NORTH COUNTY NEUROSURGERY

Evan Winograd, MD
Neurosurgery & Spine | North County, San Diego
6125 Paseo Del Norte, Suite 140, Carlsbad, CA 92011
P: (442) 273-5056 F: (442) 333-1277 northcountyneuro.com

A Note from Dr. Winograd

You are in your 50s or 60s — a busy decade. You work. You have responsibilities. You have a life outside the operating room. I understand that the weeks before surgery can feel like an interruption. But I want you to know that these three weeks before surgery are just as important as the surgery itself. The better you prepare your body, the faster and smoother your recovery will be.

This document is your complete roadmap. It is not a formality. Read it. Ask me questions. Follow the instructions. If something is unclear, call the office — that is what we are here for.

What to Expect at Pre-Admission Testing (PAT)

After your surgery is booked, the hospital or surgery center will schedule your pre-admission testing appointment. You cannot have surgery without completing PAT. This is where we make sure your body is ready.

What Happens at PAT

- **Labs:** Blood work is standard for all patients. We check your complete blood count (CBC), electrolytes and kidney function (BMP), and blood type. If you are on blood thinners, we check coagulation labs. For larger procedures, we may cross-match blood.
- **EKG:** An electrocardiogram records your heart rhythm. This is standard for all patients 50 and older and anyone with a history of heart disease or arrhythmia.
- **Anesthesia pre-op review:** The anesthesiologist will ask you about every medication you take, allergies, prior reactions to anesthesia, sleep apnea (CPAP use), and your family history of anesthesia problems. They may ask you to bring a list of all your medications.
- **Medical clearance:** If you have significant heart disease, lung disease, or other major medical conditions, your primary care doctor or a cardiologist may need to write a clearance letter saying you are safe for surgery.

What to Bring to PAT

- Photo ID and insurance card
- List of all your medications (names, doses, frequency) — or bring the bottles
- List of all your allergies, especially medicine allergies
- Any recent lab results or medical records
- Your CPAP machine or mask, if you use one at night

Medication Management — Exactly What to Stop and When

At your age, you likely take multiple medications. This section tells you exactly what to stop, when to stop it, and what to keep taking. If something is unclear or you are on a medication not listed here, call us before surgery.

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NSAIDs (Pain and Inflammation Medicines)

Stop all of these 7 days before surgery:

- Ibuprofen (Advil, Motrin, Ibuprofen)
- Naproxen (Aleve, Naprosyn)
- Meloxicam (Mobic)
- Diclofenac (Voltaren)
- Celecoxib (Celebrex)
- Aspirin-containing cold and headache remedies (Excedrin, some combination drugs)

Why? NSAIDs thin your blood and increase bleeding during surgery. Acetaminophen (Tylenol) is safe and you can use it for pain throughout the pre-op period and after surgery.

Aspirin — Dr. Winograd's Protocol

- **ASA 81 mg:** CONTINUE through surgery unless Dr. Winograd specifically tells you otherwise. The cardioprotective benefit typically outweighs the small increase in bleeding risk.
- **ASA 325 mg (higher dose):** Switch DOWN to ASA 81 mg for the full week before surgery.
- **Optimal approach (discuss with your prescriber):** If your cardiologist or primary care doctor agrees, you can hold all aspirin starting 1 week before surgery and restart 1 week after surgery. This reduces bleeding risk further. But this decision must be made with your regular physician — do not stop aspirin without talking to them first.

Key point: Never stop aspirin abruptly without approval from the doctor who prescribed it. If you have had a stent, recent MI, or atrial fibrillation, stopping aspirin carries its own risk — your cardiologist must guide this decision.

P2Y12 Inhibitors (Antiplatelet Drugs)

Hold these for 7 days before surgery if you take them (Plavix), or 5 days (Brilinta):

- Plavix (clopidogrel) — hold 7 days
- Effient (prasugrel) — hold 7 days
- Brilinta (ticagrelor) — hold 5 days

DO NOT stop any P2Y12 inhibitor without getting approval from your cardiologist first. If you have a stent, stopping these drugs too early can cause the stent to clot. Call your cardiologist now and tell them your surgery date.

