



# Getting ready for your surgery

**HONORHEALTH<sup>®</sup>**

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**Thank you for trusting us with your care.** As you prepare for surgery, we're here to help you feel informed and supported. Please read this information to get ready for your procedure.

A pre-assessment nurse from HonorHealth will call you before your surgery date. During the call, you'll review your medical history, medications (including dosages) and any allergies. The nurse will also provide personalized instructions to help you get ready for your procedure.

**The location for your surgery is:** \_\_\_\_\_

*Pre-admission testing does not include your hospital arrival or surgery time.*  
If you haven't received this information, please contact your surgeon's office.

# What to bring on the day of your surgery

## Here's a checklist to help you feel prepared:

- Your insurance card and photo ID
- Only enough cash to cover co-payments, or a credit card
- Your insulin pump (leave it on and running), along with any pump supplies
- Your CPAP or BiPAP machine, if you use one
- A protective case for your glasses or hearing aid
- Loose-fitting clothes and flat shoes
  - If you're having breast surgery, bring a sports bra.
  - If your surgery is on your shoulders, arms, chest or head, wear a shirt that buttons in the front.
  - During surgery, you'll wear a hospital gown.
- A copy of your living will or power of attorney, if we don't already have it on file

## What not to bring:

To help keep your items safe, please leave the following at home or with a friend or family member:

- Electronics or jewelry, including wedding bands and body piercings
- Daily medications (unless you are told to bring specific ones — we'll provide your usual medications during your stay)
- Contact lenses
- Valuables or unnecessary personal items, such as jewelry, money or electronics

**Please note:** Valuables you bring may be documented and sent to security for safe-keeping.

If you prefer to keep them with you, you may sign a waiver. Personal items you choose to keep are your responsibility and not the hospital's.

# Medications before surgery

We may ask you to take certain medications the day before your procedure.

If so, take them with only a sip of water.

If you take any of the medications listed below, please follow the specific instructions.

Not following these guidelines could delay or cancel your surgery.

- **Blood pressure medications:** You may need to stop these before surgery. Please review the list of high blood pressure medications on the next page for details.
- **Blood thinners:** If you take a blood thinner — such as aspirin, Coumadin®, Heparin®, Xarelto®, Eliquis®, Pradaxa® or Plavix® — ask your surgeon and the doctor who prescribed it whether you should stop taking it before surgery.
- **Hormones:** If you take hormones like estrogen or testosterone, talk to both your surgeon and the doctor who prescribed them to see if you should stop before surgery.
- **Diabetes medications:** Please refer to *Pre-procedure instructions for patients with diabetes* in the following pages.
- **Vitamins, supplements or herbal medications:** Stop taking these two weeks before surgery unless your surgeon tells you otherwise.
- **Diet or weight loss medications:** Stop taking these one week before surgery.
  1. If you take an injectable GLP-1 medication (such as Semaglutide or Ozempic®) for weight loss only (not for diabetes), stop taking it one week before surgery.
  2. If you take it for diabetes, follow the instructions under Diabetes medications on the next page.
- **Over-the-counter pain medications:** Stop taking medications such as Motrin®, Advil® or Aleve® one week before surgery. You may continue taking Tylenol® (acetaminophen).
- **Opioid (narcotic) addiction medications:** If you take Suboxone® (buprenorphine/naloxone), do not stop it suddenly. This medication must be tapered before surgery. Contact your prescribing doctor for guidance.

## High blood pressure (hypertension) medications

If you are having general anesthesia, certain blood pressure medications can interact with it and cause your blood pressure to drop too low during surgery.

Please review the list of medications below. If you take one of these, stop it 24 hours before surgery. If your medication is not on the list, continue taking it as usual.

**Please note:** In some cases, these medications are used to help manage heart failure and may need to be continued before your procedure. Only continue taking them if your provider or pre-admission nurse has specifically instructed you to do so.

