

VERNICK & GOPAL LLC

Ear, Nose and Throat Specialists



Harvard Medical School
Otolaryngology

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Audiologist

Overnight Surgery

Date: _____

Dear Parent:

Your child _____ has been scheduled for surgery
with Dr. _____ at Children's Hospital on _____
at _____.

This surgery / procedure requires an overnight stay. You will be able to stay
overnight in the room with your child. Please arrive at the hospital 90 minutes prior
to your scheduled time. If surgery is scheduled for 7:30 am, please arrive at 6:15 am.

Your child will need to come for pre-operative testing. At this appointment your
child will be seen by a nurse and an anesthesiologist and have blood work drawn.
This appointment has been scheduled for _____ at
_____. Please report to the Admitting Office located on the 1st floor
of Children's Hospital.

Children's Hospital offers an orientation for children and families and can be
arranged by calling 617-355-7921.

Following are some DIET GUIDELINES for preparing your child for surgery:

FOR ALL AGES: No food should be consumed after midnight the
evening prior to surgery. This includes the following: solid foods, candy,
chewing gum, milk, milk products. Orange juice and any juice with pulp
carbonated beverages.

Clear fluids should be finished 3 hours prior to the scheduled time of
surgery. These include: water, apple juice and clear juice drinks. Oral
electrolyte solution and breast milk for nursing infants.

FOR INFANTS LESS THAN SIX MONTHS OLD

Infants less than six months of age may be given formula up to six hours
before surgery. Breast milk or clear liquids as listed above may be given
up to three hours before surgery.

IMPORTANT: Your child should not take **ASPIRIN, IBUPROFEN** or any
product containing these medications for **2 WEEKS** prior to surgery.

Please do not bring brothers or sisters or additional people such as grandparents or
friends to the hospital.

If you have any concerns or questions please call 617-383-6846

Best Wishes,

Surgical Coordinator