

**IMPORTANT: PLEASE BRING TO PROCEDURE!!!**

## PREOPERATIVE INSTRUCTIONS

Cancel Fee **\$75** if less than 24 hr notice



Patient Name: \_\_\_\_\_

Your physician has discussed the necessity of scheduling a procedure for you. Below is some important information regarding the scheduled procedure(s). The following dates and times have been scheduled for you:

DATE	ARRIVAL TIME	PROCEDURE TYPE

### LOCATION

\_\_\_\_\_ 13203 N 103<sup>rd</sup> Ave Ste H5  
Sun City AZ 85351

\_\_\_\_\_ 14300 W Granite Valley Ste A1  
Sun City West 85375

Please be advised that times may change due to insurance authorization, equipment or emergency issues.

**Please anticipate the total time for your visit including wait time, procedure, and recovery will be 90-120 minutes.**

**PLEASE FILL OUT THE FOLLOWING AREAS AND BRING THIS FORM TO EVERY PROCEDURE APPOINTMENT TO PROVIDE US WITH YOUR MOST UP TO DATE INFORMATION**

### MEDICATION LIST

### PAST MEDICAL HISTORY

**Please CIRCLE if you have a history of any of the following conditions:**

Hypertension	Diabetes
Sleep Apnea	Heartburn
Anxiety disorder	Stroke
Pacemaker	Heart disease
Irregular heartbeat	Heart bypass/stent
Asthma	COPD / bronchitis
Tobacco Use	Seizures
Kidney Problems	Liver disease

**OTHER MEDICAL HISTORY (please list other history)**

### ALLERGIES

### CLINICAL NOTES (FOR OFFICE USE ONLY)

**Thank you for choosing NovaSpine Pain Institute**

# PREOPERATIVE INSTRUCTIONS



## PLEASE READ THIS INSTRUCTION SHEET CAREFULLY AND IN ITS ENTIRETY

Please wear LOOSE clothing and do not wear jewelry. PLEASE LEAVE ANY VALUABLES AT HOME.

### SEDATION

Many patients will receive sedation in order to greatly reduce any anxiety and procedure-related movement or pain.

If you elect to have sedation, **IT IS IMPORTANT TO COMPLY WITH THE FOLLOWING TO REDUCE THE RISK OF COMPLICATIONS.**

#### **FAILURE TO COMPLY WILL LIKELY RESULT IN YOUR PROCEDURE BEING CANCELLED/RESCHEDULED**

- YOU MAY DRINK **CLEAR FLUIDS ONLY** (WATER, APPLE JUICE, BLACK COFFEE, TEA) **UP TO 2 HOURS PRIOR TO PROCEDURE!!** **PLEASE DO NOT USE CREAMER** or your procedure may be cancelled/rescheduled as this counts as a meal
- **YOU MUST FAST FOR AT LEAST 6 TO 8 HOURS.** **SIX HOURS** is adequate if you eat a **LIGHT MEAL** (cereal with fat-free milk, toast, crackers). A regular sized meal or fatty foods requires that you **FAST AT LEAST EIGHT HOURS.** **Please be aware that your procedure will be DELAYED or RESCHEDULED if you are not compliant with these instructions.**
- If you are NOT receiving sedation, you may drink and eat without restriction, preferably a light meal.
- DO NOT chew gum, mints, hard candy and DO NOT use tobacco products 6 HOURS PRIOR to your procedure time

### TRANSPORTATION

If you are having sedation, you are REQUIRED to have an adult (over 18 years of age) who must remain at the procedure center for the ENTIRE DURATION of the procedure.

If you are arranging a 3rd party driver, then an adult (18 years or older) MUST accompany you before and after the procedure.

Reasons to possibly CANCEL the Procedure (notify your Physician of any of these findings):

- Active infection, taking antibiotics
- Fever over 100.4 degrees
- Blood sugar over 350
- Systolic blood pressure over 200 or Diastolic blood pressure over 100

### MEDICATION INSTRUCTIONS

You may continue NSAIDS and aspirin for ALL procedures except kyphoplasty and spinal cord stimulators. NSAID's include ibuprofen, Motrin, Advil, Aleve, naproxen, Mobic, diclofenac, meloxicam, Celebrex.

You **CAN** and **MUST** continue blood thinners (unless otherwise directed) for any of the following procedures: facet injections, medial branch blocks, RF ablation, sacroiliac joint, hip, shoulder, bursa and knee joint injections

You are **REQUIRED** to **STOP** the blood thinners listed below for:

EPIDURAL STEROID INJECTIONS, spinal cord stimulators, sympathetic and stellate ganglion blocks and kyphoplasty/vertebroplasty

Prior to stopping your blood thinner, it is your responsibility to speak with the prescribing physician and obtain clearance to STOP the medication for the duration listed below. If the blood thinner you are on is not listed below, please speak with your physician/ provider at NovaSpine Pain Institute for further information.

#### **BLOOD THINNERS (STOP the blood thinner the specified number of days BEFORE the injection):**

Warfarin/Coumadin: stop <b>FIVE</b> days prior	Effient (Prasugrel): stop <b>SEVEN</b> days prior	Eliquis: stop <b>72 HOURS</b> prior
Clopidogrel (PLAVIX): stop <b>SEVEN</b> days prior	Arixtra: stop <b>FOUR</b> days prior	Pradaxa: stop <b>5</b> days prior (6days if renal)
Xarelto: stop <b>72 HOURS</b> prior	Lovenox: stop <b>24 hours</b> prior	Brilinta: stop <b>FIVE</b> days prior

**OTHER MEDICATIONS** – We encourage you to take all other medications the day of the procedure with SIPS OF WATER, especially medications for hypertension, diabetes, and pain, so as to maintain adequate control of those other medical problems

**OZEMPIC, TRULICITY, WEGOVY, MOUNJARO AND VICTOZA** – stop at least 7 DAYS (ONE WEEK) prior to procedure to minimize risk of aspiration and vomiting

### RECOVERY

You will be transported to the recovery area upon completion of the procedure. You will be monitored until you are stable and feel safe going home. If for any reason you do not feel safe leaving or if you have any concerning symptoms, please notify the physician or other healthcare provider before leaving and we will immediately address your concerns.