

WEST COAST SURGERY PACKET GUIDE

Hi!

Please see the attached file for the information you need to know regarding the pre-surgery preparations.

WEST COAST SURGERY is where your surgery will be done.

Address: 36915 Cook St. Suite 103 B Palm Desert CA 92211 (at the back building of the clinic)

NOTE:

Just to let you know, this is an ambulatory surgery center. After the surgery and recovery phase, you will be discharged the same day.

Few Reminders Before Your Surgery

Please refer to the attached file below for Surgery Packet in full details.

A. THE NIGHT BEFORE YOUR SURGERY

1. **Please do not eat or drink** anything after midnight/ 8 hours before your surgery.
 - Please do not consume any water, gum, mints, or vitamins unless your anesthesiologist has given you special instructions stating otherwise.
 - This is very important for your safety.
 - **If you do not follow this rule, your procedure may have to be delayed or rescheduled.**
2. **DO NOT** shave or apply lotions to the area/extremity undergoing surgery. Any area requiring shaving will be done so at the time of surgery.
 - Shower normally the night before surgery and clean the area/extremity that is undergoing surgery with a clean washcloth and rubbing alcohol.
 - You may shower again on the morning of surgery.

THE MORNING OF YOUR SURGERY

1. **DO NOT** eat or drink anything in the morning.
2. **DO NOT** wear jewelry, watches, or pierced jewelry. Remove them before going to surgery.
3. **WEAR** comfortable/very loose clothing that you can change easily and that will not bind the site of your surgery or procedure. Good choices are sweat pants, a T-shirt, button-up shirts, shorts, and socks. No tight clothing on your surgery day.
4. **Remove NAIL POLISH.**
5. Bring a denture cup and/or glasses case or contact lens container if applicable.
6. Leave valuables at home.

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7. **Remember to bring your insurance card and a photo ID with you.**
8. **Arrive at the assigned time of surgery** or procedure to complete your admission forms, sign your consent, and visit with your anesthesiologist.
9. Your anesthesiologist will discuss your procedure with you; tell you exactly what will happen before, during, and after your surgery or procedure; and answer any remaining questions you may have.
10. **BRING A FRIEND or a family member** to wait for you during your surgery or procedure.
11. **REMEMBER: You must have a responsible adult to accompany/drive you home.**

PRE-OPERATIVE MEDICATION PRECAUTIONS

1. All changes to normal medication regimens must be done under the supervision of your primary care physician.
2. **Stop taking Aspirin and other Anti-inflammatory medications (NSAIDs) 1 week prior to your surgery.**

Examples include:

Motrin Aleve Ibuprofen Bayer Ecotrin
Naprosyn Advil

- Tylenol is ok to take for pain relief during this period.

3. If you take **anti-coagulation medications**, under the supervision of your primary care physician and/or cardiologist, if possible, **please arrange to stop taking these medications 1 week prior to surgery.**

MAKE SURE YOUR SURGEON IS AWARE OF ANY OF THE FOLLOWING MEDICINES OR ANY HISTORY OF BLOOD CLOTS OR PULMONARY EMBOLISM.

Anticoagulant medications include, but are not limited to:

Coumadin (Warfarin) Heparin Lovenox Argatroban
Arixtra Pradaxa Xarelto Plavix

4. **If you have an inflammatory condition** that requires steroid (Prednisone) or Methotrexate, under the supervision of your rheumatologist, if possible, **please arrange to stop taking these medications 1 week= prior to surgery** and make sure your surgeon is aware of these medications.
5. If you are a **diabetic, implement your best glucose management.** Carefully monitor your glucose values.
6. In addition, if you are **taking any medical herbs** such as Cayenne, Cowhage, Echinacea, Ephedra, Feverfew, Garlic, Gingko, Goldenseal, Kava-kava, Licorice,

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St. John's Wart, Saw Palmetto or Valerian, **please stop their use 1 week prior to your surgery.**

WHAT TO DO BEFORE SURGERY

1. Optimize your Skin – your skin is your body's best defense against infection! Avoid injuries including insect bites, sunburns, scratches, and cuts.
2. DO NOT shave the site of the operation prior to the surgery! We will do this day of the surgery with a special shaver that is gentler to the skin.
3. Proper skin cleaning the week prior to the surgery can also protect you from infection. Use a soft, nonabrasive sponge and anti-bacterial soap to clean the operative limb.
4. Avoid all skin lotions the week before surgery.
5. **Stop smoking.** If you have ever looked for a reason to quit, your surgery is an excellent reason.
 - Aside from decreasing your risk from just about everything bad, including stroke, heart attack, and many cancers), decreasing smoking will help everything heal after surgery.
 - Ask your primary care doctor if you need help with this difficult process, but know, stopping smoking is perhaps the MOST important change you can do to help lower infection risks after surgery.
6. Let your surgeon know **if you have had a prior infection** that we haven't already discussed. This information is vital, as it might change the antibiotic type and dose you may get during the surgery.
7. Let your surgeon know **if you have an active infection in another area**, or recent infection involving your lungs, bladder (UTI), mouth, sinuses etc.
 - This includes recent or new fever, cold, chills, sweats, nausea or vomiting.

What To Do After your Surgery:

1. Take the pain medications as needed.
2. Arrange a post-operative visit with your surgeon 10-14 days after your surgery. Appointment is on your discharge sheet.
3. If you ever have any concern that you are developing an infection (increased redness/drainage from the incision sites, persistent fever greater than 101 F, increased pain), please let your surgeon know immediately. He can be reached by phone at the during normal work hours and one of our physicians are always reachable through the office answering service. If ever there is an emergency, please call 911,

Pain Management Scripting

When a decision is made to proceed with surgery, know the road to recovery will include pain and it is going to hurt. Anticipate pain and a change in your quality of sleep for several weeks to months post operatively. With that said, our goal is to keep your pain at a tolerable level and you will not be alone during this journey. We are here to help with the following tips and tools.

