
Day of Surgery — Preparation Guide

A straightforward plan for the days leading up to your surgery, the night before, and the morning of.

Most of what determines whether a surgical day goes smoothly happens before you arrive at the hospital. This guide walks through what to do in the week before surgery, the night before, and the morning of. It is meant to be a practical reference — not a substitute for the specific instructions you will receive from the hospital's pre-operative education / anesthesia phone call or visit. If anything here conflicts with what the hospital tells you, follow their guidance.

A quick note on medication

The hospital's pre-operative education team and the anesthesia service review every patient's full medication list before surgery and will contact you (phone call or visit) with specific instructions on what to take and what to hold. Bring a complete, up-to-date medication list (with doses) to every pre-op interaction. The general protocols below are defaults, not absolutes — always follow the specific guidance you receive from the hospital for your case.

The week before surgery

Medication stops (coordinate with the prescribing physician)

- NSAIDs (ibuprofen, Advil, Motrin, naproxen, Aleve, Celebrex, Mobic, diclofenac): stop 7 days before surgery. Tylenol (acetaminophen) is OK throughout.
- Aspirin (ASA 81 mg, low-dose): if you take ASA 81 for cardiac protection, continue through surgery unless otherwise discussed. Do not stop without coordinating with the prescriber.
- Aspirin (ASA 325 mg, full-dose): switch down to ASA 81 mg for the full week before surgery.
- Aspirin — optimal plan when safe: if your primary care physician or cardiologist agrees that holding aspirin is safe for you, stop ASA (81 or 325) for one week before surgery and one week after. This minimizes bleeding risk and is preferred when your cardiac history allows.
- P2Y12 inhibitors (Plavix/clopidogrel, Effient/prasugrel, Brilinta/ticagrelor): stop 7 days before surgery (Brilinta 5 days), with cardiology clearance. If you have a drug-eluting stent or a recent cardiac event, stopping these agents can be dangerous — coordinate with your cardiologist first.
- DOACs / NOACs (Eliquis, Xarelto, Pradaxa, Savaysa): hold more than 72 hours before surgery as a minimum. Longer holds are preferred when approved by the prescriber. Plan to remain off for at least 7 days after surgery; 2 weeks is ideal when clinically safe.
- Warfarin (Coumadin): typically held 5 days pre-op with INR check, often with bridging — coordinate the specific plan with the prescribing physician.
- GLP-1 agonists (Ozempic, Wegovy, Mounjaro, Zepbound, Trulicity, Saxenda, etc.): weekly formulations — hold one full week before surgery. Daily formulations — hold one day before. Clear-liquid diet for 24 hours before surgery is recommended for anyone on a GLP-1.

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- Herbal supplements and high-dose vitamin E, garlic, ginkgo, ginseng, St. John's wort, fish oil: stop 7 days before surgery.
 - All other prescription medications: continue as directed unless your surgeon, the hospital's pre-op team, or the prescribing physician tells you otherwise.

Appointments, paperwork, and logistics

- Pre-op testing (labs, EKG, imaging): complete whatever the hospital's pre-admission testing team has requested. Bring the results to your pre-op visit.
- Pre-op visit or phone call with Dr. Winograd and the anesthesia team: confirm the date and attend. Bring your current medication list, prior records, and any questions.
- Ride and overnight helper: arrange a responsible adult who can drive you home after surgery and stay with you for the first 24 hours. Ride-share (Uber, Lyft, taxi) is not acceptable as your sole transport home.
- Work, school, and travel: plan time off. Recovery timelines vary by procedure — ask the office if unsure.
- Home setup: clear walking paths, set up a comfortable resting area, place frequently used items within easy reach, keep a cell phone and list of phone numbers nearby.

Two nights and the night before surgery

Skin preparation — important for infection prevention

- Shower with chlorhexidine (CHG) soap the night before and repeat the morning of surgery. If the hospital gave you CHG wipes, use them according to the kit's instructions.
- After the CHG shower or wipe: do not apply lotion, oil, deodorant, perfume, or powder.
- Use fresh, clean pajamas and sleep on clean sheets the night before.

