

THE UROLOGY GROUP

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BLADDER LIFT (SACROCULPOPEXY) PREOPERATIVE INSTRUCTIONS

NAME: _____

DATE OF PROCEDURE: _____ TIME: _____

REPORT TO OUTPATIENT SERVICES AT: _____

SURGEON: _____

***The time of your procedure may change. 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**

1. You may require an electrocardiogram (EKG) prior to your procedure. The EKG can be done with your primary care provider, cardiologist or at the hospital. **You are responsible for getting the EKG done prior to your procedure or your procedure may be cancelled. The EKG is typically valid for 6 months.**
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 days prior to surgery. This includes Advil, Nuprin, Motrin, Bufferin, or Anacin. **DO NOT TAKE** Vitamin E, multivitamin or fish oil seven days prior to surgery. These can all thin the blood. **YOU MAY TAKE TYLENOL.**
4. If you are on any blood thinners [Coumadin (warfarin), Plavix, Xarelto, etc] or if you are diabetic, please notify the surgical scheduler.
5. Drink two ten ounce bottles of [Ensure Pre-Surgery Clear Nutrition Drink](#) (available on Amazon.com) or 16.9 ounces of Gatorade at 6 pm the evening prior to surgery. **NO SOLID FOOD AFTER MIDNIGHT** . You may continue to drink clear liquids up to two and one half hours before your surgery. See Clear Liquids on the next page.
6. Drink one ten ounce bottle of [Ensure Pre-Surgery Clear Nutrition Drink](#) (available on Amazon.com) or ten ounces of Gatorade two hours and thirty minutes before surgery (four hours before surgery if diabetic). **NOTHING BY MOUTH FOR TWO HOURS PRIOR TO SURGERY.**
7. 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.

**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

StoneSprings Hospital

2440 Stone Springs Blvd
Dulles, VA 20166
Preop dept: (571) 349-4600
www.stonespringshospital.com

CLEAR LIQUIDS

Tea and coffee (no creamer or milk)

Carbonated drinks

Fruit flavored drinks

Strained fruit juices: apple, grape, white grape, lemonade (no pulp)

Clear broth, consommé

Clear flavored gelatin such as Jell-O