

Pre-Surgery Protocol

Date: [Insert Date]

Dear [Patient's Name],

We are writing to provide you with important information regarding your upcoming surgery scheduled for [Insert Date of Surgery]. Following these pre-surgery protocols can significantly enhance your recovery and overall outcomes.

Pre-Surgery Instructions

1. **Medication Management:** Please review your current medications with your physician. Discontinue any blood thinners as advised.
2. **Dietary Guidelines:** Maintain a healthy diet leading up to your surgery. Follow any fasting instructions as directed.
3. **Hygiene Preparation:** On the night before your surgery, shower using antibacterial soap.
4. **Preoperative Appointments:** Attend all scheduled preoperative appointments to ensure all assessments are completed.
5. **Transportation Arrangements:** Arrange for someone to accompany you to and from the surgery.

Important Contacts

If you have any questions or concerns, please do not hesitate to contact our office at [Insert Phone Number] or email us at [Insert Email Address].

We are committed to providing you with the best possible care. Thank you for your attention to these protocols.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]