my surgery?

For the most part you may take your normal medications in the morning except those that “thin” your blood. However, it is best to review your medication with your surgeon or nurse a few days prior to your surgery. Diabetics will also need to adjust their insulin or oral medication in the morning of the surgery (see below).

I am on a blood thinner, what do I do?

If you are on a blood thinner such as coumadin (Warfarin) or Plavix you must discuss with your primary care doctor or cardiologist the possibility of stopping your medication for at least one week prior to your surgery.

I am a diet pill, do I need to stop taking it before my operation?

Diet pills such as those that contain Phenteramine increase the risk of heart problems during surgery. If you are taking a diet pill, please inform Dr. Pasha as you may be required to be off the diet medication for up to two weeks.

I am diabetic, how should I prepare for my surgery?

If you take oral medications (e.g., glucophage), you should **not** take your oral medication as you are normally scheduled the morning of surgery. If you take insulin, you should check with your medical

physician regarding your morning dose. Typically, you may either need to skip your morning dose or take half of the usual morning dose.



I smoke, what can I do to reduce the risks caused by smoking?

Quitting or even reducing smoking two weeks prior to your surgery will lessen the risk of lung complications. Smoking also delays healing and increases the risk of infections. Many people use surgery as opportunity to stop smoking!!

What about Aspirin, Ibuprofen, or Non-Steroidal Anti-inflammatory (NSAIDs) medications?

You cannot have aspirin, ibuprofen, or NSAIDs **one week** prior to surgery. Taking aspirin (even baby aspirin) or ibuprofen products thins your blood, making it difficult to control bleeding. **Your surgery may be cancelled if you take aspirin up to one week prior to surgery.** If your doctor prescribed you these medications for medical reasons (e.g., heart disease, stroke, vascular disease), **check with him or her** prior to stopping your medication. If needed you may use acetaminophen substitutes (e.g., Tylenol™).

Please refer to the list below for common medications that contain aspirin, ibuprofen, or NSAIDs.

Advil	Dristan	Percodan
Alka-Seltzer	Ecotrin	Phensol
Alleve	Equagesic	Relafen
Anacin	Excedrin	Robaxisal
Ascriptin	Femcaps	Stanback
Aspergum	Fiorinal	Synalogs
Bufferin	Liquiprin	Trigesic
Contact	Midol	Triphen
Coricidin	Motrin	Trilisate
Counterpain	Norgesic	Triaminic
Daprisal	Novahistine with APC	Vanquish
	Nuprin	Zactirin

This list does not include every medication that contains aspirin or ibuprofen. Before taking any medication prior to or after surgery,

please read the label carefully for the active ingredients **aspirin**, **salicylates**, and/or **ibuprofen**.

Should my family or close friends come to my surgery?

Certainly! Dr. Pasha encourages friends and family to accompany you to the hospital or surgical center. In the surgery preparation area your family or friends may stay with you, however, there may be a limitation. Please check with your hospital for the rules regarding this issue. Your family and friends may always stay in the waiting room. A family member or friend will also be required to arrange for your transportation home (you will not be able to drive 24 hours after anesthesia). Dr. Pasha will discuss with you and your family any last minute questions or concerns you may have prior to your surgery and after the surgery is completed.

What about blood products?

Part of your consent that you sign permits the use of blood products to be administered if deemed necessary by Dr. Pasha. For the most part, blood transfusions are used for rare instances of severe blood loss. For longer cases or cases in which blood loss is expected, you may be **typed and cross matched** which means that blood products will be made available that have been matched to your blood type.

If you are opposed to receiving any blood products in an emergency situation you must inform Dr. Pasha as well as the anesthesiologist in order to make proper arrangements before the date of your surgery.

How else should I prepare for surgery?



Be on time. Make sure you know the time of surgery and the location. Typically you will be asked to arrive a few hours before your operating time for paperwork, pre-operative testing, and preparation. Operating rooms run on tight schedules and your case may be cancelled if you arrive late. Please also be prepared that your case may start **early or be delayed**. Your schedule time is only an **estimated time** and may be changed depending on the circumstances of the case before you.

Do not drive to your surgery. You may not drive for 24 hours after receiving any anesthesia. Have a relative or friend accompany you and arrange for transportation.

How do I prepare my child for surgery?

