If you’re going to have surgery, you may have blood and urine tests first. These tests may be helpful if you have certain health conditions or diseases. For example, if you have a blood-clotting problem, a test can show if you’re at risk of too much bleeding during surgery.

But most healthy people don’t need the tests, especially before low-risk surgery. Here’s why:

**The tests usually aren’t helpful for low-risk surgery.**

Many healthy people have routine lab tests before surgery. In these cases, test results rarely change their surgeon’s decision to operate or make surgery safer.

The tests are especially unnecessary before low-risk surgery—such as eye, hernia, or skin surgery, or a breast biopsy. In these and many other surgeries, the risk of complications is very low.

**The lab tests can lead to more tests.**

Blood and urine tests are very safe, but they can cause false alarms. This can lead to anxiety and more tests. And it can needlessly delay your surgery. For example, one test may be followed up with a repeat test, an ultrasound, a biopsy, or a test that exposes you to radiation, such as an X-ray or CT scan.

**When are the lab tests a good idea?**

If you have certain health conditions or diseases, or your medical history shows the need, the tests may give your health care provider helpful information.

For example:

- If you bruise easily, use a blood-thinning medicine, had bleeding problems in an earlier surgery or dental procedure, or have a family history of bleeding problems, you may need a blood test to find out if your blood clots normally.
- If you have a disease such as diabetes, you will probably need to have a test to make sure it is under control.
- Women of childbearing age may need a pregnancy test.

You may also need the tests before a major operation such as heart, lung, or brain surgery. Based on the test results, your health care provider may watch your condition more closely during or after your surgery. You may need to delay the surgery until a problem is under control. Or your health care provider may change the procedures and anesthesia.
How should you prepare for surgery?

Your health care provider or the hospital’s pre-surgery team will examine you and review your medical history.

- If they order any tests, ask why.
- Ask your health care provider to check your test records for the past four to six months. Usually you don’t need to repeat a recent test if your condition hasn’t changed.
- Bring a list of the names and doses for all your supplements, medicines, and vitamins.
- Report any new symptoms—even if they occur after your exam.

These steps can help make your surgery safer:

**Quit smoking, at least for the surgery.** It is important not to smoke on the day of your surgery. The sooner you quit, the lower your risk of complications. If you need help quitting, ask your health care provider.

**Ask your health care provider about your blood counts.** If your red blood cell counts are low, ask your health care provider about whether simple treatments like iron can be used to boost your red blood cells for surgery. That way, you can reduce the risk of needing a blood transfusion.

**Ask about pain relief.** Ask your health care provider if you should stop aspirin or other blood thinners. You may want to use acetaminophen (Tylenol® and generic) for pain relief. Avoid ibuprofen (Advil®, Motrin IB®, and generic) and naproxen sodium (Aleve® and generic) because they can cause bleeding.

**Ask for help.** Ask someone to drive you to and from the hospital and stay overnight with you. You may want to ask someone to be with you at your health care provider’s appointments, particularly in stressful situations, to be sure all instructions and information is retained. Ask about nursing or rehab care, too.

**Pack a bag.** Don’t bring valuables, but do bring:

- Provincial health card and hospital card.
- Storage containers for dentures, contact lenses, and eyeglasses.
- A few items for comfort, such as a music player and headphones, photos, and a robe or pillow.