

Preparing for Surgery



Meridian Surgical Associates

Thank you for choosing Meridian Surgical Associates to participate in your care. Below is a list of common questions that are asked prior to surgery, as well as some reminders about your follow-up care.

If you have been asked to obtain medical or cardiac clearance, please let the office know the date of your appointment so we can follow up and ensure the necessary forms are completed. These forms need to be returned via fax to our office. **Our fax number is 732-776-3763**

Before your procedure, Pre-Admission testing may be required. If so,

- Have nothing to eat or drink 2 hours prior to your test(s).
- Arrive in the registration department 15 minutes prior to your testing time.
- Use the free valet parking center outside the Ambulatory Care Pavilion the day of your Pre-Admission testing. Follow the signs for Outpatient Services.

The night before your surgery:

- Nothing to eat or drink after midnight.
- You will be called the day prior to your surgery about where to report and what time to arrive.

The day of your surgery:

- Check with your surgeon about whether your daily medication may be taken.
- Do not wear or bring any jewelry to the hospital and do not wear nail polish.
- Bring a list of drug allergies along with your insurance card(s) and identification.
- If you are having your menses at the time of a scheduled surgical procedure, please refrain from using tampons.
- If cold/allergies symptoms arise prior to surgery, please call the office to discuss. This can be cause for cancellation of your procedure if not addressed.
- Someone else should be responsible for your transportation to and from the hospital.
- Please bring a capable individual with you to receive any post-operative care instructions.

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Preparing for Surgery, ctd.

After your surgery:

- ❑ Please call our office 3 days after your procedure. We want to know how you're feeling and we need to schedule your post operative visit.
- ❑ Please allow 2 business days for us to process any forms you require. You can drop off these forms anytime. We will be happy to fax or mail them for you.

You will be asked to fill out an anonymous customer satisfaction survey from Press Ganey. This survey will arrive in the mail after your office visit. We ask that you take the time to complete the survey to reflect the level of care you received in our offices. This survey is instrumental in the daily running of our practice. Your opinions matter and any comments or suggestions are welcome.

Your Surgery is scheduled for: _____

Your Pre-Admission Testing is scheduled for: _____

Your Surgery is scheduled with: _____

If you have questions or concerns, please do not hesitate to contact our offices using one of the means below. The office staff will be happy to assist you in any way we can.

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