

Date of Surgery _____

Physician _____

Facility _____

Procedure(s) _____

Post-Operative Appointment _____

PEDIATRIC SURGERY PRE-OPERATIVE CHECKLIST (Rev. 11/09)

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

- _____ Fairfax Hospital (703) 776-7037 (for all three sites)
- _____ Fair Oaks Hospital
- _____ INOVA Surgical Center
- _____ Reston Hospital (703) 689-9072
- _____ Woodburn Surgical Center (703) 226-2652

_____ A representative from Columbia Fairfax Surgical Center will call you 3-4 days prior to the surgery date for pre-registration, or you may register online at www.fairfaxsurgicalcenter.com. You will call the day prior to surgery for the time.

_____ 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.

_____ 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.