

OUT PATIENT SERVICES UNIT PRE OPERATIVE AND POST OPERATIVE ENDOSCOPY INSTRUCTIONS

WELCOME TO PLAZA MEDICAL CENTER

ARRIVAL:

YOU SHOULD ARRIVE AS PER PHYSICIAN INSTRUCTIONS ON _____.

PLEASE CHECK IN AT THE LOBBY DESK ON THE DAY OF YOUR PROCEDURE.

Pre Procedure:

1. Follow your doctor's instructions regarding diet the day before your procedure. Do not eat or drink anything after **12:00 Midnight** unless otherwise instructed by your physician.
2. Please leave all valuable (money, jewelry) and medications at home.
3. Wear loose, comfortable clothing.
4. If you take any medication on a regular basis, ask your physician if you should take the Medication(s) the day of procedure,
**If you normally take blood pressure, heart or seizure medications in the morning, please be sure to take these with a sip of water the morning of procedure.
5. Notify your physician of any change in your physical condition before the procedure (ex: cold, sore throat, elevated temperature).
6. Contact lenses and dentures cannot be worn in the procedure room.

After your procedure:

1. Your physician will discuss the results of your exam with you and your family and give you any instructions. Your nurse will give you written discharge instructions.
2. You will need to have someone to drive you home. If you are using medical transportation or taxi, you must have someone with you.
3. Do not operate machinery or drive a vehicle for 24 hours if you have had a general anesthetic or sedation.
4. **DO NOT** consume alcohol for 24 hours. Alcohol enhances the effects of anesthesia
5. Arrange to have a responsible adult with you for the first 24 hours. You may experience light headedness, dizziness, or drowsiness following the procedure. Limit your activity and increase as tolerated or directed by your physician.
6. Progress slowly to your usual diet unless your physician has directed you otherwise. Start with liquids, then soup and crackers, gradually working up to solid foods.

Patient Signature _____ Date: _____

Witness Signature _____ Time: _____

PREADMISSION TESTING 817-347-4380

ENDOSCOPY DEPARTMENT 817-347-4919



900 Eighth Avenue
Fort Worth, TX 76104
(817) 336-2100

OUT PATIENT SERVICES UNIT
PRE OPERATIVE AND POST OPERATIVE ENDOSCOPY
INSTRUCTIONS



PATIENT IDENTIFICATION

* Stop any anticoagulants
5 days prior to procedure *