

A preoperative History & Physical Examination must be completed within 30 days of surgery, unless otherwise directed.

Two Twelve Surgery Center recommends that the pre-op physical be completed at least 14 days prior to the surgery when possible to allow time to receive and review the physical.

Please fax the History & Physical document to: Two Twelve Surgery Center 952-456-7901

MEDICATIONS:

1. Patients should take **cardiovascular, pulmonary, reflux, or seizure medication** as prescribed by physician the morning of the surgery. Any medications should be taken with a small glass of water, no less than two hours before scheduled arrival time.
2. **Diabetics:** Patients on oral medication for diabetic control should take the evening dose, but hold the morning dose the day of surgery. Insulin-dependent diabetics should follow the recommendations of the prescribing physician. Goal blood glucose of 140-180 for the day of surgery. Notify surgeon if HbA1c is 7.5 or greater.
3. **GLP1 Agonists:** Patients taking GLP1 agonists (Ozempic®, Wegovy®, Trulicity®, etc.) should hold their weekly injectable medication one week prior to the scheduled elective procedure and should hold oral medication day prior to surgery.
4. **Pulmonary Disease:** Patients with asthma or COPD should use inhalers the morning of surgery. Bring the inhaler along to the surgery center. *Please obtain an O2 saturation reading on the day of examination.*
5. **Blood Thinners:** Patients on anticoagulant medication should follow the instructions of the prescribing physician and coordinate with surgeon.
6. **Steroid Use:** Notify the anesthesiologist if the patient takes cortisone preparations such as prednisone.
7. Patients with **implanted pacemakers** need interrogation within 3 months. Patients should bring their pacemaker information with them on the day of surgery.
 - For patients with established cardiologist care, the cardiologist should be notified of the patient's upcoming surgery and confirm if preoperative cardiac testing or clearance is required.

ECG REQUIREMENTS:

- Patients reporting or documented history of ischemic heart disease (MI, positive stress test, current chest pain, use of nitrate therapy, previous cardiac stenting, previous cardiac bypass), congestive heart failure, arrhythmia, peripheral vascular disease, cerebral vascular disease or transient ischemic attack, COPD.
- Patients reporting or documented history of chronic kidney disease stage 3 or greater (GFR <60 or creatinine >2 mg/dL)
- Patients reporting or documented history of diabetes treated with insulin-containing medications or >1 oral hypoglycemic medication.
- Exclusion population:
 - a. ECG has been completed within 6 months.
 - b. Patients having eye procedures under Monitored Anesthesia Care (MAC) anesthesia.

LAB REQUIREMENTS:

- **Hemoglobin:**
 1. Patients with recent bleeding
 2. Patients with chronic anemia or a history of anemia
- **Blood Glucose or Accucheck:** For all diabetics
- **Potassium: *If potassium level is less than 3.2, repeat prior to surgery.***
 1. Patients receiving diuretics within 30 days
 2. Patients taking Digoxin
 3. Patients on any potassium depleting medication
 4. Patients with hypokalemia
 5. Patients with new diuretic script or dosage change within the past 30 days must have their potassium level drawn and reported within 48 hours of the surgical procedure.
- **INR:** Patients on Coumadin must have within 48 hours of procedure. Notify surgeon if the INR is greater than 2.5.
*No INR's are needed for patients having cataract surgery with phacoemulsification technique.
- **HCG/UPT** – To be performed on the day of surgery for persons with a uterus who have not had hysterectomy or are not post-menopausal.
**** Menstruating females over the age of 12 are required to have a pre-op pregnancy test done.**

If there are any additional questions regarding preoperative requirements, Two Twelve Surgery Pre-Admission Nurse Team at 952-456-7020.