



Pre-Operative Instructions

_____ Has been scheduled to undergo the following procedure:

Date of Operation: _____

Location:
Littleton Regional Hospital

Surgeon:
Dr. Dougald MacArthur

Pre-Operative Appointments

△ _____ @ _____ @The Alpine Clinic in the _____ office.

△ ***Please see attached sheet labeled **The Joint Program Appointment Card** for dates/times*** __ **for Pre-op Information.**

You will have both a visit and a telephone preop.

△ Your PreOp appointment will be: a **VISIT** / by **TELEPHONE** (if telephone please call 444-9310 (on _____ @ _____))

*During the visit appointment members physical therapy / case management / anesthesia will meet with you and discuss your upcoming surgery and you will have your lab work done. Please bring a complete list of the medications you are taking including prescription, over the counter medications, vitamins and supplements.

*During the telephone preop you will speak with a nurse from day surgery at Littleton Hospital who will go over your medical history and medications.

△ Appointment to be cleared for surgery: _____ @ _____ with _____
****Surgical clearance with an EKG test is required by PCP within 30 days before surgery date****

*please make sure you call Ashley with this information when you get it @ 603-728-5559 Thank you!

Arrival the Day of Surgery:

The hospital will contact you on _____ with the time you will need to arrive at the hospital for surgery. Please write your arrival time below.

Please note: *Because of last minute changes in operating room schedules, the exact time of surgery cannot be confirmed prior to the date written above.*

I need to arrive at _____ on _____ for my surgery.