

Anesthesia Outpatient Service Guidelines

1. You will need a driver. Please plan accordingly.
2. Please follow the food and liquid restrictions.
 - a. Do not eat solid food 8 hours prior to and no liquids 4 hours prior

Medication Instructions:

- a. Cardiac medications: continue all cardiac related medication as prescribed (category I, II, III, IV, V, VI, VII, VIII)
- b. Antiplatelet Agents: (category IX) Patients should be off this medication for **5 days** prior to the procedure. Plavix (Clopidogrel), Ticlid (Ticlopidine), Aggrenox
- c. Anticoagulants: (category X) Patients should be off Coumadin (Warfarin) for **5 days** prior to the procedure. Heparin and Low molecular weight Heparins (LMWH) patients should be off this medication 14 hours prior to procedure. Lovenox (enoxaparin) hold 25 hours to procedure
- d. Diabetic Medications: Oral hypoglycemics should be stopped the night prior or morning of the procedure except for late arrivals where a light breakfast is permitted. Finger sticking glucose checked should be conducted on admission for all insulin dependent diabetics unless checked recently by patient.
- e. Herbal Medications: Discontinue all herbal medication including vitamins **5 days** prior to the procedure. This includes *fish oil*.
- f. Adult aspirin discontinue **5 days** prior and baby aspirin **1 day** prior to procedure
- g. Cox II (form of non-steroidal anti-inflammatory drug or NSAID) patients should be off these medications **24 hours** prior to procedure, (ex: Celebrex, diclofenac, naproxen)

Laboratory Studies:

- a. For patients on Coumadin, an INR must be obtained within 24 hours of injection (no sooner). If you do not obtain an INR your procedure will need to be rescheduled.
- b. For patients on LMWH you will need to obtain a PTT the first visit. If the value is acceptable on the first visit and then you may discontinue.