Honesty is usually the best policy. Allow them to ask you questions and if old enough, they may ask the doctor or nurse themselves. Emphasize that he or she will be asleep and will not feel any pain during the operation. Also prepare your child for recovery by telling them in advance that some medicine will make them feel better.

What kind of anesthesia will I have?

The type of anesthesia you have depends on the complexity of your surgery. Dr. Pasha along with your Anesthesiologists (who specializes in administering anesthesia) will determine the type of anesthesia that will make you most comfortable. The most common type of anesthesia (**general anesthesia**) allows you to be asleep during your procedure. A tube may be placed through your mouth (or nose) to allow the connection of a breathing machine. Occasionally, the tube may cause a **temporary sore throat**. Short cases such as ear

(myringotomy) tubes may only require a facemask without the need of a breathing tube. Another type of anesthesia (**sedation**) allows you to be relaxed during the case without completely falling asleep. Some simple cases may only require “numbing” or “freezing” injection (**local anesthesia**) without the need of general or sedative anesthesia. This type anesthesia has the fastest recovery time.

If you have more questions about anesthesia, please discuss this with your Anesthesiologist on the day of your surgery.

What is in the operating room?



When you are brought to the operating room (OR), there will be a team of trained professionals and equipment to provide the most sterile and safe surgical environment. The OR is headed by your surgeon (Dr. Pasha). The **anesthesiologist** or a **nurse anesthetist** supervised by an anesthesiologist administers the anesthesia and will monitor you throughout the case. The **circulating nurses** will make sure you are positioned properly and help set up the operation. The **scrub tech** assists your surgeon with instruments.

What happens after the operation?

After your surgery, the anesthesiologist or a nurse anesthetist will take you to the **recovery room**. Here a team of **recovery nurses** will help you until you may be able to go home (**outpatient surgery**) or to the hospital floor (**inpatient surgery**).

As the anesthetic wears off you may have a dry mouth, blurred vision, and discomfort at the operative site. The nursing staff will administer pain medication to make you comfortable. Dr. Pasha usually meets with your family and friends while you recover to inform them how well you are doing and to answer any questions.

What should I know before I leave for home after my surgery?

Dr. Pasha will determine when you are fit to return home. You should have the following information prior to leaving the hospital:

1. **Follow-up visit**

- Typically between 1-2 weeks depending on your surgery.
- You must call the office to schedule your appointment.

2. **Diet restrictions**

- You must be able to drink liquids before being sent home to prevent dehydration.
- After drinking, you can begin a soft diet and then to harder foods as tolerated unless you have a restricted diet (*e.g.*, tonsillectomies and throat operations require a soft diet for 1-2 weeks).



3. **Activity**

- Do **not** drive or operate machinery for 24 hours.
- Do **not** make any important personal or business decisions for 24 hours or while under the influence of pain meds.
- Avoid smoking and drink alcohol.
- Rest for the first day.
- Walking is encouraged the first day if tolerated (walking will prevent pneumonias and blood clots in your legs).

4. **Medications**

- Make sure you have all your expected prescriptions (*eg*, pain medications, antibiotics) before your procedure. Dr. Pasha's staff typically will call this in to your pharmacy.
- Avoid aspirin, anti-inflammatory drugs, ibuprofen, and blood thinners until cleared by your surgeon.

5. **Postoperative Instructions**

- If you have an incision or wound, make sure you understand how to take care of it (*e.g.*, antibiotic cream, dressings)
- For incisions, you may take a shower 48 hours after the operation but avoid getting the incision wet for 4 days.

- You must understand when to call the physician (eg fevers >101° F, redness at infection site, difficulty breathing, confusion, changes in vision)

Here are some more helpful hints!

- Bring a list of your medications and allergies
- Wear comfortable clothing
- Bring all insurance information
- Do not forget your X-rays, CAT scans, MRIs, or other films if you have them
- Leave any large amount of cash, credit cards, jewelry, or other valuables at home
- Remove all makeup **especially** nail polish and lipstick
- If you are required to stay overnight, bring your own toiletries, robe, slippers, teddy bear, or any other items which are important to you.
- Eat a healthy meal before 10:00 PM the night before your surgery
- Pick up your prescription medications and supplies before your procedure so you don't have to worry about them following the surgery.
- Read all postoperative instructions given to you
- Call the office anytime if you have questions!!!



713-523-8800