

Date of Surgery _____

Physician _____

Facility _____

Procedure(s) _____

Post-Operative Appointment _____

PEDIATRIC SURGERY PRE-OPERATIVE CHECKLIST

_____ Call 7-10 days prior to surgery to pre-register if surgery is scheduled at:

_____ Fairfax Hospital (703) 776-2000
_____ INOVA Fairfax Hospital Surgical Center

_____ Register and complete clinical history questionnaire for Columbia Fairfax Surgical Center online at www.fairfaxsurgicalcenter.com (Click Pre-register today and under Pre-surgical assessment, click on pre-register online). A representative will call to confirm information 3-4 days prior to surgery date. You will call the surgery center the day prior to surgery for the time. (703) 691-0670.

_____ Pre-op Physical scheduled with Primary Care Provider 7-10 days prior to surgery.

_____ Pre-op lab work and/or tests completed 7-10 days prior to surgery.

_____ Schedule Children's Surgery Tour (optional).

_____ DO NOT give any aspirin, aspirin containing compounds, Advil, or Ibuprofen for two weeks prior to surgery. (Tylenol may be given).

_____ DO NOT give any solid foods, milk, or pulpy juices after 12 midnight before surgery. (See Pediatric Feeding Instruction Sheet)

_____ Bring any completed History and Physical Examination form with you the morning of surgery. Lab work and pre-op test results are to be faxed to our office. (703) 383-7352

_____ Have your child wear loose clothing which does not need to be pulled over his/her head.

_____ Arrive at the hospital or facility 1 hour prior to surgery.

_____ If your child is bottle fed, bring a clean bottle and nipple with you. The surgical facility will have juice available after recovery.