

Colon and Rectal Surgery
1315 York Avenue, 2nd Floor
New York, NY 10021
Tel: (212) 746-6030
Fax: (212) 746-6370

PRE-OPERATIVE SURGERY INSTRUCTIONS

1. Surgery Date: _____.
- **Pre-admission testing** must take place between 7 and 30 days prior to surgery.
 - Local MD (see attached pre-operative requirement sheet to give to your doctor)
Have results faxed to us at 212-746-6370
 - Pre-admission testing at NYP
For pre-admission testing to be done at the hospital, go to:
525 East 68th Street, Greenberg Pavilion, 3rd Floor, 3 West
Hours: Walk-In from 8a-4p, Mon-Fri.
 - Make an appointment to see Kelly RN WOCN 1-2 weeks prior to surgery for pre-op teaching and pre-surgical marking.
2. Nothing to eat or drink after midnight on the morning of surgery (no gum, candies or lozenges).
Follow bowel preparation instructions, if applicable:
 - None required
 - Clear liquid diet
 - Miralax and Gatorade (see instruction sheet attached)
 - 2 Fleets enemas on the morning of surgery before coming to hospital or 1 the night before and 1 the morning of surgery.
 - Magnesium Citrate (see instruction sheet attached)
 - Other
3. For **the time and place of admission for your operation/procedure**, call 212-746-5111 (ambulatory surgery) or 212-746-5299 (same day surgery), after 4pm the day before surgery, If your surgery is on a Monday, call the Friday before surgery.
 - AMBULATORY SURGERY: 520 East 70th St., Starr Pav., 9th Floor, L9
 - SAME DAY SURGERY: 525 East 68th St., Greenberg Pav., 3rd Floor, 3W
4. Stop Aspirin, Motrin, Advil, Aleve, Ibuprofen, multivitamins, vitamin E, and fish oil, **seven (7) days** before surgery. Tylenol is ok to take. Let us know if you are on any additional blood thinning medications such as Coumadin, Plavix, etc. Consult with your prescribing doctor about stopping or decreasing diabetes medications during bowel prep and on day of surgery. Please provide us with a list of any medications that you take on a regular or daily basis.
5. If you are having an ambulatory procedure/surgery, please arrange for someone to bring you home.
6. Shower or bathe with Hibiclens as directed on instruction sheet attached.
Please do not bring any valuables to the hospital and leave all personal items with a family member until you are admitted to a room after surgery as the OR does not have storage capacity.
Please do not wear contact lenses or colored nail polish on the day of your surgery.
7. Please call the office after discharge from the hospital to set up your first postoperative check-up.

If you have any changes in your health before your scheduled surgery date, such as fever, cold, or cough, please call your doctor at 212-746-6030 and speak to your nurse.



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Section of Colon and Rectal Surgery
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**Pre-Operative Testing Requirements
For Colon and Rectal Surgery**

Dear Health Care Provider,

Your patient, _____, is scheduled to undergo

on _____. Pre-operative testing for this procedure will need to be obtained within 30 days and at least 7 days before the surgical date. Thank you in advance for your assistance with this clearance.

- Medical Clearance Letter for Surgery
- Cardiac Clearance Letter for Surgery
 - Stress or Echo test within 1 year if indicated
- Pulmonary Clearance Letter
- Renal Clearance Letter
- Hepatic Clearance Letter
- Neurology Clearance Letter
- EKG
- Chest X-Ray
- Pulmonary Function Testing
- Urine Analysis
- Laboratory Testing
 - CBC with Diff
 - CMP
 - PT/PTT/INR
 - ESR
 - C-Reactive Protein
 - CEA
 - Other _____

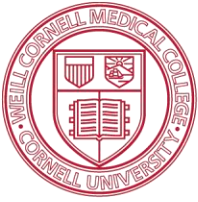
Please fax all records to our office at 212-746-6370. If you have any questions, please feel free to contact us directly at 212-746-6030.