DRUG	TRADE NAME	DRUG	TRADE NAME
Accupril	Quinapril	Fosinopril	Monopril
Accuretic	Quinapril with HCTZ	Fosinopril with HCTZ	Monopril HCT
Aceon	Perindopril	Irbesartan	Avapro
Amlodipine with benazepril	Lotrel	Irbesartan with HCTZ	Avalide
Amlodipine with HCTZ and Olmesartan	Tribenzor	Lisinopril	Prinivil or Zestril
Amlodipin with HCTZ and Valsartan	Exforge HCT	Lisinopril with HCTZ	Zestoretic or Prinizide
Aliskiren with Valsartan	Valturna	Losartan	Cozaar
Altace	Ramipril	Losartan with HCTZ	Hyzaar
Azilsartan	Edarbi	Moexipril	Uniretic
Azilsartan with C hlorthalidone	Edarbyclor	Moexipril with HCTZ	Uniretic
Benazepril	Lotensin	Olmesartan	Benicar
Benazepril with HCTZ	Lotensin HCT	Olmesartan with Amlodipine	Azor
Candesartan	Atacand	Olmesartan with HCTZ	Benicar HCT
Candesartan with HCTZ	Atacand HCT	Sacubitril / Valsartan	Entresto
Capoten	Captopril	Telmisartan	Micardis
Captopril with HCTZ	Capozide	Telmisartan with Amlodipine	Twynsta
Cliazapril	Inhibace	Telmisartan with HCTZ	Micardis HCT
Enalapril	Vasotec	Trandolapril	Mavik
Enalapril with Felodipine	Lexxel	Trandolapril with HCTZ	Tarka
Enalapril with HCTZ	Vaseretic	Trandolapril with Verapamil	Tarka
Eprosartan	Teveten	Valsartan	Diovan
Eprosartan with HCTZ	Teveten HCT	Valsartan with Amlodipine	Exforge
		Valsartan with HCTZ	Diovan HCT

# Getting ready for surgery when you have diabetes

Keeping your blood glucose between 100 and 180 mg/dL before, during and after your procedure helps you heal faster and lowers your risk of infection.

## As soon as your procedure is scheduled, tell your doctor who treats your diabetes:

- If your blood glucose is often over 180 mg/dL. Your medication may need to be adjusted.
- If you take insulin, ask how much to take before the procedure as your dose may need to change.
- If you use an insulin pump, ask your care team for instructions. You may need to adjust your settings before surgery.

## If you take a GLP-1 (non-insulin) weekly injection medication:

Stop taking seven days before your procedure. Examples include:

- Exenatide ER (Bydureon Bcise)
- Dulaglutide (Trulicity)
- Lixisenatide (Adlyxin)
- Semaglutide (Ozempic, Wegovy)
- Tirzepatide (Mounjaro, Zepbound)

**Please note:** This list may not include all medications in this category.

## If you take an SGLT2 inhibitor, Biguanide or Sulfonylurea:

Stop taking it two days before your procedure to protect your kidneys. Examples include:

- Canagliflozin (Invokana)
- Dapagliflozin (Farxiga)
- Empagliflozin (Jardiance)
- Ertugliflozin (Steglatro)
- Bexagliflozin (Brenzavvy)
- Glucophage (Metformin)
- Glyburide (Glynase PresTab)
- Glipizide (Glucotrol)
- Glimepiride (Amaryl)

**Please note:** These drugs may also be part of a combination medication under another name. This list is not all-inclusive.

## | Getting ready for surgery when you have diabetes (continued)

### The morning of your procedure:

Do not take any diabetes pills. Examples include:

- Sitagliptin (Januvia, Zituvio)
- Saxagliptin (Onglyza)
- Linagliptin (Tradjenta)
- Alogliptin (Nesina)
- Pioglitazone (Actos)
- Semaglutide (Rybelsus)

Do not take daily injectable GLP-1 (non-insulin) medications. Examples include:

- Exenatide (Byetta)
- Liraglutide (Victoza)

Do not take combination GLP-1 and insulin injections. Examples include:

- Soliqua (iGlarLixi)
- Xultophy (IDegLira)

**Please note:** This list may not include all medications in this category.

- Check your blood glucose when you wake up and tell your admitting nurse.
- Do not take insulin, except if your healthcare provider tells you otherwise.
- If you use an insulin pump and/or CGM, move your insertion site away from the procedure area. Continue your usual settings unless your provider says otherwise. Bring extra supplies with you.
- If your blood glucose is under 70 mg/dL or under 80 mg/dL with symptoms (sweaty, shaky, confused, dizzy, fast heartbeat or headache):
  - Take four glucose tabs or six Life Savers® right away.
  - Wait 15 minutes and recheck your blood glucose. If it's still low, repeat.
  - After 15 more minutes, recheck again. Tell your admitting or pre-op nurse.