DOACs (Direct Oral Anticoagulants)

Hold these for more than 72 hours before surgery. If possible, hold for 7–14 days with approval from your prescribing physician.

- Eliquis (apixaban)
- Xarelto (rivaroxaban)
- Pradaxa (dabigatran)
- Savaysa (edoxaban)

After surgery, stay off DOACs for a minimum of 7 days; ideal is 2 weeks if medically safe. Talk to the doctor who prescribed it about the timeline for restarting.

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GLP-1 Agonists (Diabetes and Weight Loss Medications)

This is critical: If you take any GLP-1 medication, you must tell us now and plan accordingly.

- **Weekly injections (Ozempic, Wegovy, Mounjaro, Trulicity):** Hold your last dose 1 full week before surgery. Clear-liquid diet for 24 hours before surgery (high aspiration risk).
- **Daily injections or oral GLP-1 (Saxenda, Byetta, some oral formulations):** Hold 1 day before surgery. Clear-liquid diet for 24 hours before surgery.

Why? GLP-1 agonists slow stomach emptying, which increases the risk that you will aspirate stomach contents during anesthesia. We take this very seriously. If you are on a GLP-1, we will plan your fasting differently.

Other Medications

- **Blood pressure meds:** Continue your regular schedule unless told otherwise. Take your morning dose with a small sip of water on the day of surgery.
- **Diabetes meds:** Talk to your endocrinologist or PCP. Usually you hold long-acting insulin on the morning of surgery. Short-acting insulin dosing depends on your blood sugar — we will give you specific instructions.
- **Thyroid medication (levothyroxine):** Continue your regular dose.
- **Psychiatric meds (antidepressants, antipsychotics, anti-anxiety):** Continue unless anesthesia tells you otherwise.
- **Proton pump inhibitors and H2 blockers:** Continue.
- **Statins:** Continue.

The anesthesia team will tell you which medications to take the morning of surgery with a small sip of water. Bring your complete medication list to PAT and to your pre-op visit.

Supplements and Herbal Products

Stop these 7 days before surgery — they all increase bleeding:

- Fish oil and omega-3 supplements
- Vitamin E (unless prescribed by your cardiologist for a specific reason)
- Garlic supplements
- Ginkgo biloba
- Ginseng
- St. John's Wort

Do not restart these until we give you permission after surgery. Other supplements (vitamins, minerals, probiotics) are generally OK but mention them to the anesthesia team.

Fasting Instructions — Do It Correctly

The American Society of Anesthesiologists (ASA) has strict guidelines about fasting. Following them exactly is critical for your safety.

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The Rules

- **No solid food:** 6 to 8 hours before your scheduled surgery time. This means no food, gum, candy, lozenges, or tobacco.
- **Clear liquids OK:** Until 2 hours before surgery. Clear liquids include water, clear broth, black coffee or tea (no milk or cream), apple juice, and sports drinks without pulp.
- **Two-hour cutoff:** Stop all fluids and foods 2 hours before your scheduled surgery time.
- **If on GLP-1:** Clear-liquid diet for the full 24 hours before surgery, not just the pre-op fasting window.

What This Means in Practice

Example: Your surgery is at 8:00 AM.

- Last solid meal: 12:00 AM (midnight) or later on the night before.
- Last clear liquids: 6:00 AM.
- Nothing after 6:00 AM — no water, no coffee, no ice chips.

Example: Your surgery is at 1:00 PM.

- Last solid meal: 5:00 AM or later.
- Last clear liquids: 11:00 AM.

Do not arrive at surgery dehydrated. Drink plenty of clear liquids up to the 2-hour mark. Being well-hydrated helps your recovery.

