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Pre-Operative Instructions

1. Arrange a pre-operative appointment for 2 to 3 days prior to your scheduled surgery, unless otherwise instructed.
2. **Please bring a list of your allergies and current medications and dosages with you to the pre-operative appointment.**
3. If you develop any upper respiratory symptoms before your surgery such as: cough, sore throat, fever, nausea/vomiting, or diarrhea, contact our office.
4. If you are scheduled for nasal or sinus surgery, contact our office if you develop any sores on or in your nose.
5. **There should be no use of aspirin, medications containing aspirin, ibuprofen, (i.e., Advil, Aleve, Naproxen, Excedrin, Bayer, Motrin, Children's Advil suspension), other anti-inflammatories or herbal supplements for at least 3 weeks prior to surgery and for 3 weeks after surgery. Tylenol (acetaminophen) is ok to take!**
6. You will receive information regarding your surgery time from the hospital or surgery center the day before your surgery.
7. If your surgery requires lab tests such as: chest x-ray, EKG, or blood tests, they will be done at the hospital following your pre-operative appointment at our office.
8. **The night before surgery do not eat or drink anything after midnight, unless specific instructions are given otherwise. This includes gum, breath mints, ice, or sips of water, etc. Also do not smoke after midnight prior to the day of your surgery.**
9. **If your child is less than 2 years old, no solids or milk products after midnight. They may have clear liquids (water or apple juice) until 3:00 a.m. NOTHING AFTER 3:00 A.M.**
10. Bathe or shower the evening before or the morning of surgery.
11. Wear loose, comfortable clothing.
12. Do not wear make-up or contact lenses.
13. Arrange for someone to drive you home after surgery. **YOU CANNOT DRIVE YOURSELF.**
14. **Our office will contact your insurance company and pre-authorize your surgery when required. You should expect to receive three to four separate bills for this surgery, including: surgeon, hospital, anesthesiologist, and pathology (if applicable) fees. The facility may require a deposit the day of your surgery, please contact them with further questions.** Your insurance company can provide you information regarding your deductible and co-insurance limits. If you have any questions specific to the surgeon fees, please contact our billing department.

PRE-OP APPT. _____ POST-OP APPT. _____

SURGERY DATE: _____ WHERE: _____

PROCEDURE(S): _____

PROCEDURE CODE(S): _____