Preparing for Surgery
First Day Surgery (FDS), Outpatient Surgery (OSC), Ambulatory Procedure Center (APC)

Knowing what to expect is a big part of getting ready for surgery. This handout helps you to learn about:

- Your pre-op clinic visit
- Getting ready for surgery
- Recovery
- Who to call

Date of Surgery: _____

Your Surgery: _____

Surgeon: _____

Address
UW Hospital and Clinics
600 Highland Avenue.
Madison, WI 53792

Patient Guide

Scan the QR code or click here to view the patient guide.

Patients scheduled for surgery may need to stay in the hospital until they are ready to go home or may be discharged the same day. Patients will be directed to arrive to one of three areas: First Day Surgery (FDS), Outpatient Surgery Center (OSC), or Ambulatory Surgery Center (APC).

To find the **FDS unit**, enter through the Hospital Entrance. Go to Admissions to check in. Then go to First Day Surgery on the 3rd floor. Take the D elevators to the 3rd floor. Turn left when you leave the elevator. Go to the end of the hall. Enter First Day Surgery.

To find the **OSC Unit**, enter through the Hospital Entrance. Go to Admissions to check in. Then go to OSC. Follow signs to Town Square. Walk past the F elevator lobby. The clinic is between the information desk and Registration.

To find the **APC Unit**, enter through the Hospital Entrance. Go to Admissions to check in. Then go to APC. Follow signs to Town Square. Walk past the D elevator lobby. Turn left at the APC sign. Go to the Urology, GI, and APC clinic.

Surgery may feel stressful no matter how simple it is. Our staff will help you through each part of your visit. At home, your family and friends are the team helping you before and after surgery.

Getting Ready for Surgery

Pre-Anesthesia Clinic

The pre-anesthesia clinic offers a standard evaluation for UW Health surgical patients. The goal of the clinic is to ensure the best outcomes after surgery.

- If you qualify, the pre-anesthesia team will call you to schedule a visit.
- During the visit, the anesthesia team will review your health condition and discuss any risks, concerns you may have, and your anesthetic plan.
- The benefits of this visit include:
  - Preparing you for surgery
  - Improved safety and outcomes after surgery
  - Decreased risk of same day surgery cancellations

Caregiver
For outpatient surgery, you must have someone drive you home and stay with you overnight if you:

- Have local (numbing) anesthesia**, and**
- Get medicine to sedate you, or
- You get **regional, spinal, monitored or general anesthesia**.

The person driving should be 16 older who could drive you to the ER or make a phone call if you need help. This person should be with you when the nurse reviews your discharge teaching. Ask the nurse what time this will happen so your friend or relative can attend. If you cannot find a ride home and overnight help, your surgery will be rescheduled.

One to two days before surgery (or on Friday for a Monday surgery), a nurse will call you. The nurse will tell you when to arrive and where to go. If you do not hear from us by 3 pm, please call **608-265-8857 (FDS), 608-263-8804 (OSC), or 608-263-5775 (APC).** Before this call, please review details your clinic or anesthesia staff gave you during your clinic visit.

If you have a cold, fever or illness the day before surgery, call your surgeon's clinic as soon as you can.

Steps for Getting Ready

1. Medicines:
    - Tell your surgeon or nurse if you take any blood thinners. We **may** ask you to stop taking these before surgery.
    - If you are on Coumadin® or warfarin, we will tell you if and when to stop taking it.
    - **Seven (7) days** before surgery, we may ask you to stop taking aspirin or products that have aspirin in them. This includes Excedrin®, Ascriptin® and Ecotrin®. You may also need to stop taking Plavix®, vitamins and herbal supplements.
    - We may tell you to stop taking anti-inflammatory medicines such as ibuprofen, Advil®, Motrin®, Nuprin®, and Aleve®. You **do not** need to stop Celebrex® unless your surgeon has told you to do so. You can use acetaminophen (Tylenol®) for pain.
    - If you were given instructions in clinic about medicines, please follow those instructions. These are general guidelines to be used if you were not given instructions. Contact the clinic or surgeon if you have questions.
2. Eating/Drinking:
    - If you do not receive other instructions about eating and drinking before surgery, follow these instructions.
    - The night before surgery eat a light meal with small amounts of low-fat foods.
    - 8 hours before your procedure, stop eating full meals. **Avoid** heavy foods like meat, cheese, ice cream, fried or fatty foods. You may have a light meal with foods such as toast, crackers, and liquids including milk.
    - 8 hours before your procedure, stop chewing tobacco.
    - 6 hours before your procedure, stop eating all foods and drinks like milk.
    - Up until 2 hours before your procedure, you may have clear liquids such as water, fruit juices without pulp, Jell-O, carbonated drinks, clear tea, protein or

