NEPHRECTOMY PREOPERATIVE INSTRUCTIONS

NAME: _______________________________________________________________________

DATE OF PROCEDURE: ________________________________ TIME: ______________________

REPORT TO OUTPATIENT SERVICES AT: _____________________________________________

SURGEON: ____________________________________________________________________

The time of your procedure may be subject to change depending on the facility. If your scheduled time
changes, the facility will contact you and let you know what your new time is and when to arrive.

1. If you are over the age of 50, you are required to have an EKG dated within one year of your
   procedure date. (This is required per anesthesia.) You can get an EKG done with your primary care,
   cardiologist or at the hospital. **You are responsible for getting the EKG done 6 months prior to your
   procedure or your procedure may be cancelled.**

2. If you were instructed to obtain blood work, chest x-ray or medical or cardiac clearance, please
   contact your primary care provider to make arrangements.

3. **DO NOT TAKE** any aspirin or aspirin-like compounds for seven (7) days prior to surgery. This
   includes Advil, Nuprin, Motrin, Bufferin, or Anacin. **DO NOT TAKE** Vitamin E, multivitamin or fish oil
   seven (7) days prior to surgery. These are all blood thinners. **YOU MAY TAKE TYLENOL.**

4. If you are on any blood thinners such as Coumadin/warfarin or if you are diabetic, please notify the
   surgical scheduler.

5. Have clear liquids the day before surgery.

6. To cleanse the bowel in preparation for surgery, use a Fleet’s enema the night before surgery or 2-3
   hours prior to arriving for surgery. This may be obtained over-the-counter at any drug store or
   grocery store and is accompanied with instructions for use.

7. **DO NOT** eat or drink anything (including water) after 12:00 midnight the night before the surgery. If
   you are having a late afternoon procedure, the facility where your procedure is being performed will
   inform you what time you will need to stop eating and drinking.

8. Our office will obtain any necessary preauthorization from your insurance company. If you have
   questions regarding coverage/payment, please request the CPT procedure code from our office and
   call your insurance company.

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