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Patient Name _____

Date of Procedure: _____ Surgery Time: _____ Report at _____

Facility: RESTON HOSPITAL CENTER

Anesthesia Type:

Pre-Operative Requirements:

General

Per anesthesia evaluation

Local with Monitor

Other testing:

Epidural

Type of Admission:

Local Only

Outpatient

Choice:

23 Hour Observation

Same Day Admit

Important Information:

PREOPERATIVE SCREENING INTERVIEW WILL BE SCHEDULED THROUGH THE HOSPITAL BY CALLING 703-689-9005 and selecting Option 1. It should take place within 14 days of your surgery. This form will be necessary to complete your pre-operative evaluation. **YOU MUST REPORT TO THE FACILITY ONE AND ONE HALF (1.5) HOURS PRIOR TO YOUR O.R. TIME. *Please be available for earlier standby.***

Fasting: NO SOLIDS PAST MIDNIGHT, THE NIGHT PRIOR TO SURGERY. SIX (6) OUNCES OF CLEAR LIQUIDS (WATER, TEA WITHOUT MILK, ETC.) MAY BE CONSUMED UP TO FOUR (4) HOURS BEFORE THE SURGERY.

Immediately following the surgery, the surgeon will speak to your family if they are present. You will then be in recovery for one hour, at which time further evaluation will be made regarding your release. (If you are scheduled as an inpatient, you will then be admitted to a room.) In most cases, a **DRIVER IS REQUIRED FOR YOUR DEPARTURE.** This is due to effects of anesthesia and cannot be avoided.

Our staff is available between the hours of 9 a.m. to 5 p.m. to answer questions regarding surgery. Most issues are addressed during your preoperative interview with the hospital. **PLEASE TAKE THIS FORM WITH YOU IF YOU HAVE A PREOPERATIVE INTERVIEW AT THE HOSPITAL.**

**Indicated Lab Studies for the Pre-Operative Patient
Per Department of Anesthesiology – Reston Hospital Center**

EKG: EKG's will be done on **patients who have had previous MI's regardless of age** unless done within the **past two months**.

EKG's are required for **all patients age 50 and over**.

EKG is good for **12 months** on patients **without** heart problems.

EKG is good for **6 months** on patients **with heart problems but without change in clinical status**.

LABS: CHEM 7 will be done on patients with **diabetes** and patients on **diuretics**.

ACCUCHECK will be done on day of surgery for all Diabetics.

H & H will be done on all patients with the following:

Open Intra-Abdominal or Intra-Thoracic Surgery (Does not include Laparoscopies, but does include Laparotomy and possible Laparotomy)

Total Joint Replacement

D&C

Spinal Instrumentation or Fusion

History of Anemia

Bleeding Tendency

Coronary Artery Disease (This does not include high blood pressure)

Renal or Hepatic Disease

Ongoing GI Blood Loss

Extremes of Age <6 months >70 years

Autologous Donor

Hematicrit/Hemoglobin should be scheduled no more than **two weeks** prior to surgery.

Call for Questions or Consultations:

Anesthesiologist 703-689-9367

Pre-op Screening Nurse 703-689-9000 ext 1126 or ext 1424

Pre-op Screening Fax # 703-689-9206

Holding Room Fax # 703-689-9306

Registration Department 703-689-9001 (for Insurance questions)

Stay off all Aspirin, Aleve, Motrin, and anti-inflammatory medications for 7 – 10 days prior to surgery. Please advise the staff of any allergies you may have or if you are taking aspirin or an anti-inflammatory regularly. Please advise the staff of any herbal medications you may be taking.

Finally, please note that it is the patient's responsibility to inform the doctor's office and Hospital Admitting if any changes occur to the patients' insurance coverage during the interval between the surgical consultation in the doctors' office and the actual date of surgery. Failure to do so may incur out of pocket expenses to the patient.