

THE UROLOGY GROUP

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GREENLIGHT LASER PVP 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 were instructed to obtain blood work, EKG, chest x-ray or medical or cardiac clearance, please contact your primary care provider to make arrangements.
2. **DO NOT** take 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 for seven (7) days prior to surgery. These are all blood thinners. **YOU MAY TAKE TYLENOL.**
3. If you are on any blood thinner such as Coumadin/warfarin or if you are diabetic, notify the surgery scheduler.
4. You may receive a prescription or sample for a course of antibiotics. Begin taking the antibiotic the day of your procedure with a little sip of water. Continue the antibiotics as directed for 2 more days following the procedure.
5. **DO NOT** eat or drink anything (including water) after 12:00 midnight prior to surgery.
6. A responsible adult will need to provide transportation after your procedure. It is highly recommended that they stay with you after discharge for the rest of the day.
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.

Please call our office at the below number with any questions.

Inova Loudoun Hospital
44045 Riverside Parkway
Leesburg, VA 20176
Pre-op Dept: (703) 858-6768

Reston Hospital Center
1850 Town Center Parkway
Reston, VA 20190
Pre-op Dept: (703) 689-9005
www.restonhospital.com