



Dr. Audrey McNamara
 Prosthodontics • Comprehensive Periodontal Care
 Implant Surgery • IV Sedation
 3211 S Carrier Pkwy, Grand Prairie, Texas 75052
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Pre-Operative Instructions – Before Surgery

Eating or Drinking: Nothing to eat or drink **9 hours** prior to surgery. Prescription medications may be continued the day of the surgery and may be taken with a small sip of water only. Failure to follow these instructions could result in life-threatening or fatal aspiration. For sedation, it is extremely important that patients have an empty stomach.

Failure to follow these instructions will result in cancellation of surgery. You will be charged a cancellation fee up to \$5,000.

Clothing: Wear a short-sleeved shirt. Do not wear lipstick, nail polish, false nails or eyelashes. Remove contact lenses at home. Wear loose comfortable clothing. Please, no skirts or dresses. Remove all jewelry and leave at home. Wear flat shoes, such as running shoes. No sandals or flip flops, which are a tripping hazard.

Smoking: Ideally, complete cessation of smoking and tobacco use is recommended. It is best to stop smoking 4 weeks prior to your surgery and quit for at least 4 weeks after surgery. At a bare minimum, no smoking for 24h prior to surgery and for at least 48 hours after surgery to minimize avoidable discomfort during your recovery.

Alcohol: No alcohol for 24 hours prior to surgery.

Designated Driver: A responsible adult 18 years of age or older must accompany you to your appointment, be available and accessible during your surgery, drive you home and stay with you for the remainder of the day. Driving is not allowed for 24 hours after sedation.

Medications: Continue taking all your prescription medications as directed by your physician before and after your surgery. Do not stop taking any prescribed medications unless directly instructed by your physician. You will be given personalized instructions from the Doctor performing your surgery if there is a need to stop any medications, however, this is rarely the case.

Post-Operative Instructions – After Surgery

After surgery, please proceed home in the care of your designated driver and rest. You should remain in the company of a responsible adult for the remainder of the day, and overnight if possible.

Diet: On the day of surgery you will be given a written list of recommended foods. Liquids and very soft foods as tolerable are recommended for your comfort on the day of surgery, but you will be allowed to progress to regular foods as you feel comfortable. Straws are not allowed for 48 hours as a precaution to avoid “dry socket”.

Activity: You explicitly agree that for 24 hours after surgery you will not drive, not operate any boat, not operate any aircraft and not operate heavy machinery of any kind. Do not engage in making important decisions or important communication for 24 hours after surgery as your judgement may be impaired from the sedation. Your balance may be unsteady during the 24 hours after sedation and you will be a higher risk of slips and falls. For this reason, avoid stairs if possible and keep the bathroom door unlocked so that your support person can come to your aid.

Sleep and Rest: Normally sleeping with your head elevated with an extra pillow or sleeping in a recliner is most comfortable.

Prescription Medications: Instructions will be provided before your surgery and these should be picked up from your pharmacy beforehand so that you may proceed directly home. No alcohol, sleeping pills or other medications that can cause drowsiness may be taken for 24 hours after surgery.

Nausea/Vomiting: You may feel temporarily sick, weak, or dizzy. Some people may vomit if they eat too soon. When you feel ready to eat or drink, you should try water, clear juice or soup first before progressing to soft solid foods.

Questions? Please call the office at 972-988-0808 or Dr. McNamara at 425-463-6186.

In the event of a serious medical emergency, please call 911 and go directly to the nearest Emergency Room.

Please sign below to indicate you have read, understand and agree to our pre-op and post-op instructions.

Patient Name: _____ Signature: _____ Date: _____
 Witnessed by: _____ Signature: _____ Date: _____