The Week Before Surgery — Your Checklist

7 Days Before Surgery

- **Stop NSAIDs:** Ibuprofen, naproxen, meloxicam, diclofenac, celecoxib.
- **Stop supplements:** Fish oil, vitamin E, garlic, ginkgo, ginseng, St. John's Wort.
- **Fill prescriptions:** Ask your pharmacy for post-op prescriptions now: pain medication, stool softener, any new medications. Do not wait until after surgery when you are uncomfortable and dopey. Get them now.

5–7 Days Before Surgery

- **Stop P2Y12 inhibitors:** Only if your cardiologist has approved. Do not stop without permission.
- **Confirm PAT appointment:** Make sure you have the date, time, and location. Call now if you have not scheduled it yet.

3+ Days Before Surgery

- **Stop DOACs:** If applicable (Eliquis, Xarelto, Pradaxa, Savaysa).
- **Check that PAT results are in:** Call the hospital to confirm your labs and EKG are complete.
- **Confirm surgery time:** Call the hospital or surgery center to confirm your exact arrival time and location. Most patients arrive 2 hours before the scheduled procedure time.

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1 Week Before Surgery (If on Weekly GLP-1)

- **Hold your last GLP-1 injection:** Do not take it on this date.
- **Start clear-liquid diet:** If this is your first GLP-1, start the clear-liquid diet 24 hours before surgery (not just the standard 6–8 hour fast).

Night Before Surgery

- **Shower with CHG wipe or soap:** The hospital will provide a chlorhexidine gluconate (CHG) kit or wipe. Clean your whole body, especially the area where surgery will happen. This reduces infection risk.
- **Prepare your hospital bag:** Loose, comfortable clothing for going home, slip-on shoes, phone charger, medications (if not checking in overnight), eyeglasses or hearing aids in labeled cases.
- **Arrange your ride home:** Confirm with the person driving you that they will be there. You cannot drive yourself. You also cannot take a taxi or ride-share — the anesthesia will impair your judgment for 24 hours.
- **Prepare your recovery area:** Stock foods you can eat one-handed, set up your rest area (ideally main floor), raise the toilet seat if having lumbar surgery.
- **No food after midnight:** Nothing to eat, drink (except clear liquids), gum, or candy after midnight. Follow fasting rules exactly.

Morning of Surgery

- **Second shower or CHG wipe:** Repeat the chlorhexidine wash.
- **Do not apply:** Lotion, deodorant, perfume, nail polish, powder, or oil after the CHG wash.
- **Take morning medications:** Only the ones the anesthesia team told you to take. Take them with a small sip of water — ask them which ones.
- **Dress for discharge:** Comfortable, loose clothing that will fit easily over bandages.
- **Do not wear:** Nail polish, artificial nails, jewelry, contact lenses, glasses (bring them in a case), or makeup.
- **Arrive early:** Plan to arrive 2 hours before your scheduled surgery time (or per hospital instructions).
- **Bring:** Photo ID, insurance card, medication list, any pre-op paperwork, CPAP if applicable.

Home Preparation — Set Yourself Up for Success

Arrange Help

You will need a responsible adult to drive you home and stay with you for at least 24–48 hours. You cannot be alone. Anesthesia impairs judgment and coordination. If you live alone, arrange for someone to stay overnight or to check on you frequently.

Stock Your Recovery Pantry

Before surgery, prepare foods that you can eat one-handed and without much preparation. Protein is critical for healing.

- Protein-rich foods: eggs, Greek yogurt, cottage cheese, nuts, protein shakes, canned tuna, rotisserie chicken, ground beef (pre-cooked and frozen in portions)
- Easy carbs: bread, pasta, rice, cereal, crackers, fruit
- Beverages: water, juice, sports drinks, coconut water
- Avoid: anything that requires two hands, bending over to retrieve from low cabinets, or heavy pots

Prepare Your Rest Area

Ideally set up your recovery space on the main floor to minimize stair use for the first 1–2 weeks:

- Bed or recliner with extra pillows for support
- Small table or side table within arm's reach (water, medications, remote, phone)
- Bathroom on the same floor, if possible
- Raise the toilet seat (about $30 at the pharmacy) — this is essential if you are having lumbar spine surgery
- Remove throw rugs and trip hazards
- Arrange lighting so you do not trip in the dark

