

**BAY AREA GYNECOLOGY ONCOLOGY**

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**PRE-OP REMINDERS FOR YOUR PROCEDURE**

1. **Read your consent.**
2. Please do all of your blood work **3-5 days before** your procedure. Have it drawn at your local lab or the hospital lab where procedure will be done.
3. If you need an **EKG or CHEST X-RAY** please do it within 2 weeks of procedure, if possible at \_\_\_\_\_ Hospital.
4. **Do not take any type of aspirin, non-steroidal or anti-inflammatory medications** for at least 10 days before procedure unless you are otherwise instructed. **For pain you can only use Tylenol, unless Dr. gives you a prescription.**
5. Please take all your normal prescription medication(s) the morning of surgery **only** with a sip of water.
6. If your procedure is **in the morning**, you need to be **fasting from midnight on**. If your procedure is **in the afternoon**, you need to be **fasting 6-8 hours prior** to the procedure. (EXCEPT A SIP OF WATER TO SWALLOW YOUR REGULAR AM MEDICATION)
7. We need you to arrive two hours before your procedure to admitting unless you are otherwise instructed.
8. Bowel prep instructions (to clean out your bowels) will be given to you if needed, please read them carefully and **DO YOUR BOWEL PREP THE DAY BEFORE YOUR PROCEDURE.**
9. The surgery scheduler will call you with your date and time of surgery. This is a complicated process due to coordination between our schedule, the hospital schedule and the assisting doctors' schedule. You can expect this process to take an estimate of one week from your appointment with the chance that it might take longer.

**PROCEDURE INFORMATION**

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

REGISTER: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

POST-OP APPT: \_\_\_\_\_

**PLEASE MAKE SURE YOU TAKE A COPY OF YOUR ORDERS TO THE HOSPITAL, IN ORDER TO DO YOUR PRE-OPS.**

**If you have any questions, please do not hesitate to call the office**