

THE UROLOGY GROUP

www.urologygroupvirginia.com

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PREOPERATIVE INSTRUCTIONS

NAME: _____

DATE OF PROCEDURE: _____ **TIME:** _____

REPORT TO OUTPATIENT SERVICES AT: _____

PROCEDURE: _____

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.**

PLEASE PLAN TO BE AVAILABLE FOR SURGERY AT ANY TIME THAT DAY**

Preoperative Testing

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

Medications

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

Do not take **aspirin** or **ibuprofen (Ibuprofen, Advil, Aleve, Nuprin, Motrin, Naprosyn, etc.)** for at least **one week** prior to procedure. You may take Tylenol (acetaminophen). Stop Vitamin E, multivitamins, fish oil, supplements and herbal medications one week prior to surgery.

Prescribed medications for heart disease, high blood pressure and asthma should be taken prior to your procedure. All other medications, including diabetic medications, should be brought with you the day of surgery to be taken after your procedure.

You may receive a prescription or sample for a course of antibiotics. Take as directed.

Diet

Do not eat or drink anything (including water) after 12:00 midnight prior to surgery. This includes water, coffee, gum and candy. Medications for heart disease, high blood pressure and asthma should be taken with a tiny sip of water.

Clothing

Please wear comfortable, loose fitting clothing the day of surgery. Leave jewelry and valuables at home.

Transportation

A responsible **adult (18 years of age and older)** will need to provide transportation after your procedure. Surgical facilities **do not** permit patients to take taxis or any other public transportation after procedures.

Insurance

Please contact your insurance company directly for any questions regarding coverage or payment. Our office will obtain preauthorization from your insurance company; however, **preauthorization is not a guarantee of coverage or payment. It is your responsibility to determine if you have coverage.**

Locations

Inova Loudoun Hospital Center

44055 Riverside Parkway
Leesburg, VA 20176
Preop Dept: (703) 858-6768
www.inova.org

Reston Hospital Center

1850 Town Center Parkway
Reston, VA 20190
Preop Dept: (703) 689-9005
www.restonhospital.com

Inova Loudoun Ambulatory Surgery Center

44035 Riverside Parkway, Suite 200
Leesburg, VA 20176
Phone: (571) 209-6465
www.loudounsc.com
Please register on the website

Reston Surgical Center

1860 Town Center Drive, Suite G 100
Reston, VA 20190
Phone: (703) 639-3100
www.restonsurgerycenter.com
Please register on the website

StoneSprings Hospital Center

24440 Stone Springs Blvd
Dulles, VA 20166
Preop Dept: (571) 349-4600
www.stonespringshospital.com