



IMPORTANT INSTRUCTIONS REGARDING YOUR ANESTHESIA

You will always be given local anesthesia for your surgery, but you may choose any of those listed below as a supplement. Each choice requires a different preparation on your part and for your safety it is important that you read and follow the instructions carefully. If you are unclear about anything, please ask your doctor.

For all surgery, please wear comfortable, loose-fitting clothing. Tops/shirts should have sleeves that are easily drawn up above the elbow. When possible, colored nail polish should be removed before surgery.

If you are going to use:

A. LOCAL ANESTHESIA

1. Have a light meal a few hours prior to surgery.
2. For more extensive procedures you may wish to have someone drive you home.
3. Plan to rest for a few hours after surgery.

B. ORAL PREMEDICATION

1. Take the medication at the time directed before your surgery.
2. Follow instructions for any additional anesthesia chosen.

C. NITROUS OXIDE

1. You may have a light meal four (4) hours prior to surgery.
2. You must have a responsible person to drive you home after surgery.
3. Plan to rest for the remainder of the day.

D. IV ANESTHESIA OR GENERAL ANESTHESIA

1. **Nothing to eat or drink for eight (8) hours prior to surgery.** *However*, it is important that you take any regular medications (high blood pressure, antibiotics, etc.) or any premedication prescription that we may have provided, **using only a small sip of water.**
2. You must have a responsible person to accompany you, stay in the office reception area during surgery and drive you home after the procedure.
3. Plan to rest for the remainder of the day. Do not operate cars, power tools, machinery, etc., for twenty-four (24) hours after surgery.
4. Please wear a short sleeved shirt, no jewelry from the neck up, and no shape wear.

OTHER INSTRUCTIONS:

Our goal is to provide you with a safe, pleasant and effective anesthetic. In order for us to do this it is imperative that we have your full cooperation. Please feel free to call us with any questions concerning your surgery or anesthetic.

Patient Name : _____

Patient Signature: _____ Date: _____

****Please arrive 15 minutes prior to your appointed time****

3787 fettler park drive , suite A8, Dumfries, VA22025