

Preoperative Instructions

IN-OFFICE SINUS PROCEDURE



Don J Beasley, MD
208-229-2368

Patient Name: _____ Account#: _____

Your procedure is scheduled on _____. Please arrive at Boise ENT at _____ AM / PM

The surgery coordinator will call you 1-2 days before to confirm. (Please note that the arrival time may change if the surgery schedule changes for any reason.)

ONE WEEK PRIOR TO YOUR PROCEDURE

1. Arrange for someone to drive you to and from the office.
2. On _____, **STOP** blood thinners including aspirin, ibuprofen, Advil, Celebrex, etc. and all vitamins such as fish oil, ginkgo, and Vitamin E. Tylenol (acetaminophen) is ok to use for pain prior to the procedure.
Other: _____
3. Pick up your prescriptions at the pharmacy. You will also need to purchase Afrin nasal spray (generic nasal decongestant spray is ok), a sinus rinse kit (SinuMed from our office or Amazon, NeilMed in stores), and distilled water for the rinses.

On _____ start the following medications:

- Augmentin 500mg (antibiotic): Take one tablet twice daily for 7 days.
- Z-pack (azithromycin) (antibiotic) Take 2 tablets on day 1, then one tablet on days 2-5.
- Prednisone _____mg (steroid for congestion/swelling) _____ tablet _____ daily for _____ days
- Other: _____
- Other: _____

DAY OF THE PROCEDURE:

Eat a light meal for breakfast and lunch. Take the following medications BEFORE arriving to the office.

- At _____, take two Benadryl 25 mg tablets (over-the-counter)
- At _____, take one Zofran 4mg tablet
- At _____, take _____ lorazepam 1mg (anti-anxiety)
- At _____, take one hydrocodone-acetaminophen tablet

AFTER SURGERY:

- Tylenol over-the-counter as directed on the bottle
- Hydrocodone-acetaminophen 5-325mg/7.5-325mg one tablet every 4-6 hours as needed for pain
- Other: _____
- Afrin nasal decongestant spray to use on the evening of and first three days after the procedure
- On _____ Sinus Rinse Kit for sinus irrigations four times

FOLLOW-UP APPOINTMENT: _____

IF YOU WOULD BE WILLING TO DO A PATIENT TESTIMONIAL VIDEO OR A REVIEW FOR US AT THIS VISIT, PLEASE LET A STAFF MEMBER KNOW. WE WOULD GREATLY APPRECIATE YOUR SUPPORT!

Patient signature: _____ Date: _____

Witness signature: _____ Date: _____

If you have any questions or concerns, call your physicians office: 208-229-2368