### In the hospital after your procedure:

- Your care team will monitor your blood glucose and give insulin if needed.
- Do not use your home insulin, non-insulin injections or diabetes pills.
- Your insulin pump or CGM may be used as ordered, following hospital policy.

## | Getting ready for surgery when you have diabetes (continued)

### **After you're discharged:**

- Resume checking your blood glucose as directed.
- Restart your diabetes medications as advised by your provider.
- If you received contrast dye during your procedure, check with your provider before restarting metformin (Glucophage).
- SGLT2 inhibitors such as Invokana, Farxiga, Jardiance, Steglatro and Brenzavvy may be restarted after 48 hours unless told otherwise.

If your blood glucose is under 70 mg/dL or over 250 mg/dL two times in 24 hours, call your diabetes provider.



# Pre-surgery bathing instructions

When you're getting ready for surgery, even small steps can make a big difference. Before your procedure, you can lower your risk of infection by carefully washing with a special antiseptic soap. Following these bathing instructions helps protect your body and supports a safer, smoother recovery.

## Which soap should you use?

Unless you're allergic, your care team recommends using chlorhexidine gluconate (CHG) soap before surgery. This gentle but effective antiseptic helps remove bacteria from your skin and lowers the risk of infection at the surgical site. A common brand is Hibiclens. It is best to use CHG rather than over-the-counter antibacterial soaps such as Dial, Lever or Safeguard (bars or body wash) as these are not as effective in reducing the risk of infection before surgery. If you are unable to obtain CHG, these over-the-counter options may be used as an alternative. Please purchase at least a 4-ounce bottle.

Pre-surgery bath on this date: \_\_\_\_\_

Date of surgery: \_\_\_\_\_

## Before you shower:

- **Take off any nail polish.** It can hide bacteria and keep your skin from getting fully clean.
- **Clean under your fingernails** using a nail brush or washcloth with regular soap.
- **Avoid artificial nails or nail extensions**, as they can trap bacteria.
- **Don't shave the surgery area for at least five days before your procedure.** Shaving can cause tiny cuts that raise your risk of infection. If needed, your surgical team will take care of your hair removal safely.

## Pre-surgery bathing instructions (continued)

### Shower instructions – night before and morning of surgery:



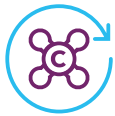
To help lower your risk of infection, you'll need to shower twice – once the night before surgery and again the morning of. Follow these steps carefully:



- 1. Start with your regular shampoo, face wash and soap.** Wash and rinse first. Be sure to rinse off all shampoo and soap before using CHG.



- 2. Don't shave the surgery area.** Shaving can cause tiny cuts that raise your risk of infection. Your surgical team will remove hair if needed.



- 3. Turn off the water before applying CHG** to keep it from rinsing off too soon.



- 4. Shower with CHG (such as Hibiclens).** This special soap helps reduce bacteria on your skin.



- 5. Apply CHG from the jawline down.** Do not use it on your face, ears, eyes, mouth, genital area or open wounds. These areas are too sensitive.



- 6. Rub CHG gently into your skin for five minutes.** Focus on the area where you will have surgery. CHG will not lather – that is normal. When you are done, turn the water back on and rinse thoroughly.



- 7. Do not use regular soap, body wash or lotion after rinsing off the CHG.** These products can reduce its effectiveness.



- 8. Pat yourself dry with a clean, soft towel.** Use a fresh towel each time.



- 9. Put on clean clothes or pajamas after your shower.** If it is the night before surgery, sleep on freshly laundered linens.



- 10. Do not apply lotion, powder, deodorant or perfume after your CHG shower on the day of surgery.** These can reduce the soap's ability to protect your skin.

Remember, these steps are designed to help you stay safe and comfortable before surgery. If anything is unclear or you need support, don't hesitate to reach out to your care team. They're here to provide the care and answers you need.

