Bayonet Point Surgery and Endoscopy Center

PRE-ADMISSION INSTRUCTIONS

THE FOLLOWING INSTRUCTIONS ARE FOR YOUR SAFETY. PLEASE ADHERE TO THEM COMPLETELY:

1. Before your surgery **DO NOT EAT OR DRINK** anything after midnight, unless otherwise instructed.
2. **DO NOT** SMOKE, CHEW GUM OR TOBACCO, EAT MINTS OR CANDY AFTER MIDNIGHT.
3. **TAKE ONLY THE FOLLOWING TYPES OF MEDICATIONS AS INSTRUCTED BY YOUR PHYSICIAN**: Heart, Blood Pressure, Pain, Anxiety, Thyroid, Breathing, or Seizure Medications with as little water as possible to swallow the pill(s) on the morning of surgery.
4. **DO BRING YOUR INHALERS** with you if you have asthma or emphysema.
5. **DO NOT TAKE** ANY VITAMINS, HERBAL PRODUCTS, BLOOD THINNERS OR MEDICATIONS CONTAINING ASPIRIN OR IBUPROFEN (ADVIL, ALEVE, MOTRIN, ETC.) THE WEEK PRIOR TO SURGERY, UNLESS OTHERWISE INSTRUCTED BY YOUR PHYSICIAN.
6. Shower or bathe and wash your hair the night before your procedure/surgery.
7. Please wear loose, comfortable and warm clothing. If you have cotton underwear, please wear on the day of surgery. Button down blouse or shirt is preferred. A surgical facility is always kept at a cooler temperature than your home. You will wear a patient gown provided by the surgery center. Your significant other may also wish to bring a sweater.
8. **PLEASE DO NOT BRING ANY VALUABLES WITH YOU**. A valuable consists of: Jewelry, Contact lenses, Purses, Wallets, Checkbooks, Credit Cards, Cash, or Watches. We cannot be responsible for their safety.
9. **YOU WILL NEED TO BRING YOUR INSURANCE CARDS, DRIVERS LICENSE, GLASSES AND GLASS CASE ALONG WITH COPAY AMOUNT.**
10. Cosmetics: should be minimal or not worn at all. Please remove nail polish from operative hand or foot.
11. **CONSENT FORMS**- your signature will be required in accordance to your particular surgery. Please read carefully and be sure to clarify any questions you may have,
12. **A RESPONSIBLE ADULT** must be available to contact and accompany you to the Surgery Center. They will be responsible for receiving instructions for your care. They will also need to drive you home and assist you for the next 24 hours.
13. **ILLNESS**- in case of an obvious respiratory infection (cold) or acute illness one week prior to surgery, please contact your physician.
14. Please expect to be at the Facility for a minimum of three hours depending on your procedure.

THE SURGERY CENTER WILL CONTACT YOU THE DAY PRIOR TO YOUR SURGERY FOR YOUR ARRIVAL TIME BETWEEN THE HOURS OF 3:00-5:00PM.

PLEASE CALL 727-869-5040 IF YOU HAVE ANY QUESTIONS