

THE UROLOGY GROUP

www.urologygroupvirginia.com

1860 Town Center Drive • Suite 150/160 • Reston, VA 20190 • 703-480-0220
19415 Deerfield Avenue • Suite 112 • Leesburg, VA 20176 • 703-724-1195
224-D Cornwall Street, NW • Suite 400 • Leesburg, VA 20176 • 703-443-6733 24430
Stone Springs Blvd • Ste 100 • Dulles • VA 20166 • 571-349-4600 (**pre-op dept**)

EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY 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. *PLEASE PLAN TO BE AVAILABLE AT ANY TIME THAT DAY*

1. 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.
2. **DO NOT TAKE** aspirin or aspirin-like compounds for 7 days prior to the procedure. This includes Advil, Nuprin, Motrin, ibuprofen, Bufferin, or Anacin. **DO NOT TAKE** Vitamin E, multivitamin or fish oil 7 days prior to surgery. These are all blood thinners. **YOU MAY TAKE TYLENOL.**
3. If you are on any blood thinners such as Coumadin/warfarin or if you are diabetic, please notify the surgery scheduler.
4. **Follow a clear liquid diet the day before the procedure.**
5. **DO NOT eat or drink anything after 12:00 midnight the night before the surgery (see next page).**
6. 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. It is highly recommended that they stay with you after discharge for the rest of the day.
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.

Reston Surgical Center

1860 Town Center Drive, Suite
G100 Reston, VA 20190
Pre-op Dept: (703) 639-3100 Please
register on the website:
www.restonsurgerycenter.com

Reston Hospital Center

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

StoneSprings Hospital Center

24440 Stone Springs Blvd
Dulles, VA 20166
Pre-op Dept: (571) 349-4600

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CLEAR LIQUID DIET

This diet provides fluids that leave little residue and are easily absorbed with minimal digestive activity. This diet is inadequate in all essential nutrients and is recommended only if clear liquids are temporarily needed. **No red or purple** liquids should be consumed!

Food Group	Foods Allowed	Foods to avoid
Milk & Beverage <i>No red or purple liquids</i>	Tea and coffee (no creamer), carbonated beverages, fruit flavored drinks	Milk creamer, milk drinks
Meats & Meat Substitutes	None	All
Vegetables	None	All
Fruit & Fruit Juices	Strained fruit juices: apple, white grape, lemonade	Fruit juices with unstrained fruit
Grains & Starches	None	All
Soups	Clear broth, consommé	All others
Desserts	Clear flavored gelatin, popsicles <i>No red or purple flavors</i>	All others
Fats	None	All
Miscellaneous	Sugar, honey, syrup, clear hard candy, salt	All others

** The following menu is only a suggestion **

Breakfast

4 oz. White grape juice
6 oz. Clear broth
JELL-O*
Tea

Lunch

4 oz. Apple juice
6 oz. Clear broth
JELL-O
Tea

Dinner

4 oz. Lemonade
6 oz. Clear broth
JELL-O
Tea