



Center for Colon & Rectal Surgery

FLORIDA HOSPITAL MEDICAL GROUP

Outpatient Anorectal Surgery Instructions

- 1. DO NOT TAKE ASPIRIN, MEDICATIONS CONTAINING ASPIRIN, TICLID, VITAMIN E OR ANY OTHER BLOOD THINNERS FOR 10 DAYS PRIOR HAVING YOUR SURGERY. STOP DATE: _____**
2. Eat an early light supper the evening prior to surgery unless following bowel prep
3. Take a dose of bulk fiber after supper the evening before your surgery.
- 4. DO NOT eat or drink ANYTHING after 12 midnight the evening prior to surgery. This is to include WATER, GUM, CANDY, or MINTS. FAILURE TO FOLLOW THIS REQUEST WILL CAUSE YOUR PROCEDURE TO BE CANCELLED BY ANESTHESIA.**
5. If you take blood pressure or heart medications, take them with a sip of water early the morning of surgery (unless instructed otherwise by your surgeon or anesthesiologist).
6. Please call the phone number listed for your preadmission testing appointment. This appointment needs to be schedule within 5 days of your schedule surgery date. This appointment is mandatory for inpatient surgical admissions.
7. One (1) hour before leaving your home, administer and expel 2 regular fleet enemas. Administer one in to your rectum, hold the fluid for approximately 5 minutes, and expel it. Follow the same directions for the second enema.
8. **MAKE SURE YOU HAVE SOMEONE TO DRIVE YOU HOME AFTER SURGERY.** (You will be at the hospital between 4-5 hours)

Winter Park Office: Melissa.Ramos@Fhosp.org

East Orlando: Lisa.Hierbe@Fhosp.org

Orlando: Seleny.Rodriguez@Fhosp.org

Altamonte: Daisy.Cortes@Fhosp.org

You are scheduled for your procedure/surgery on _____ please arrive at the location highlighted below at _____.

<input type="checkbox"/> Florida Surgery Center 180 Boston Ave., Altamonte Springs, FL 32701	Main Line (407) 830-0573 Report to reception desk front entrance
<input type="checkbox"/> Florida Hosp- Winter Park 200 N. Lakemont Avenue Winter Park, FL 32792	Pre-Testing (407) 646-7555 Go to Patient Information Desk through the Main entrance and ask them to direct you to either Endoscopy for Colonoscopy or tell them you are scheduled for a surgery.
<input type="checkbox"/> Florida Hosp- Orlando 601 East Rollins St., Orlando, FL 32803	Pre-Testing (407) 303-2466 after scheduling your appt report to ste 330 on the 3 rd floor of the FH Orlando Med. Plaza If you didn't pre-test report to admitting across from patient info through main entrance. After admitted you will be directed to suite 1500
<input type="checkbox"/> Florida Hosp Orlando-Medical Plaza 2501 N Orange Avenue Orlando, FL 32803	Pre-Testing (407) 303-2466 -report to ste 330 on the 3 rd floor of the FH Orlando Medical Plaza DAY OF SURGERY: Report to Ste 370
<input type="checkbox"/> Florida Hosp- Altamonte 601 E Altamonte Dr., Altamonte Springs, FL 32701	Pre-Testing (407) 303-2628 Report to patient registration through main entrance
<input type="checkbox"/> Florida Hosp-Altamonte Medical Plaza 661 E. Altamonte Dr., Altamonte Springs, FL 32701	Pre -Testing (407) 303-2628 Report to Ste 110 see receptionist (Downstairs from Dr. Albert's Office)
<input type="checkbox"/> Florida Hosp- East Orlando 7727 Lake Underhill Rd., Orlando, FL 32822	Pre-Testing (407) 303-8620 Go to 1 st floor-Registration
<input type="checkbox"/> Florida Hosp East-Surgery Center 258 Chickasaw Tr. Orlando, FL 32825	Pre-Testing (407) 303-8620 Go to 1 st floor-Registration
<input type="checkbox"/> Citrus 2861 Delaney Ave # B Orlando, FL 32806-5409	Main Line (407) 472-5095 Go to 1 st floor-Registration
Health Village 2415 N. Orange Ave., Ste 201 Orlando, FL 32804	PH# 407-303-2530 Parking is available in the parking garage off Rollins. The 3 rd floor connects to McRae parking garage.

I understand the instructions given to me and that I am required to give the Center for Colon & Rectal Surgery a minimum of 48 hours notice if I need to cancel or reschedule. If this notice is not given you will be charged a **\$100 FEE**.

I also understand that due to emergencies, Operating Room delays, and other unforeseeable scheduling issues surgery times are not a guarantee but an estimation. It may be necessary to adjust surgery times up to the day of surgery due to these unforeseen circumstances.

Patient Signature

Date signed