Sincerely,

Dr. Jeffrey Milsom
Dr. Toyooki Sonoda
Dr. Sang Won Lee

Dr. Daniel Hunt
Dr. Kelly Garrett
Dr. Govind Nandakumar

Dr. Parul Shukla
Dr. Joongho Shin



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Miralax and Gatorade Bowel Prep

SUPPLIES TO PURCHASE AT DRUG STORE:

1. 64 ounces of GATORADE – Please avoid RED, BLUE, or PURPLE flavors
2. 238 grams of MIRALAX POWDER
3. 4 DULCOLAX (Bisacodyl) TABLETS

THE DAY BEFORE THE PROCEDURE:

1. On the morning before the examination, please begin a CLEAR LIQUID DIET (**No solid food for breakfast, lunch or dinner**).
 - a. Please avoid fluids that are RED, BLUE, or PURPLE.
 - b. Drink plenty of fluids on the day of this bowel prep to ensure that your intestines are well prepared for your procedure. In doing this, you should also feel better on the day of your procedure.
 - c. The following are examples of clear liquids:
 - Water
 - Fruit juices without pulp (e.g. apple juice, white grape juice, etc.)
 - Clear broth or any flavor bouillon
 - Gatorade, Powerade, Kool-Aid or Crystal Light
 - Soda
 - Jell-O
 - Popsicles, ices or sorbet (mango, lemon, peach, etc.)
 - Tea or coffee without milk, cream or non-dairy creamers. Sugar is OK
2. At 3:00pm, take the 4 DULCOLAX (Bisacodyl) TABLETS by mouth with a large glass of water.
3. At 5:00pm, mix the 238 gram bottle of MIRALAX POWDER into the 64oz of GATORADE. Shake the solution until the Miralax is dissolved.
4. Drink an 8oz. glass of MIRALAX/GATORADE SOLUTION every 10-15 minutes until the solution is gone.
5. YOUR STOOL SHOULD BE WATERY TO CLEAR by _____PM. If STOOL IS STILL FORMED, please call our answering service at 212-746-6030 and speak to the covering physician for next step.
6. It is recommended that you continue drinking clear liquids AS TOLERATED until you go to bed to stay hydrated.
7. NOTHING BY MOUTH AFTER MIDNIGHT. (This includes water, gums, candies, and lozenges)

NOTE: Individual response to laxatives may vary. It may start to work as early as 30 minutes or take as long as 3 hours. This medicine will cause diarrhea (water stool) to clean out the intestine. Please remain within easy reach of toilet facilities. It is not unusual for this medication to cause nausea. **If you vomit the medicine and are unable to keep it down, please contact the physician's office. An alternative laxative may be suggested.-**



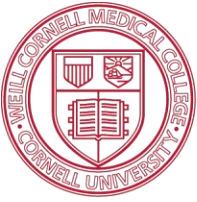
Weill Cornell Medical College

┌ NewYork-Presbyterian Hospital
└ Weill Cornell Medical Center

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Pre-Op Checklist

- Medical Clearance Letter
- Cardiac Clearance Letter
- Pulmonary Clearance Letter
- Renal Clearance Letter
- Hepatic Clearance Letter
- EKG
- Labs – CBC, CMP, PT/PTT
- Type and Screen
- Chest X-Ray
- Other _____



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Preoperative Chlorhexidine Gluconate (CHG) Bathing Instructions

You can reduce the number of germs on your skin by washing with CHG soap for 3 consecutive days before surgery. Please follow the instructions below:

Do not use if you are allergic to chlorhexidine.

Showering Process

- Shower as usual and be sure to rinse your body thoroughly to remove any residue.
- Towards the end of your shower
 - Turn off water
 - Apply the CHG soap to your body from the neck down to the lower abdominal area (area where surgery will be performed) only, avoiding genital area as well as your eyes, ears, and face.
 - Leave CHG on skin for 5 minutes.
 - Turn the water back on and rinse your body thoroughly. **Do not use your regular soap after using CHG soap.**
 - Pat yourself dry with a clean, soft towel.

Do not shave the area of your body where your surgery will be performed.

CHG soap can be purchased at most large pharmacies. Please call your pharmacy to be sure that they have CHG soap in stock. Brand names include Bactoshield and Hibiclens.