



Pre-Operative Instructions for IV Sedation

Your upcoming appointment requires the administration of anaesthetic drugs by intravenous injection.

These anesthetic drugs will be given by the anaesthetist prior to and during your surgery. In order to achieve the described effect, it is imperative that you follow all pre-operative instructions.

Day of Appointment

1. You should not take anything by mouth after midnight and before your appointment. This applies to all solids and liquids including water. It is also important that you do not chew gum or suck on candy as this produces stomach acid which can cause sickness during the procedure.
2. Make-up and nail polish should be removed. If you wear contact lenses, please leave them out or have the supplies needed to remove them.
3. You will need someone to take you home. Taxi drivers will NOT take the responsibility of escorting patients home. If this is your method of transport, please ensure you have a personal escort to ride with you in the vehicle. Your escort should be prepared to care for you while the sedative effect wears off (usually 2-6 hours).
4. Wear loose, comfortable clothing. Be sure that your sleeves allow access to your arm where an intravenous injection is given.

During the Recovery Period Please Review the Post Operative Instructions

Finally, it is important for your anaesthetist to know all about your medical history, past and present. With this in mind kindly take a few minutes to complete the reverse side of this medical questionnaire. Include as much information as possible. Either email it to the office ahead of time, or bring it with you on the day of your appointment.

Your anaesthetist may contact you by telephone within seven days of your surgery. At that time, your medical history will be reviewed, any questions you have will be answered, and the plan regarding your anaesthetic will be explained to you.

Emergency Phone Numbers

Office
613.234.1211

Dr. Eugenie MacKay
613.296.5489

Dr. Karen Fung
613.805.5888

Dr. Alison McGuire
613.890.3122

Dr. Isabelle Quenneville
613.203.0293

Dr. Sherif Elsaraj
204.440.0000

Dr. Janelle Hamilton
613.858.9691

Dr. Amin Alibhai
709.743.4950

Dr. Jacob Fitzgerald
613.790.8111

Dr. Lyon Hamburg
613.295.0067

Dr. Michael Rapp
613.294.8630



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Medical History Questionnaire

Patient Name: _____ Email: _____
Age: _____ Height (ft/cm): _____ Weight (lbs/kgs): _____

1. Have you ever received a general anesthetic ("been put to sleep") for surgery? Yes No
If yes, please state type of surgery, year, and the hospital.

2. Do you remember, or were you ever told of any problem during or after a general anesthetic? Yes No
If yes, please clarify.

3. Is there anyone in your family (i.e. Mother, Father, brothers, sisters) who has ever had general anesthetic and had a problem as a result? If so clarify: Yes No

4. Do you have any allergies to drugs, environmental, other? Yes No
If yes, what and how often: _____

5. Do you take any medication on a regular basis? Yes No
If yes, please indicate name of drug(s), dosage, and frequency. _____

6. Do you suffer from any of the following? (circle if applicable):
High blood pressure / Asthma / Bronchitis / Acid ingestion problems / Back Problems / Frequent headaches / Angina
Recent upper respiratory infection ("cold") / Previous heart attack / Limb weakness (i.e. arms/legs)

7. Do you smoke? If yes, how many times a day and for how many years? Yes No

8. Do you use recreational drugs? If yes, what and how often? Yes No

9. Do you drink? If yes, describe your regular alcohol consumption. (Type of alcohol, how many drinks per day/week). Yes No

10. Is there any other information about your health we should be aware of?

