

PREOPERATIVE FORM

Date: _____

Patient name: _____ Birth Date: _____

***** *Execute the checked or circle orders* *****

RADIOLOGY & CARDIAC STUDIES:

- CXR(PA & Lateral) Barium enema Pouchogram UGI / SBFT Fistulogram MR / Fluoro. defecography
 CT- abd / pelvis / chest IV contrast Oral Contrast Flat / Upright abd. X-ray PET scan EKG

PHYSIOLOGY (IN OFFICE):

- Anal manometry Rectal sensation testing EMG Anal ultrasound

LABORATORY:

- CBC with manual / automatic differential without differential PT/ PTT Type & Screen Type & Cross ___units
 Basic Metabolic Profile Comprehensive Metabolic Profile LFT's GGT LDH Total bilirubin & Direct Bilirubin
 Urinalysis Urine culture β HCG CEA CA 19-9 CA 125

PREOPERATIVE CONSULTS / CLEARANCE:

- Cardiology Pulmonary Primary Doctor Urology Gynecology GI medicine Stoma nurse

Physician: _____

Reason: _____

BOWEL PREPARATION:

- None List of Clear Liquids Anorectal Bowel Prep Enemas
 PEG for colonoscopy or procedures Bisacodyl/PEG prep for colonoscopy & procedures

SURGERY / PROCEDURE:

Diagnosis: _____ ICD-9 _____

Procedure: _____ CPT _____

Duration: _____ hr.s Preferred date: Elective First avail. Other _____

Length of stay: Outpatient Inpatient - Days _____ Assistant: No Yes _____

Location: Stone Oak Methodist Methodist (Northeast) Baptist (Northeast) Baptist (North Central) Surgery Center

Anesthesia:

- Sedation / Local
 Regional
 General: Endotracheal LMA

Position:

- Supine
 Lithotomy: Dan-Allen Candy canes Leg separators
 Prone jackknife

Equipment:

- Rigid sigmoidoscope Headlight Gelport™ Seprafilm™ SILS port
 Colonoscope Flex Sig Ligasure™ PPH™ stapler Bookwalter Robot

NOTES: _____

