



DRS. HAUCK, BIANCHI & DRISCOLL
EAR • NOSE • THROAT
FACIAL PLASTIC SURGERY

PRE-OP INSTRUCTIONS

Your procedure is scheduled for:

Date: _____ **Time:** _____ **Please arrive at:** _____
TIME IS SUBJECT TO CHANGE – PLEASE HAVE YOUR CAREGIVER MAKE PLANS TO BE AVAILABLE ALL DAY

Your surgeon will be: Bianchi Driscoll Nottingham Hesham Patel

Your procedure will be at: Adventist Healthcare, White Oak Medical Center
11890 Healing Way, Silver Spring, MD 20904

Procedure Code(s) for use when calling insurance company: _____

WHAT YOU NEED TO DO IN THE NEXT FEW WEEKS

- Have a history and physical completed with your primary care physician within 14 30 days prior to your surgery date. Please use the attached History and Physical form.
- Complete the following diagnostic tests within 14 30 days prior to your surgery date. NONE REQUIRED.
- CBC PT/PTT BMP CMP CAL ALB TSH/T4 MAG LATEX RAST
- HCG within 7 days of surgery Serum intact PTH Serum CA Covid-19 (WOMC will call to sched)
- EKG within 6 months of surgery CXR within 6 months of surgery

You may have these done at your primary care physician's office, a lab approved by your insurance or at the hospital. The test results must be faxed to White Oak Medical Center AT LEAST 24 hours before your surgery.

FAX# 301-315-8497, and to your surgeon at 844-206-0785.

- DO NOT TAKE ANY MEDICATIONS CONTAINING ASPIRIN OR IBUPROFEN (ADVIL, MOTRIN OR SIMILAR PRODUCTS) WITHOUT YOUR SURGEON'S PERMISSION FOR TWO (2) WEEKS PRIOR TO YOUR SURGERY.
If you are taking aspirin for a heart condition please discuss this with your doctor.
- DO NOT TAKE VITAMIN E SUPPLEMENTS FOR TWO (2) WEEKS PRIOR TO SURGERY
- DO NOT TAKE ANY HERBAL SUPPLEMENT (including but not limited to) GINKGO BILOBA, GLUCOSAMINE or FISH OIL FOR TWO (2) WEEKS PRIOR TO YOUR SURGERY
- Weight loss and diabetes injectable medications must be stopped **AT LEAST 7 days** prior to anesthesia.
- It is OK to take TYLENOL and Daily MULTI VITAMIN

WHAT YOU NEED TO DO THE DAY OF YOUR SURGERY

- DO NOT EAT OR DRINK ANYTHING (INCLUDING WATER) AFTER MIDNIGHT THE NIGHT BEFORE YOUR SURGERY
- DO NOT drink alcohol or use tobacco products for at least 24 hours prior to surgery
- Bring your driver's license and insurance card to the facility on the day of surgery
- Bring a list of all medications and supplements you are currently taking or have taken in the past 30 days
- Your usual medications will be reviewed by a nurse during your pre-op phone call.
Diuretics, diabetes & weight loss medication may need to be adjusted for surgery.
Discuss these with your doctor and surgical facility nurse.
- If you use inhalers for asthma, emphysema or bronchitis BRING THEM WITH YOU
- Wear Glasses rather than contact lenses Wear comfortable, loose-fitting clothing
- DO NOT wear make-up, nail polish, or jewelry DO NOT bring any valuables with you
- You MUST have a responsible adult to take you home and help out the day of surgery
- Your caregiver must be able to remain at the surgery center during your procedure.
- You will spend the night in the hospital after your surgery
- Bring all X-RAY, MRI and/or CT scan films or disc WITH YOU THE DAY OF SURGERY
- SCHEDULE "STEALTH CT SCAN" @ Radiology Office that is participating with your insurance company
- SCHEDULE "STEALTH CT SCAN" @ HOLY CROSS HOSPITAL 2-7 days PRIOR TO SURGERY – 301-754-8200

Radiology order attached (should be done within one week of your surgery)



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HISTORY & PHYSICAL FORM

Name: _____

Chief Complaint: _____

History of Present Illness: _____

Past Medical History:

Allergies: _____

Medications: _____

Illnesses: _____

Surgeries: _____

Bleeding Disorders: _____

Social History: _____

Family History: _____

Review of Systems: _____

Physical Examination

HT: _____ WT: _____ T: _____ P: _____ R: _____ B/P: _____

NORMAL

- General: _____
- HEENT: _____
- Neck: _____
- Back & Thorax: _____
- Heart: _____
- Lungs: _____
- Abdomen: _____
- Extremities: _____
- Neurological/Mental Status: _____

Impression: _____

Plan: _____

Physician's Signature: _____ Date: _____