

SURGERY INFORMATION

Crosstown Surgery Center

4010 W. 65th St. Suite 300, Edina, MN 55435
P: (952) 456-7300 • F: (952) 456-7399
CrosstownSurgeryCenter.com

Two Twelve Surgery Center

111 Hundertmark Rd. Suite 340, Chaska, MN 55318
P: (952) 456-7900 • F: (952) 456-7901
TwoTwelveSurgeryCenter.com

Eagan Orthopedic Surgery Center

2700 Vikings Circle, Suite 300, Eagan, MN 55121
P: (952) 456-7100 • F: (952) 456-7101
EaganOrthopedicSurgeryCenter.com

SURGERY INFORMATION

Patient: _____

Surgeon: _____

Procedure: _____

IMPORTANT

IMPORTANT DATES AND TIMES

Date of Surgery: _____

Estimated Arrival Time: _____

***Please Note:** The Surgery Center will contact you prior to your procedure with pre-surgical/procedural information and your actual arrival time.

Date of Post-Op Appointment: _____



IMPORTANT

Do not eat solid foods or consume dairy products past: _____

Do not consume water past: _____

Please refrain from using alcohol or tobacco products 24 hours prior to your surgery.

Failure to comply with appropriate arrival times and all provided instructions may result in a delay or cancellation of your surgery.

Pre-Surgery Checklist (30 days prior to surgery)

- Please call your insurance company to confirm your financial responsibilities for the surgery.
- Schedule an appointment for your history and physical with your primary care physician, within 30 days of your surgery. **Please have it faxed at least 7 days prior to your scheduled surgery date.**

MEDICATIONS: Discuss all medications/supplements you currently take with your family physician. **IF YOU CURRENTLY TAKE ANY ANTICOAGULATION MEDICATION (BLOOD THINNERS) OR ASPIRIN, TALK TO THE PRESCRIBING DOCTOR about dosing before and after your surgery.**

Pre-Surgery Checklist (7 days prior to surgery)

- Verify your ride to and from the surgery center. You will NOT be allowed to use a cab, walk or drive yourself home. Your driver must be at least 18 years of age. We request that a responsible adult stay at the surgery center for the entirety of your procedure. If they are unable to stay, they must be **IMMEDIATELY** available after your surgery is completed. They will be receiving your discharge instructions.
- For your safety, identify who will be the caregiver staying with you for 24 hours after surgery.
- If you develop a fever, cough, sore throat, infection or other illness within 1 week prior to surgery — please call the surgery center.
- Please remove any nail polish prior to your procedure.

Pre-Surgery Checklist (24 hours prior to surgery)

- The night before your surgery, complete your first shower, using Hibiclens antibacterial soap (if instructed to do so). Please see provided literature for instructions on obtaining and using Hibiclens soap.
- Follow instructions for stopping all food, drink and tobacco products.

Pre-Surgery Checklist (day of surgery)

Prior to arrival

- Complete your second Hibiclens shower (if instructed to do so).
- Remove all jewelry.**
- If you wear contact lenses or glasses, bring your case.
- Please follow the plan for medication dosing as instructed by your primary care physician.
- Wear your hearing aids, if applicable.
- Bring your inhaler, if applicable.
- Wear large, loose fitting clothing (**no jeans**) that you can easily take off and put on before and after your surgery. You may need to cover large bandages, slings or a cast. Be sure your clothing will accommodate your surgical dressing.
- Bring your I.D. and Insurance Card(s). Please leave all other valuables at home (Jewelry, purses, etc..)
- Prepare to drop your prescriptions off at a pharmacy on the way home. There is not a pharmacy on-site.
- Bring CPAP machine, if applicable.
- Bring any durable medical equipment (crutches, boots, slings, etc.) that you may have received at your clinic appointment.
- Bring this folder to surgery appointment.