

THE UROLOGY GROUP

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ABDOMINAL SACROCULOPEXY PREOPERATIVE INSTRUCTIONS

NAME: _____

DATE OF PROCEDURE: _____ TIME: _____

REPORT TO OUTPATIENT SERVICES AT: _____

SURGEON: _____

The time of your procedure may be subject to change depending on the facility. If your scheduled time changes, the facility will contact you and let you know what your new time is and when to arrive.

1. If you are over the age of 50, anesthesia requires an EKG dated within one year of your procedure date. You can get an EKG done with your primary care, cardiologist or at the hospital. You are responsible for getting the EKG done 6 months prior to your procedure or your procedure may be cancelled.
2. If you were instructed to obtain blood work, chest x-ray or medical or cardiac clearance, please contact your primary care provider to make arrangements.
3. **DO NOT TAKE** any aspirin or aspirin-like compounds for seven (7) days prior to surgery. This includes Advil, Nuprin, Motrin, Bufferin, or Anacin. **DO NOT TAKE** Vitamin E, multivitamin or fish oil seven (7) days prior to surgery. These are all blood thinners. **YOU MAY TAKE TYLENOL.**
4. If you are on any blood thinners such as Coumadin/warfarin or if you are diabetic, please notify the surgical scheduler.
5. Follow a clear liquid diet the day before surgery.
6. **DO NOT** eat or drink anything (including water) after 12:00 midnight the night before the surgery. If you are having a late afternoon procedure, the facility where your procedure is being performed will inform you what time you will need to stop eating and drinking.
7. Our office will obtain any necessary preauthorization from your insurance company. If you have questions regarding coverage/payment, please request the CPT procedure code from our office and call your insurance company.

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