If You Have Pets

This is real: a dog jumping on your incision in the first 2 weeks can cause serious problems. Plan for pet care:

- Arrange for a pet sitter or boarding for the first 1–2 weeks, or
- Have a friend or family member stay with you who can manage the pets, or
- Keep pets in a separate room when you are resting

Activity Restrictions by Procedure Type

- **Cervical (neck) surgery:** No heavy lifting, no pulling, no carrying. Avoid rapid head movements.
- **Thoracic (mid-back) surgery:** No heavy lifting, no pulling, no twisting.
- **Lumbar (low-back) surgery:** No bending, no twisting, no lifting anything over 5–10 lbs. (confirm with Dr. Winograd). Use the raised toilet seat.

Physical Preparation — Prehab Matters

Evidence shows that patients who are stronger and more active before surgery have better outcomes, fewer complications, and faster recovery. If you have time, get in shape.

Daily Walking

Start now. Aim for 20–30 minutes of walking per day. Walking improves cardiovascular fitness, reduces post-op lung complications, and helps you sleep better. If you cannot walk 30 minutes continuously, break it into 10-minute segments. The goal is movement.

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Core Activation (Gentle Abdominal Bracing)

Do not do sit-ups or crunches. Instead, do gentle core bracing: Lie on your back, relax, then tighten your abdominal muscles as if you are bracing for a punch. Hold for 5 seconds, relax. Repeat 10 times, twice daily. This builds stability without stress on your spine.

If You Are Already Active

If you exercise regularly (running, weights, CrossFit), keep doing it as long as pain allows. Do not stop exercising in the weeks before surgery because you are nervous. Staying fit reduces risk.

Smoking

If you smoke, stop now. Smoking doubles the risk of non-union (your fusion not healing) and significantly increases infection risk. Even stopping 6–8 weeks before surgery helps. If you need help quitting, ask your doctor for a referral to a smoking-cessation program.

Diabetes Control

If you are diabetic, work with your endocrinologist or PCP to get your HbA1c below 8 before surgery. Poor blood sugar control slows healing and increases infection risk. This is worth the effort.

Nutrition and Protein

Starting 2 weeks before surgery, increase your protein intake to 80–100 grams per day (your normal requirement is about 0.8 g/kg of body weight; we are asking for more). Protein is the building block of healing tissue. This is not a suggestion — it is biology. Amino acids fuel recovery.

Skin Preparation Protocol — Do Not Skip This

Cleansing your skin before surgery is one of the most effective ways to prevent infection. It takes 5 minutes and makes a real difference.

Night Before Surgery

Shower with chlorhexidine gluconate (CHG) soap or use a CHG wipe kit. The hospital usually provides this at your PAT. If not, you can buy 4% CHG at most pharmacies. Clean your entire body thoroughly, paying special attention to the surgical site.

Morning of Surgery

Repeat the CHG wipe or shower.

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After CHG Wash

Do not apply lotion, deodorant, powder, perfume, or oil. Do not put on antiperspirant. These products can trap bacteria and reduce the effectiveness of the CHG. Your skin should be clean and bare.

Day of Surgery — What to Expect

Arrival (Usually 2 Hours Before Surgery)

You will check in at the front desk. Bring your photo ID, insurance card, and any pre-op paperwork. You will be directed to the pre-op area.

Pre-Op Area

Nursing staff will place an IV in your arm or hand. This is used to give you medications and fluids during surgery. A nurse will ask you again about your medical history, medications, and allergies. Do not leave anything out. The surgical team will mark the surgical site on your body with a marker — this is the "surgical timeout" to ensure we operate on the right level. You will also meet the anesthesiologist and your anesthesia team for a final review.

Before the Operating Room

You will change into a surgical gown and remove all jewelry, glasses, contact lenses, hearing aids, and dentures (if applicable). You will be given a surgical cap. Anesthesia will begin. You will go to sleep. You will not remember anything after this point.

