



PRE-OPERATIVE INSTRUCTIONS
FOR ANESTHESIA

**ADVANCED AESTHETIC CENTER
FOR ORAL & MAXILLOFACIAL SURGERY**

2239 N. COMMERCE PARKWAY, SUITE 2
WESTON, FLORIDA 33326
TEL: (954) 659-9990

1. MORNING SURGERY: **NOTHING** TO EAT OR DRINK, INCLUDING WATER, AFTER MIDNIGHT THE NIGHT BEFORE SURGERY. MAKE SURE YOU BRUSH YOUR TEETH AND RINSE YOUR MOUTH THE MORNING OF YOUR SURGERY.

AFTERNOON SURGERY: YOU MAY HAVE A LIGHT BREAKFAST AT LEAST **SIX (6)** HOURS BEFORE SURGERY. A LIGHT BREAKFAST CONSISTS OF LIQUIDS, 1 EGG, CEREAL, OR A PIECE OF TOAST. DO NOT EAT GREASY FOODS SUCH AS BACON OR SAUSAGE.

2. YOU MUST BE ACCOMPANIED BY A RESPONSIBLE ADULT TO DRIVE YOU HOME. YOUR DRIVER MUST REMAIN IN THE OFFICE DURING YOUR ENTIRE STAY. HE OR SHE WILL BE GIVEN INSTRUCTIONS FOR YOUR POSTOPERATIVE CARE AND SHOULD BE ABLE TO STAY WITH YOU FOR AT LEAST 4 HOURS AT HOME.

3. TAKE ANY REGULAR MEDICATIONS AS YOU NORMALLY WOULD (I.E. HEART MEDICATION, BLOOD PRESSURE PILLS, ETC.) UNLESS INSTRUCTED OTHERWISE BY DR. DÍAZ. IF YOU TAKE MEDICATION FOR DIABETES OR MEDICATION THAT THINS YOUR BLOOD (INCLUDING ASPIRIN) YOU WILL BE GIVEN SPECIAL INSTRUCTIONS.

4. NO MAKE-UP, NAIL POLISH, OR CONTACT LENSES PLEASE. IF YOU ARE USING NAIL ACRYLICS PLEASE REMOVE ONE FROM YOUR THUMB AND ONE FROM ANY OTHER FINGER. CLOTHING SHOULD BE LOOSE AND COMFORTABLE WITH A SHORT SLEEVE SHIRT OR BLOUSE. NO PANTY HOSE, STIRR-UP PANTS OR BOOTS. NO JEWELRY OR OTHER VALUABLES SHOULD BE WORN OR BROUGHT TO THE OFFICE ON THE DAY OF SURGERY, AS THE CENTER CANNOT AND WILL NOT BE RESPONSIBLE FOR PERSONAL ITEMS.

5. YOU WILL NEED TO HAVE COLD SOFT FOODS AT HOME DURING YOUR POST SURGERY RECOVERY; SUCH AS ICE CREAM, JELLO®, PUDDING, YOGURT, APPLE SAUCE, COTTAGE CHEESE, ETC.

ADDITIONAL INSTRUCTIONS:
(FOLLOW THE ITEMS WHICH HAVE BEEN CHECKED BELOW ONLY!)

- TAKE VALIUM® (DIAZEPAM) EVENING BEFORE SURGERY AND ONE (1) HOUR BEFORE SURGERY.
- TO PREVENT ANY DIFFICULTY THE DAY OF SURGERY, WE RECOMMEND YOU GET THE PAIN KILLER MEDICATION (_____) BEFORE THE DAY OF YOUR SURGERY DATE.
- START TAKING YOUR ANTIBIOTIC (_____) ONE (1) HOUR BEFORE YOUR SCHEDULED SURGERY WITH A LITTLE SIP OF WATER.
- START TAKING THE ANTHINFLAMMATORY (_____) MEDICATION THE DAY BEFORE YOUR SCHEDULED SURGERY DATE.

YOUR COOPERATION IS REQUIRED FOR YOUR SAFETY AND COMFORT. IT IS EXTREMELY IMPORTANT THAT YOU FOLLOW THESE INSTRUCTIONS APPROPRIATELY. IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL US.

PATIENT SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN: _____

ASSIST./NURSE: _____