

NEW YORK UROLOGICAL ASSOCIATES, P.C.

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TO: _____

An appointment has been made for: _____

Date Time at *Lenox Hill Hospital* 100 E 77th Street
New York, NY 10021

Please be at the hospital *two* (2) hours prior to the surgery time.

Please read all information carefully

You will be admitted through the *Ambulatory* unit. Go to the Main Entrance to register. Take all original papers to the hospital. Fax or mail only requested copies. Also, have your Primary Care Physician (PCP) fax all results to the office where you are usually seen:

880 Fifth Ave: (212) 861-7964

245 East 54th Street: (212) 734-7425

PATIENT PRE-OPERATIVE INSTRUCTIONS

1. Do not take any aspirin containing products (e.g. Ecotrin, Anacin, Ascription, Excedrin, Alka-Seltzer) for 10 days prior to surgery. You may take Tylenol only.
2. Do not eat or drink anything after midnight (not even a sip of water) the night before the surgery. (For children 12 hours prior to surgery)
3. In certain instances, please give yourself a Fleet Enema at 8:00 pm the night before the surgery. Please confirm with staff before doing so.
4. Always call the hospital (212) 434-3450 the day before the surgery to check on the time and any last minute instructions. If surgery is on a Monday, call the hospital on the Friday before at (212) 434-3450 *after 2:00 pm*.