Surgery

The actual operative time depends on the procedure but typically ranges from 1–4 hours. Dr. Winograd and the surgical team will perform the procedure while you are asleep and monitored continuously (heart rate, blood pressure, oxygen, brain activity).

Recovery Room (PACU)

After surgery, you will spend 1–2 hours in the post-anesthesia care unit (PACU) waking up. You will be groggy and drowsy. Nurses will monitor your blood pressure, heart rate, oxygen level, and pain. As you wake up, they will help you sip water and gradually move. You may feel cold (we will warm you with blankets), nauseous (we have medications for this), or in pain (we will manage it). This is all normal.

Going Home vs. Hospital Admission

Dr. Winograd will discuss before surgery whether you will go home the same day or stay overnight. Most patients go home the same day after elective spine surgery, but some stay overnight depending on the extent of surgery, your age, and other factors.

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Warning Signs — Know What Requires Immediate Action

In the days and weeks before surgery, call our office immediately if you develop any of these:

AMBER — Call Our Office Immediately

- **New fever, cold, flu, or COVID-19 symptoms:** Your surgery may need to be postponed if you have an active infection. Do not wait — call us.
- **Any medication change by another provider:** If your PCP, cardiologist, or another doctor prescribes a new medication or changes a dose, we need to know before you go to surgery.
- **New concerning symptoms:** Any new pain, weakness, numbness, or other changes should be reported. Do not assume they will go away.

RED — Go to the Emergency Room (Call 911 if needed)

- **New severe weakness in arms or legs:** Especially if sudden — this requires ER evaluation.
- **Sudden loss of bladder or bowel control:** This is a neurosurgical emergency.
- **Severe, rapidly worsening pain:** Especially in the back or neck, especially with neurological symptoms.
- **Signs of stroke or severe neurological change:** Slurred speech, facial droop, confusion, inability to move.

Evidence Base

The protocols in this document are based on the following clinical guidelines and evidence:

- **ASA (2017):** American Society of Anesthesiologists. Practice Guidelines for Preoperative Fasting and the Use of Pharmacologic Agents to Reduce the Risk of Pulmonary Aspiration: Application to Healthy Patients Undergoing Elective Procedures. Anesthesiology. 2017;126(3):376–393.
- **ASA (2023):** American Society of Anesthesiologists. Guidance on the Perioperative Management of Patients on GLP-1 Receptor Agonists. ASA Consensus-Based Guidance. October 2023.
- **NASS (2020):** North American Spine Society (NASS). Perioperative Spine Care Clinical Practice Guidelines. Burr Ridge, IL: NASS; 2020.
- **CHEST (2012):** Guyatt GH, et al. Antithrombotic Therapy and Prevention of Thrombosis, 9th ed. ACCP Evidence-Based Clinical Practice Guidelines. Chest. 2012;141(2 Suppl):7S–47S.
- **ACS (2016):** Mohanty S, et al. Optimal Perioperative Management of the Geriatric Patient: Best Practices Guideline from the American College of Surgeons NSQIP and the American Geriatrics Society. J Am Coll Surg. 2016;222(5):930–947.
- **AAPM&R (2020):** American Academy of Physical Medicine and Rehabilitation. Clinical Practice Guidance: Prehabilitation in Spine Surgery. PM&R. 2020;12(S2):S56–S65.
- **Spine (2007):** Glassman SD, et al. The impact of perioperative complications on clinical outcome in adult deformity surgery. Spine. 2007;32(24):2764–2770.

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Frequently Asked Questions

How long will spine surgery actually take?

Most spine procedures take 1–3 hours depending on complexity. Your surgeon will give you a time range before surgery. The pre-op team will tell you a more specific estimate on the morning of surgery.

Will I stay overnight or go home the same day?

Most patients go home the same day after elective spine surgery. However, if you have significant comorbidities, extended operative time, or medical complexity, an overnight stay is safer. Dr. Winograd will discuss this option at your pre-op visit.

How bad will the pain be after surgery?