Food and drink

- Stop eating solid food by the time instructed — commonly 8 hours before your scheduled surgery start time.
- Clear liquids (water, apple juice without pulp, black coffee or tea without cream or milk, sports drinks, plain gelatin) are generally allowed up to 2 hours before surgery — unless the hospital tells you otherwise.
- No alcohol for at least 24 hours before surgery.

Rest and sleep

- Go to bed earlier than usual. Recovery benefits from a night of good sleep.
- Set an alarm early enough that you are not rushed in the morning.

The morning of surgery

When you wake up

- Do not eat any solid food.

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- Clear liquids only, up to 2 hours before surgery — unless you were told otherwise. A small sip of water with essential medications is fine even closer to surgery.
 - Shower again with CHG, or repeat the CHG wipe sequence.
 - No makeup, lotion, deodorant, perfume, hair product, or nail polish. Remove acrylic nails from at least one finger if possible (so the pulse oximeter can read).
 - Wear loose, comfortable clothing and slip-on shoes. Leave jewelry, watches, and piercings at home. Remove contact lenses before arriving — bring glasses if needed.

Medications to take (or hold)

- Take only the medications the hospital's pre-operative education / anesthesia call or visit told you to take, with a small sip of water.
- If you are unsure whether to take a medication, hold it and bring the full pill bottle to the hospital — the team can review it on arrival.
- Do not take aspirin (unless previously instructed to continue), NSAIDs, anticoagulants, GLP-1s, or any medication you were told to hold for surgery.

What to bring

- Photo ID and insurance cards.
- A current, complete medication list with doses and frequency.
- CPAP machine if you use one (check with the hospital about bringing it).
- Glasses, hearing aids, dentures — with labeled cases so they don't get lost during surgery.
- For inpatient stays: a small overnight bag — loose-fitting clothing for discharge day, toiletries, phone charger, a book or quiet activity, and any personal comfort item that helps you rest.
- For outpatient / same-day procedures: leave the overnight bag at home. Bring only ID, insurance, medication list, and CPAP if applicable.
- Do not bring jewelry, large amounts of cash, or valuables. The hospital cannot be responsible for personal items.

Arriving at the hospital or surgery center

- Plan to arrive 2 hours before your scheduled surgery time — unless the hospital gave you a different arrival time. If the hospital's time differs, follow the hospital's time.
- Check in at the pre-op registration desk. Let your responsible adult know where to wait.
- The pre-op team will get you into a gown, start an IV, review medications, and go over anesthesia once more. Dr. Winograd will come by to confirm the plan and mark the surgical site with you.
- If you have questions at any point before you are taken back to the OR, ask. Everyone in the pre-op area is used to answering them.

After surgery — what to expect

In the recovery room (PACU)

- You will wake up in the recovery room with nursing staff monitoring you closely.
- Expect some grogginess, sore throat (from the breathing tube), and thirst. Pain will be addressed quickly.
- Your family will be updated by the surgical team once you are safely in recovery.

Discharge (outpatient surgery)

- You will be discharged when you are alert, able to tolerate liquids, pain is controlled, and you can walk safely with help.
- Your responsible adult will drive you home and stay with you for the first 24 hours.
- Specific post-op instructions for your procedure will be reviewed with you and given in writing before you leave.

Admission (inpatient surgery)

- You will be moved to the hospital floor or neurosurgery unit.
- Physical therapy, nursing, and the medical team will check in regularly. Early mobility helps recovery.
- Dr. Winograd will see you each day you are in the hospital.

When to call our office

Call (442) 273-5056 immediately

If, during the days or weeks before surgery, you develop: a fever over 100.4°F, an active infection (UTI, cellulitis, strep throat, COVID, flu), a cut or wound that isn't healing, chest pain, shortness of breath, or any new or changing medication from another physician. These events may require rescheduling or additional evaluation before surgery is safe.

For any other questions between now and surgery day, our office phone line is the fastest way to reach us during business hours (Monday–Friday, 8 am–5 pm). Procedure-specific post-operative instructions will be reviewed with you at discharge and in the procedure's companion documents.



— Evan Winograd, MD

Board-Certified Neurosurgeon · North County Neurosurgery

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