

Charles W. Monday, Jr. M.D.

936-295-9101

INSTRUCTIONS FOR OUTPATIENT ENDOSCOPY/SURGERY

YOUR SURGERY HAS BEEN SCHEDULED FOR _____

PREREGISTER 2-14 days prior to your procedure at HMH

If you are having preoperative testing, it will be done at the time of registration unless otherwise arranged. Please report to the Registration Office at Huntsville Memorial Hospital. Registration Hours are M-Th 7:30-5:30 and Friday 7:30-4:30. *You must register at least 48 hours prior to your scheduled procedure.*

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT the night prior to your procedure.

-The morning of your procedure it is very important that you take the following medications with only a very small sip of water _____ .

Stop these medications (generic in parenthesis) prior to your procedure:

* **3 days before** your procedure: **STOP NSAIDS TAKEN FOR PAIN.** If unable to do so, discuss with Dr. Monday.
Indocin, Voltaren (Diclofenac),Dolobid (diflunisal),Lodine (Etodolac)
Motrin (Ibuprofen),Advil ,Orudis (Ketoprofen) ,Relafen (Nabumetone),
Anaprox (Naproxen) , Day Pro (Oxaprozin) , Feldene (Piroxicam) ,
Clinoril (Sulindac) Tolectin (Tolmetin.) , Mobic

* **5 days before** your procedure: **STOP blood thinners** such as:
Coumadin (Warfarin),Ticlid , Plavix , Vit E., and any other blood thinners

****** IF TAKING A FULL ASPIRIN (325mg), SUBSTITUTE BABY ASPIRIN (81-85mg)******

* **7 days before** your procedure: **STOP diet pills** and or diet supplements, and herbal preparations.

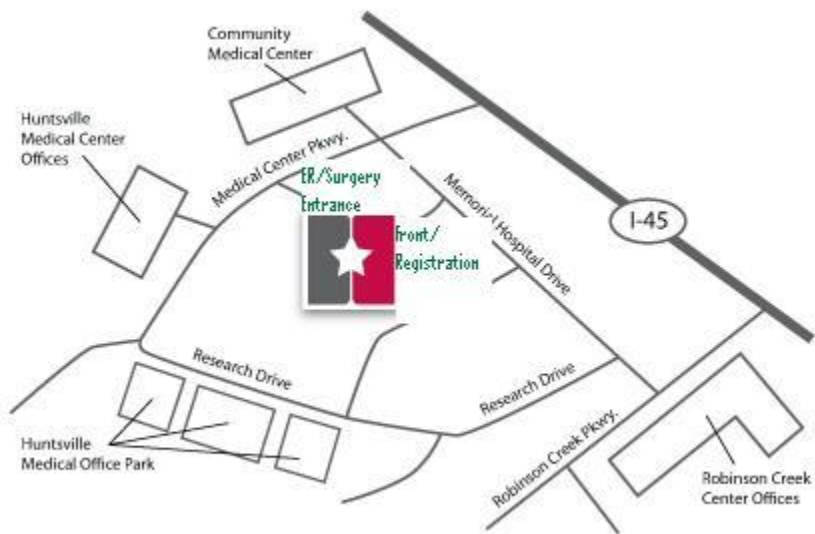
-**Time Of Procedure:** My office staff will call you the working day prior to your procedure with a time to arrive at the hospital for your surgery. If you do not hear from our office by 4:30 pm, please call my office. Please do not call before 4:00 pm for your surgery time unless it is an emergency as the nurse is normally busy seeing patients in the afternoon. If your procedure is scheduled for a Monday, you will be notified by 11:00 am on the Friday before. If you have not heard from our office by 11:00 please call our office. We must talk to you the working day prior to your surgery, even if the hospital gives you a time.

-For your safety, you will not be allowed to operate a motor vehicle after surgery. Also plan to have someone stay with you at home overnight.

-**Financial Policy:** My office staff will call your insurance company to obtain necessary precertification and verification of benefits. My staff will call you prior to surgery to discuss your estimated insurance difference which will be due in full the day prior to your procedure. Please understand that your co-payment must be paid prior to any scheduled elective (not Emergency) procedure or surgery. This policy is based on years of experience in prevention of misunderstandings and avoids notices and unpleasant telephone calls. Therefore call my office in plenty of time should you not hear from us. If you do not follow these instructions, your surgery will be canceled.

If you have additional problems or questions, do not hesitate to call or come in.

PATIENT _____



*Arrive at the ER/Surgery Entrance on the day of your procedure.
Check in at the desk in the Outpatient Surgery waiting room.*