There will be pain and soreness at the incision and in the operated region — this is expected and managed with the medications we prescribe. Severe, unmanageable pain is not normal and warrants a call to the office. Most patients report that the post-op pain is less than the pain they had from their original condition.

When will I feel like myself again?

Recovery is gradual. Most patients notice significant improvement by 4–6 weeks. Full recovery, including return to high-level activity, typically takes 3–6 months. Some improvements continue for up to a year.

Do I really need physical therapy?

Yes. Physical therapy after spine surgery is crucial for restoring strength, flexibility, and function. We will give you a prescription, and you will start therapy as soon as you are cleared (usually within 1–2 weeks of surgery). PT is not optional — it is part of your recovery plan.

When can I return to work?

This depends on the type of work you do and the type of surgery. Desk work may resume in 2–4 weeks. Jobs involving heavy lifting, bending, or repetitive motion may take 6–12 weeks or longer. Dr. Winograd will give you specific restrictions at your post-op visit.

Can I drive while on pain medications?

No. Do not drive while taking narcotic pain medications. Opioids impair judgment, reaction time, and motor control. Most patients stop taking narcotic pain medication by 2–3 weeks and switch to over-the-counter pain control. You can drive again when you are no longer taking narcotics and feel safe doing so (usually 2–4 weeks after surgery).

What if I get sick (cold, flu, COVID) before my surgery?

Call the office immediately. We may need to postpone your surgery if you have an active infection, as operating on an infected patient increases risk. Do not come to your appointment if you are sick — call first.

What happens to the hardware (screws, rods, plates)?

Spinal hardware is designed to be durable and permanent. Most hardware stays in place for life. Occasionally, if hardware causes pain or loosens, revision surgery is needed. We will discuss the specific implants for your procedure before surgery.

Will I need another surgery in the future?

Most patients do not need a second spine surgery. However, fusion surgery changes the biomechanics of the spine. Over many years (5–10+ years), adjacent segments above and below the fusion may develop

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problems that eventually require surgery. This is not a failure of your first surgery — it is the natural history of spine disease. The good news is that most people do great with just one surgery.

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Quick Reference Card

Keep this page. Take a photo. Share it with your family. This has the most important information in one place.

Pre-Op Medication Checklist

- **Stop NSAIDs (ibuprofen, naproxen, meloxicam):** 7 days before
- **Stop fish oil / supplements (vitamin E, garlic, ginkgo, ginseng):** 7 days before
- **Stop P2Y12 inhibitors (Plavix, Effient, Brilinta):** 7 or 5 days before (cardiologist approval required)
- **Stop DOACs (Eliquis, Xarelto, Pradaxa, Savaysa):** >72 hours before
- **GLP-1 weekly injection:** Hold 1 week before; clear-liquid diet 24 hours before
- **GLP-1 daily injection:** Hold 1 day before; clear-liquid diet 24 hours before
- **Aspirin 81 mg:** CONTINUE (unless told otherwise)
- **Aspirin 325 mg:** Switch down to 81 mg for 1 week before

Fasting

- **No solid food:** 6–8 hours before surgery
- **Clear liquids OK:** Until 2 hours before surgery
- **Example (8 AM surgery):** Last meal midnight, last fluids 6 AM

Day of Surgery — Arrival

Arrive 2 hours before your scheduled surgery time

What to Bring

- **Photo ID + insurance card**
- **Medication list** (names, doses, frequency)
- **Pre-op paperwork** from PAT
- **CPAP device** if you use one
- **Loose, comfortable clothes** for discharge

What NOT to Wear / Do

- **No nail polish, artificial nails, or jewelry**
- **No contact lenses (bring glasses in a case)**
- **No lotion, deodorant, perfume, or makeup** after morning CHG wash
- **No food or drink after 2 hours before surgery**

After Surgery — Call Us If:

- **Pain not controlled** with prescribed medications
- **Wound concerns** (redness, swelling, drainage)
- **Medication questions** or running out of meds

Contact

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□ northcountyneuro.com