

**FOOT CENTERS OF TEXAS**  
S. Nicholas Desai, D.P.M.  
3533 Town Center Blvd #200  
Sugar Land, Texas 77479  
281-240-3338 *office*      281-240-3318 *fax*

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**PREOPERATIVE INSTRUCTIONS**

**NAME :** \_\_\_\_\_

**PROCEDURE :** \_\_\_\_\_

1. Congratulations! You are scheduled to have surgery on your foot and/or ankle on the following  
date: \_\_\_\_\_ @ \_\_\_\_\_ ( AM / PM ).
2. The procedure you are to undergo will take approximately 1-2 hours in duration without counting any anesthesia or recovery time. Unless otherwise instructed prior to surgery, you will be discharged home on the same day.
3. The facility your surgeon and you have chosen may have been determined on several factors including scheduling, preference, insurance, scheduling, and/or any additional factors.

_____ a.	Memorial Hermann Fort Bend Hospital	281-499-4800
_____ b.	Memorial Herman Southwest Hospital	713-776-5000
_____ c.	Memorial Hermann Hospital	713-704-4000
_____ d.	West Houston Medical Center	281-558-3344
_____ e.	Memorial Hermann SL Surgery Center	281-232-1600
_____ f.	Methodist Hospital Sugar Land	281-274-7000
_____ g.	Oak Bend Medical Center	281-342-2811

It is important to arrive at least 1 hour prior to the surgical time and must have an escort with you for the duration of the procedure. It is important to clarify this with the surgical facility as each may have different rules with regards to this item. It also serves a protective measure for you so that some one may be instructed of any post op instructions should you not be fully awake and comprehend immediately post operatively.

4. Unless otherwise instructed you are to remain NPO which means “NOTHING BY MOUTH” after midnight before surgery. If you take any anti inflammatory, aspirin, blood thinners, diabetic medications, hypertension medications, or any other medications, ask your surgeon if any special precautions should be taken.
5. You must inform your surgeon if you have a history for keloid formation, hypertrophic scar formation, any bleeding disorder, easy bruising, allergies to anesthetics, or any history of endocarditis or mitral valve prolapse to take precautionary measures.
6. It is your responsibility to have your surgical clearance with your primary care physician if requested by your surgeon as well as making arrangements for any financial or registration obligations to the surgical facility and to the surgeon’s office as needed prior to the surgical date. As not fulfilling these may hinder your surgery from the time in which it is to occur.
7. Unless otherwise discussed, please give the office a number to the pharmacy which is of convenience to you to have your post operative antibiotics and pain medications to be called in. Otherwise, don not leave without your prescriptions in hand. There may be a circumstance where the medication prescriptions will be given on the day of surgery.
8. You are to follow up in the office within one week post discharge from the facility. You have already been given the time and date of your appointment. The patient is to call 281-240-3338 for any additional questions upon discharge.

I, \_\_\_\_\_, have read the above and consent for the proposed plan/procedure.

PRINT NAME

\_\_\_\_\_  
Signature