



○ 2310 Highland Avenue | Bethlehem, PA 18020 ○ 511 VNA Road | East Stroudsburg, PA 18301
610-691-4300 | Fax 610-691-6257 610-861-8080 | Fax 570-369-1112
○ 1503 N. Cedar Crest Blvd. | Allentown, PA 18104
610-871-9110 | Fax 610-841-5020

PREOPERATIVE PATIENT INSTRUCTIONS

- 1.) On the day of surgery, check in at the front desk of CH. Have your insurance card and photo ID (driver's license) so we can make a copy of the original.
- 2.) Be prepared to pay applicable co pays. We accept cash, cashier checks, Visa, Mastercard, Discover, and American Express.
- 3.) A responsible adult must be available to transport you to and from CH the entire day. Please note that a parent and/ or guardian of a minor must remain in the building the entire time the minor is present. A responsible adult must stay with you at home for 24 hours following surgery. Failure to comply will result in probable cancellation of procedure.
- 4.) Please do not bring children to the hospital unless there is another adult with you who will be responsible for them during your procedure. Failure to comply will result in probable cancellation of procedure.
- 5.) Wear loose fitting clothes. For shoulder surgery, a loose fitting or button up the front shirt is preferable. Please do not shave any body part within 24 hours of surgery.
- 6.) Please leave all jewelry and valuables at home, we cannot be responsible for loss. Please remove all jewelry prior to arrival, including any and all piercings. Not removing jewelry can result in burns and other injuries to patients.
- 7.) No food or drink should be consumed after midnight. You may consume up to 6 ounces of clear liquid up to 4 hours before surgery.
- 8.) If you are **Diabetic**, take half the usual dose of insulin the day of surgery, unless otherwise instructed. Do not take oral hypoglycemic or "sugar pills" the morning before surgery. If you have an insulin pump, please consult your medical doctor or endocrinologist for instructions.
- 9.) Take all AM medication(s) with a small sip of water, unless otherwise instructed.
10. If you are an asthmatic, please take your inhalers as prescribed. If you have a "rescue" or "emergency" inhaler, take 2 puffs the night before surgery, 1 puff the morning of surgery and bring the inhaler with you to CH.
11. Please discontinue herbal medicine the day of surgery. Do not take any herbs the day of surgery.
12. Please call your surgeon if you are taking "blood thinners" such as Coumadin (warfarin), aspirin, Ticlid, Plavix, Aggrenox, or anti-inflammatory medication such as Motrin, Aleve, etc. Please discontinue using blood thinners ____ days before procedure. Please discontinue using anti-inflammatory medications ____ days before procedure.
13. If applicable, bring crutches, walkers, slings. If you do not have the necessary medical equipment, CH will provide the item. The item will be billed to your insurance carrier. If the item is not covered, you will be financially responsible for the cost of the item.
14. If you have been prescribed a CPAP device for sleep apnea, please bring your equipment to CH.
15. If you develop severe cough or flu-like symptoms, fever or any infection in the days prior to your procedure, **NOTIFY YOUR SURGEON AND/OR THE ANESTHESIOLOGIST.**
16. Unforeseen pre-, intra-, or post-operative events may necessitate admission to a hospital.
17. A member of the CH staff will contact you the day prior to surgery between the hours of 3:00pm and 6:00pm with your time to report to CH. We will contact you on Friday for procedures to be performed on Mondays.