carbohydrate-containing clear liquids and black coffee.
    - 2 hours before your procedure, stop drinking clear drinks. Do not have anything more to eat or drink before your procedure.
    - If your surgery is before **8:00 am**, you should have **nothing** to eat after midnight unless you received other instructions.
    - Do **not** have candy the day of your surgery. You may chew gum until arrival to hospital.
3. Do **not** drink alcohol after 8 pm the night before your surgery. When mixed with anesthesia, it can have serious effects on your body.
4. Try to stop smoking. Smoking delays wound healing and can increase risks from anesthesia. If you'd like help quitting, call the Quit Line at **1-800-784-8669**.
5. Refer to Health Facts for You #7938 **"Getting Your Skin Ready for Surgery-Adult"** for skin prep instructions.
6. If you are having surgery on your arm, remove fake nails and nail polish on that side. For hip and knee surgery, remove toenail polish.
7. Try to have a restful night before surgery. If you are coming from out of town, you may wish to stay in Madison. Call our housing desk at **(608) 263-0315** for a list of nearby motels and to arrange for your stay at a discount rate.
8. The morning of surgery brush your teeth and rinse, but please do not swallow any water.
9. If you have diabetes, we will give you instructions about your diabetes pills at your clinic visit.
10. Please leave items of value and body piercings at home. Please bring a photo ID in case your doctor prescribes you pain medicine and you would like to pick it up at our pharmacy before going home.
11. Bring any inhalers, CPAP machines, glasses, crutches, hearing aids, dentures, prostheses or other things that you will need. Make sure these items are in a case and labeled. If you are scheduled for outpatient surgery, do **not** leave them in the car. If you are spending the night in the hospital, you may be asked to leave some items in the car.
12. Wear loose clothing and shoes that are easy to get on and off. If you do not have slip-on shoes, you may want to bring slippers.
13. Your primary support person may want to bring something to read or do while waiting.

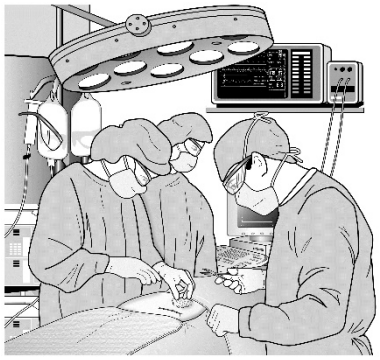
The Day of Surgery

When you arrive, go to the main check-in desk to register. Go to the First Day Surgery unit, Outpatient Surgery Center, or the Ambulatory Procedure Center if you were told to go there. We welcome all family members on your day of surgery, but you will need to choose one person as your **primary support person**. This is the only person who may stay with you from check-in time until you go to surgery. When choosing this person, keep in mind that they will hear your private health information.

After checking in, a nurse will take you and your primary support person back to a room to ask you questions about your health history and get you ready for surgery. Other family and friends will be in the waiting room while you are getting ready.

If you receive anesthesia, anesthesia staff will see you before surgery. We will insert an IV. You may also receive medicine to help you relax. You may see staff wearing gloves, goggles and masks. Your primary support person may stay with you until we

take you to the procedure room or the operating room (OR).



We will take you to the OR or procedure room on a rolling cart. Once in this room, we will ask you to move onto a small narrow bed. A nurse will be with you to answer questions and explain what is going on.

You may have patches on your chest to monitor your heart, a blood pressure cuff on your arm, and a plastic clip on your finger to check your heart rate and oxygen levels. We will ask you to breathe oxygen through a soft plastic mask and give you medicines through your IV.

If you are having general anesthesia, once you are asleep, we will place a breathing tube in your windpipe to help you breathe. We may add other lines and monitors while you are sleeping.

A Note to Families

The amount of time your loved one spends in the operating room depends on the type of surgery. For **FDS** patients, family can wait in the **Surgical Waiting Area** (C5/2) on second floor. There is coffee, tea, reading materials, computers and TVs from 7:30 am until 6:30 pm weekdays. If you wish to leave the waiting area, please tell staff at the desk. The nurses will keep you informed during surgery. After surgery, the surgeon will talk with you.

For **OSC/APC** patients, your primary support person can wait in your room. There is only space for your primary support. We suggest that you leave children at home if you can. After the surgery, your surgeon will talk with your family.

Recovery

If you receive local or monitored anesthesia, we will return you straight to your room. If your surgery requires regional, spinal or general anesthesia, you may go to the recovery room.

In the recovery room, nurses will check your vitals and surgical site. You may spend an hour or more in the recovery room. You will hear noises from the equipment in the room. Family and visitors are not allowed in the recovery room. When you are ready to leave, we will take you to your room.

