

## **GENERAL SURGERY INFORMATION**

Check in time and eating instructions: The day before surgery by 3:30 PM, our office will contact you with the check in time and the eating instructions for surgery. If you have not received a call by 3:30 PM, please call 503-494-4808. (The earliest possible check in time is 6:15 AM.)

**Illness:** Please call our office if your child should become ill within a week before surgery with cold, fever, congested cough, diaper rash, or other illness: 503-494-4808.

**NIGHT BEFORE SURGERY:** If your child becomes ill or develops a diaper rash call the ON CALL PEDIATRIC UROLOGIST immediately at 503-494-8311.

Be sure that your child has either a bath or shower the night before surgery. Hair should be shampooed also. Use clean pajamas and clean sheets on the bed. Clean clothes or pajamas should be worn to the hospital.

Computer Web Site: If you have computer access, the following is highly recommended for preparing for surgery: [www.ohsdoernbecher.com](http://www.ohsdoernbecher.com)

Click on 'Services' in the green bar near the top and then

Click on 'Surgery' in the drop-down list.

## **FOR SURGERIES LOCATED AT Multnomah Pavilion (also known as Doernbecher Ambulatory Surgery Center at Multnomah Pavilion)**

Please check in on the 4th floor of Multnomah Pavilion (see enclosed map.) Enter Multnomah Pavilion through the front entrance and use the elevators on your left just through the large double doors. For on line mapping, the address is 3171 SW Sam Jackson Park Road, Portland, OR 97239. Parking is in the Physicians Pavilion parking garage located next to Multnomah Pavilion.

## **FOR SURGERIES LOCATED IN DOERNBECHER CHILDREN'S Hospital**

Please check in in the lobby of Doernbecher Children's Hospital- you will then be instructed to go to the 8th floor Maple Leaf sign

Please note: Your arrival time to the hospital has been calculated to allow time for check-in and preparation before surgery. Infrequently, there are circumstances beyond our control that may cause a delay in the surgery start time.

**YOUR SURGERY APPOINTMENT DETAILS**

**Your child's surgery date is:** \_\_\_\_\_

**Check in location:** \_\_\_\_\_

**Check in time:** \_\_\_\_\_.

**Eating schedule on the day of surgery:**

**No orange juice after 12 midnight the night before surgery**

**Regular diet including milk, formula, and  
non-clear liquids, gum or candy need to be finished by:** \_\_\_\_\_.

**Breast Milk needs to be finished by** \_\_\_\_\_

**Clear liquids (Pedialyte, clear apple juice, water, clear,  
flavored Jell-O without additives) need to be finished by:** \_\_\_\_\_.

**Nothing by mouth (not even water) after:** \_\_\_\_\_.