# Post-surgery pneumonia prevention

Your comfort and recovery are our priority, and protecting your lungs is an important part of healing after surgery. Because you move less after surgery and anesthesia can make your breathing shallower, your lungs may not get as much oxygen as usual. This can raise the risk of problems such as pneumonia, especially if you have asthma, COPD or a history of smoking.

One of the simplest ways to keep your lungs healthy is by coughing. Coughing helps you take deeper breaths, expand your lungs and clear out mucus that can build up after anesthesia. If you have chest or abdominal surgery, coughing may feel uncomfortable, but gently holding a pillow against your incision can help. Taking any prescribed pain medication and waiting about an hour for it to take effect can make coughing and using the pillow more comfortable.

## How to brace your incision when coughing after surgery

For the first two to three days after your procedure, try to sit up, breathe deep and cough every hour, if advised by your care team. It's a good idea to continue these exercises until you return to your normal activities.



Apply gentle but firm pressure.



Take your hands or a small pillow and hug to incision.



For an abdominal incision, tense the stomach muscles slightly while applying pressure.

## Deep breathing exercises

Taking time for deep breathing helps keep your lungs clear and lowers your risk of pneumonia after surgery. Every hour, try to take 10 deep breaths using these steps:

1. Find a comfortable position.
2. Take a deep breath through your nose, feeling your chest expand fully.
3. Hold the breath for five seconds.
4. Slowly breathe out through pursed lips, as if you were blowing out a candle.
5. Rest between breaths if you get lightheaded.

## Post-surgery pneumonia prevention (continued)

### Coughing exercises

Coughing helps clear mucus from your lungs and lowers your risk of pneumonia after surgery. Every hour, try the following:

1. Find a comfortable position.
2. Take a few deep breaths to relax, feeling your chest fully expand.
3. Cough firmly and focus on clearing all the air out of your chest.
4. Use a tissue to clear any mucus in your mouth.
5. Repeat several times, until there is no mucus coming up.

If you experience any of the following signs or symptoms of pneumonia, please seek medical attention immediately:

- Chest pain when you breathe or cough
- Confusion or changes in mental awareness (adults age 65 and older)
- Recurring cough, which may produce phlegm
- Fatigue
- Fever, sweating and shaking (chills)
- Lower than normal body temperature (adults older than age 65 and patients with weak immune systems)
- Shortness of breath

### References

- Ahmad AM. *Essentials of physiotherapy after thoracic surgery: What physiotherapists need to know. A narrative review. Korean J Thoracic Cardiovasc Surg.* 2018;51(5):293-307. doi:10.5090/kjtcs.2018.51.5.293
- Chughtai M, Gwam CU, Mohamed N, et al. *The epidemiology and risk factors for postoperative pneumonia. J Clin Med Res.* 2017;9(6):466-475. doi:10.14740/jocmr3002w
- van Ramshorst GH, Nieuwenhuizen J, Hop WCJ, et al. *Abdominal wound dehiscence in adults: development and validation of a risk model. World J Surg.* 2010;34(1):20-27. doi:10.1007/s00268-009-0277-y
- Kelkar KV. *Post-operative pulmonary complications after non-cardiothoracic surgery. Indian J Anaesth.* 2015;59(9):599-605. doi:10.4103/0019-5049.165857

# Blood clot prevention

Preventing blood clots after surgery is key to a safe recovery. Knowing the signs and taking simple steps can help protect your health as you heal.

## Deep vein thrombosis (DVT):

A blood clot that forms in your veins, usually in a leg or arm.

### Signs and symptoms:

- Pain or tenderness, often starting in the calf
- Swelling, warmth or redness in the foot, ankle or calf

## Pulmonary embolism (PE):

A blood clot that breaks off from a vein deep in your body and travels in the blood stream to your lungs.

### Signs and symptoms:

- Difficulty breathing, chest pain or coughing up blood
- Fainting, dizziness or feeling lightheaded

**Both surgery and bed rest increase your risk for blood clots.**

## What can you do to help prevent a DVT or PE blood clot?

Everyone's medical condition is different. Your doctor may order all three of these prevention therapies. Please speak with your doctor or nurse if you have any questions.

**Walk:** Walking is one of the best things you can do to help prevent a blood clot. Each day, set a goal with your nurse for the number of times you will walk.

