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Podiatric Medicine and Foot Surgery
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PRE-OPERATIVE SURGERY INSTRUCTIONS

PLEASE OBSERVE THE FOLLOWING INSTRUCTIONS, AND CALL YOUR DOCTOR IF YOU HAVE ANY QUESTIONS

Please report to _____ at _____ Hospital
_____ PM/AM on day _____ 200 _____ for _____

As of Midnight the night before surgery, YOU MUST NOT EAT OR DRINK ANYTHING. Even a mouthful of water before you leave the house to go to the hospital may cause unnecessary delays or even result in canceling your surgery that day.

If you are planning to return home the same day, it is important to have someone available to drive you home. You are not allowed to Drive yourself Home.

Keep all post operative surgical dressings clean and dry.

If you wear contact lenses/glasses and/or a hearing aid(s), please bring their cases for safekeeping.

Before surgery, report any changes in your health to your surgeon immediately. If you have a cold or any signs of infection (toothaches, large boil, temperature, etc.), please call the office and appropriate action can be taken.

Do not wear any jewelry, make-up, or nail polish to the hospital.

Wear loose comfortable clothing and low heels so you can get easily dressed to go home.

If you have been given any paperwork by your doctor, please bring it with you on the day of surgery (Medical Evaluation, History/Physical, Doctor's Order, Laboratory Results, EKG results, X-Rays, Consent, etc.).

Stop taking all aspirin and anti-inflammatory products (e.g. Motrin, Ibuprofen, Naprosyn, etc.) at least 7 days before surgery.

If you need to take medication the morning of surgery, this medication may be taken as prescribed with a sip of water. If you are diabetic, do not take diabetic medication the morning of surgery.

Take the following medications as directed:

Bextra™ 10mg

Bextra™ 20mg

QD

BID

Celebrex™ 200mg

QD

BID

Other special instructions _____

Important: If the Doctor is not available, or you need any advice, if necessary you may report at any time, 24-Hours A-Day, to the Emergency Department

Additional Advice After Surgery from your Doctor, Post Operative Appointment:

You are scheduled to see your doctor: At: _____ am / pm

On: _____, 20____



Exempt from FOIA -
Confidential Treatment Requested
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