Inpatients

If you are spending the night in the hospital, you will go to an inpatient room. Some patients may go to an Intensive Care Unit (ICU) for special care. The staff will tell your family and friends about the visiting hours.

Outpatients

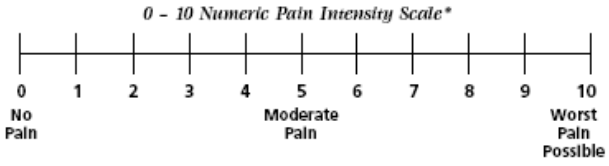
If you are going home the same day, you will return to FDS, OSC or APC. Nursing staff will keep checking on you often. At this time, your family and friends may join you. When you are fully awake, we will offer you fluids and help you walk before you are discharged.

Most patients stay 1-2 hours after surgery is done. Before you go home, we need to make sure your pain and nausea are under control, teach you how to care for yourself at home and help you walk. Some patients may need to be able to empty their bladder before going home.

Pain
You can work with your nurses and doctors to prevent or relieve pain. Drug and non-drug treatments can help prevent and control pain. Good pain control helps you to:

1. Enjoy greater comfort.
2. Heal faster.
3. Start walking, breathing and gaining strength quicker.
4. Leave the hospital sooner.
5. Have better results and avoid later problems.

Take (or ask for) pain relief medicine when pain **first begins**. Waiting until your pain becomes severe limits how well the medicine works. We will ask you to rate your pain using this scale:



Your pain should be at a level that will allow you to walk and sleep with little pain. Rating your pain helps us know how well your pain medicines are working.

Tell the nurse or doctor about any pain that won't go away. Pain can sometimes be a sign of problems.

Pain medicine may cause you to become drowsy, dizzy or lightheaded. Do **not** drive, use machines or drink alcohol while taking prescription pain pills.

Constipation
Constipation is a common side effect. Call your doctor if you have not had a bowel movement in 2-3 days. Some things that may help include:

- Eating foods high in fiber.
- Drinking fluids.
- Taking a stool softener or laxative, if advised.

Going Home

FDS Patients
The length of your hospital stay depends on your surgery. You will need to have a friend or family member learn about your home care before you go home.

You will receive prescriptions for pills. Please bring your insurance card if you plan to fill these at the hospital.

Plan to leave the hospital by noon. You will need a responsible person to drive you home and stay with you for 24 hours. It may be helpful to have someone stay with you the first week you are home.

Your case manager will help make plans for Home Health, a nursing home stay or Meals on Wheels, if needed.

OSC/APC Patients
You can go home when your doctor and nurses think you are ready. If they feel that you are not ready, we may admit you to the hospital for several hours or overnight.

At home, you may feel weak and drowsy for up to 24 hours, so take it easy. This is not a good time to make important decisions or sign legal papers. Also, you may want to eat lightly and **avoid** fatty foods.

As you get ready to go home, the nurse will give you supplies you will need at home. If your doctor orders medicine, you may pick it up at our pharmacy. We ask that your friend or relative be present to hear instructions before you go home.

You may need a follow-up visit. We will give you the phone number to schedule this visit. You may also call any time with questions or concerns. Outpatient Surgery staff will try to call you the day after surgery to see how you are doing.

Insurance Coverage
The UW Health Prior Authorization Department will work with your insurance company to approve coverage for surgery.

If there have been **changes made to your insurance within the past 3 months**, contact the Registration at **(608) 261-1600** to update the information.

The UW Health Prior Authorization department will contact you at least 2 days before your date of service if there are issues with getting your surgery approved. They do not contact you if it is approved and there are no concerns.

Contact your insurance company if you have questions about whether services will be covered under your plan.

The UW Health Prior Authorization most often will not submit your case to them until 2-3 weeks before your date of service.

Important Phone Numbers

First Day Surgery
(608) 265-8857
(5:30 am-6:00 pm Mon.-Fri.)

Ambulatory Procedure Center
(608) 263-5775
(6:00 am-5:30 pm Mon.-Fri.)

Outpatient Surgery Center
(608) 263-8804
(6:00 am-8:00 pm Mon.-Fri.)

Registration
(608) 261-1600

Hospital Paging Operator
(608) 262-0486

Housing Accommodations
(608) 263-0315

Patient Information
(for inpatient hospital rooms)
(608) 263-8590

Patient Relations Office
(608) 263-8009

Outpatient Pharmacy
(608) 263-1280

Spiritual Care Services
(608) 263-8574

Toll Free Phone Number
(844) 607-4800

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911.Copyright © 6/2026 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4549