### Use a compression device, if ordered by your doctor:

A compression device gently squeezes your legs while you are sitting or lying down. You need to wear the device at least 18 hours a day for it to be effective.

**Take blood-thinning medication, if ordered by your doctor:** Even if you are walking, your doctor may order a blood thinner due to your medical condition.

**Blood clots can sometimes cause long-term problems, recur or, in rare cases, be life-threatening if not treated promptly.**

Talk with your care team about your risk and ways to prevent blood clots. If you notice warning signs or have questions, speak up right away — early action matters.

## What can I eat?

### On the day before your surgery:

- Eat small meals during the day.
- Drink at least six to eight glasses of water.
- Do not drink alcohol.

### On the day of your surgery:

- Follow your surgeon's instructions for stopping solid food and fluids.
- Do not drink alcohol.
- Do not smoke.

## Going home after surgery

### If you go home the same day:

- Before you leave, your recovery room nurse will explain how to care for your surgical wound.
- If you're using a taxi or rideshare service, hospital policy requires that a responsible adult ride with you — not just the driver. The only exception is if your surgery used local anesthesia only. (Hospital policy #OR-1032).
- Please arrange for an adult to stay with you for the first 24 hours after surgery.
- Anesthesia can increase your risk of falling. When you're home, clear walking paths of rugs and cords, and have someone nearby to help you, especially when bathing.
- Be sure to call your surgeon's office to schedule a follow-up visit. This usually takes place one to two weeks after surgery.

### If you stay overnight at the hospital:

- Anesthesia increases the risk of falling. If you're staying with us after surgery, please use your call light and wait for a team member to help you get out of bed or walk in the hall.
- Arrange to have a responsible adult drive you home when you're discharged.
- Be sure to call your surgeon's office to schedule a follow-up visit. This usually takes place one to two weeks after surgery.
- After you return home, we'll give you a call to answer any questions. You can also reach the Help Line at 833-HH-HELPS (833-444-3577). Nurses are available 24 hours a day, seven days a week to support you.

# Additional information

## HonorHealth smoke-free campus

Smoking, vaping and chewing tobacco are not allowed anywhere on hospital grounds — indoors or outdoors. This includes electronic cigarettes.

## Common questions:

### What time is my surgery?

Please contact your surgeon's office for the most up-to-date information. The hospital does not assign arrival or surgery times.

### What if I get sick before my surgery?

If your health changes before surgery — such as a fever, chills, sore throat, cough or body aches — call your surgeon right away.

## HonorHealth disclaimer:

The contents of the packet such as text, graphics, images, and other material are for informational purposes only. The content is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking it because of something you have read in this packet.

If you think you may have a medical emergency, call your doctor or 911 immediately. HonorHealth does not recommend or endorse any specific tests, physicians, products, procedures, opinions, or other information mentioned in this handbook. Reliance on any information provided by HonorHealth is solely at your own risk.

If you have questions, please call your surgeon's office.

*Thank you for trusting us with your care.*

# Pre-admission testing contact information

**HonorHealth Deer Valley Medical Center**

P 623-683-2700    F 623-879-5821

**HonorHealth John C. Lincoln Medical Center**

P 602-786-1249    F 602-870-6090

**HonorHealth Four Peaks Medical Center**

P 480-358-6441    F 480-358-6203

**HonorHealth Piper Surgery Center**

P 480-323-3210    F 480-323-3946

**HonorHealth Scottsdale Osborn Medical Center**

P 480-583-0280    F 480-882-6885

**HonorHealth Scottsdale Shea Medical Center**

P 480-323-3210    F 480-323-3287

**HonorHealth Scottsdale Thompson Peak Medical Center**

P 480-324-7064    F 480-882-5836

**HonorHealth Sonoran Crossing Medical Center**

P 623-683-6100    F 480-882-5850

**HonorHealth Tempe Medical Center**

P 480-784-5525    F 480-784-5526

## References

- *American Society of Anesthesiologists*: [asahq.org](http://asahq.org)
- *Anesthesia Patient Safety Foundation*: [apsf.org/news-updates/page/2](http://apsf.org/news-updates/page/2)
- *ERAS patient info*. (n.d.): [erassociety.org/patients](http://erassociety.org/patients)
- American Society of Regional Anesthesia and Pain Medicine (2023)