

***Please read this sheet and bring it with you to your pre-admission facility appointment.***

**Your Pre-admission Facility (PAF) appointment is on:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

***\*Plan to arrive 15 minutes early to register for your appointment\****

**The Pre-admission Facility is located on the 10th floor in the Donnelly Wing South.**

Arrive through the **Queen St entrance**, take the Donnelly Wing South elevators to the **10th floor**.

The PAF phone number is **416-864-5689**. For hospital location and parking, please see our website, [www.stmichaelshospital.com](http://www.stmichaelshospital.com). We do not have our own parking lot.

**What do I bring to my PAF appointment?**

Please bring your Health Card (and additional health insurance information if required)

✓your own Interpreter if you don't speak English ✓wear your hearing aids and/or glasses

✓It is beneficial to bring a family member or friend with you along with a list of questions.

**You will not see your surgeon in PAF.** We advise you to call your surgeon's office if you have any specific questions about your surgery. St. Michael's Hospital is a scent free environment, please do not wear perfumes or scented lotions.

✓**ALL** your medications, inhalers, patches, ointments and vitamins/ herbal medications in the **ORIGINAL CONTAINERS OR BLISTER PACK** to your appointment. It is not acceptable to use medication lists or smart phone photos and may cause a delay during your appointment

✓Certain herbal medications and vitamins may interfere with medications that may be given during your surgery it is important to advise the nurse and physician if you taking any supplements. Please make us aware of everything you are taking for your safety during surgery.

✓Bring your completed pre-operative questionnaire from your surgeon's office.

✓Bring the names and telephone/fax numbers of all your specialists. If you have had an appointment within the past 2 years or, are followed by a cardiologist who is not at St. Michael's Hospital, please bring the most recent consult notes, ECG, Echo and/or Stress Test results. If you have had a sleep study for obstructive sleep apnea please bring this test. If you require CPAP at night bring your settings.

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## How do I prepare for my Pre-Admission appointment?

1. Eat and drink normally DO NOT HAVE CAFFEINE, in case we may need to send you for a heart test. We encourage you to bring a snack and / or drink to your PAF appointment.
2. Take all your regular morning medications on the day of your PAF appointment.
3. Tell us if you are MRSA/VRE/CRE positive when you arrive in PAF.
4. Your PAF appointment may take 2 to 5 hours depending on your medical test requirements.
5. You will meet with a Registered Nurse in preparation for your upcoming surgery. You may have tests such as ECG, blood tests, and X-rays. During your PAF appointment you may also be seen by an Anesthesiologist, Internal Medicine Physician, and / or an Endocrinologist.
6. If you are a day surgery patient, and live alone, please arrange for someone to stay with you overnight, after your surgery. This is for your safety.

## How do I get my time of surgery?

St. Michael's Hospital does not finalize the surgery times until one business day prior to the date of your surgery. To obtain your surgery time please call:

**416-864-5253**, one business day ahead of the day of surgery.

Call between the hours of **12:30 p.m. and 4:30 p.m. (Closed weekends and statutory holidays)**.

Plan to **arrive 2 hours before** your scheduled surgery time the day of your surgery.

*Please Note:*

If you are having day surgery you **MUST** be accompanied home either in a car or taxi by someone you know and trust. Public transportation home is not permitted. You cannot drive a car for 24 hours after your anaesthetic. If you have any issues/concerns regarding this instruction please inform your surgeon's office prior to the day of your surgery.

Your surgery may be cancelled if you are unable to follow these instructions.

*Your understanding and cooperation is appreciated to ensure we can provide the best and safest possible care for your upcoming procedure at St. Michael's Hospital.*

*Additional information regarding your PAF appointment please see St. Michael's Hospital website • [www.stmichaelshospital.com](http://www.stmichaelshospital.com)*

## Same Day Surgery Patients

Your surgery date is: \_\_\_\_\_

**You must call 416-864-5253 the day before your surgery  
between 12:30 pm - 2:30 pm for your surgery time**

Your surgery time is: \_\_\_\_\_ Your check in time is: \_\_\_\_\_

**Check in place: Sullivan Lounge, 5th Floor Cardinal Carter wing, via Queen St. entrance**

## On the Day of Surgery Checklist & Reminders

- ✓ You must have a responsible adult to drive you home or accompany you in a taxi after your surgery.  
**\*\*TTC is not permitted\*\***
- ✓ Someone must be with you once home from the hospital and stay overnight on your surgery day.
- ✓ Do not eat any food, candy or chew gum.
- ✓ You may drink up to 1 small glass of a clear fluid 3 hours before your surgery or as told by your doctor.  
This is a drink you can see through and includes • water • apple juice • clear tea • black coffee  
(no milk or cream)
- ✓ Take only the pills the doctor or pharmacist told you to take with a small sip of water.  
1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_
- ✓ Bring to hospital on the day of your surgery: **ALL** your medications, inhalers, patches, ointments and vitamins/ herbal medications in the **ORIGINAL CONTAINERS OR BLISTER PACK**. Bring a list of your current medications.
- ✓ Your Ontario Health Card • An interpreter, if you do not speak English • Your CPAP machine (if you use one)
- ✓ Please bring these extra items if needed:  
Crutches / Cane • Surgical Boot / Air Cast / Surgical Shoe • Black Arm Sling • Leg Splint (Zimmer Splint)
- ✓ Please Do Not bring these items:  
Valuables • Jewellery • Credit Cards • Lap tops

**\*\*\* There are no patient lockers and the hospital is not responsible for lost items\*\*\***

**Recommendations for you** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