- Pain medications have been prescribed for you. Use them. This is especially true for the first few days after surgery. As time progresses you will take it less and less, and you will be able to substitute with Tylenol and non-pharmacologic strategies like ice, walking, & distraction.
- Do not let your pain get out of control. Use your pain medication as a tool to help you walk, complete bedside exercises, and support a restful night of sleep. On the day of surgery an anesthesiologist will administer an injection, known as a "block", of local anesthetic which supports with pain prevention for the first few days, but you'll most likely need to take your pain medication on a schedule as prescribed and then gradually wean yourself off. Do not rely just on the local anesthetic to relieve your pain. We find the combination of both low dose narcotics and local anesthetic to be the most helpful pain management solution.
- If you find that you are excessively drowsy, groggy, or are unable to participate in therapy, consider the need to either cut your pain pills in half, or extend the time. While awake, you should be up and walking around for at least a few minutes about every hour.
- Quick note about Tylenol: Many times narcotic medications that have been prescribed to you also contain Tylenol. Medications like Percocet and Norco contain Tylenol and may read on the bottle as acetometaphen or APAP. For example, Percocet usually comes in the form of "oxycodone/acetometaphen 5/325. This means that each pill contains 5mg of oxycodone and 325mg of Tylenol. You should not exceed more than 3,000mg of Tylenol in a 24 hour period. You likely will alternate these medications every time you take something for pain to promote the best pain relief with the least amount of narcotic. Because the times will vary, ALWAYS write down the time you took your medication. Keep a piece of paper by the pill bottle so that every family member knows when it was last taken, and when it can be given again.
- Narcotic pain medications cause hard stools and constipation. It's a good idea to use stool softeners like Colace daily when you are taking opioid medications, drink lots of water, eat foods high in fiber, and lots of little walks. If you still haven't had a BM by post-op day 3, please use a laxative like Dulcolax or Miralax. If needed, over the counter magnesium citrate can also be effective. Call your surgeon if this does not resolve by the following morning.
- Remember that ice is your friend! 20 minutes on and 40 minutes off. Leg swelling will occur for many months so keep the ice bags handy and elevate. If you have obtained the polar care ice and compression unit, it can be left on for longer periods of time.

- Another strategy for pain control: Motion is lotion to your joint. The longer you remain still, the more stiff your muscles will become and will cause more pain when you do finally move.
- Lastly, distraction can also provide pain relief: Watch movies, reading, play games, deep breathing techniques, Audible©, meditation, guided imagery, Calm© app etc.

It's important to understand that the recovery process can and will be painful. It is unrealistic to think the surgery and recovery will be pain free. Establish a pain goal prior to coming to the hospital, on a scale of 0-10, that's tolerable, realistic, and attainable. Doing so will ensure the whole team, in partnership with you, are all working towards the same pain goal. If you are utilizing all of these strategies and are still having difficulty maintaining your pain at a tolerable level, please contact your surgeon's office.

PRE-SURGERY INSTRUCTION SHEET-OUTPATIENT SURGERY

Time: The day before surgery a nurse from Same Day Surgery will call you after **1:00_{pm}** to give you your arrival time. If the Same Day Department has not contacted you by **4:30 p.m.** you may call (760) 340 4844

Location: West Coast Surgery Lobby 36915 Cook St, STE 103B, Palm Desert, CA 92211

Instructions:

Patient can have nothing to eat or drink after midnight or 6-8 hours prior to the procedure. Due to the fact that you will be receiving anesthesia, you must have someone drive you home.

NOTE: YOU MUST BRING SOMEONE WITH YOU , DRIVE YOU HOME, AND STAY WITH YOU FOR APPROXIMATELY 24 HOURS. THIS PERSON(S) WILL BE THE "CONTACT" PERSON FOR THE DOCTOR WHEN YOUR PROCEDURE IS FINISHED. THE HOSPITAL WILL NOT RELEASE YOU TO A TAXI CAB OR THE BUS. IT IS ALSO SUGGESTED THAT YOU DO NOT DRIVE FOR 24 HOURS AFTER YOUR PROCEDURE OR WHILE TAKING ANY TYPE OF PAIN MEDICATIONS.

Medications: We **REQUIRE** you to check with your PCP/Cardiologist if you take any of the below medications, regarding instructions about stopping your blood thinner as well as making a follow up appointment for lab work (protime) after surgery.

Must Be Stopped 7 Days Prior	Must Be Stopped 5 Days Prior	Must Be Stopped 2 Days Prior
Aspirin 325 mg	Aggrenox	Pradaxa
Effient	Arixtra	
	Brilinta	
	Coumadin/ Warfarin	
	Eliquis	
	Fragmin	
	Persantine	
	Plavix	
	Pletal	
	Ticlopidine HCl	
	Trental	
	Tinzaparin	
	Xarelto	

Please stop the following medications 5 days prior to surgery:

Advil, Aggrenox, Aleve, Alka-Seltzer, Anacin, Anaprox, Ansaid, Arthritis Strength, Arthrotec, Aspergum, Bexophene, Bextra, Cama, Cataflam, Celebrex, Clinoril, Clopidogrel, Congespirin, Darvon, Daypro, DHC Plus, Diclofenac, Disalcid, Ectorin, Etodolac, Excedrin, Feldene, Fish oil, Garlic vitamins, Ginko Baloba, Ibuprofen, Indocin, Indomethacin, Ketoprofen, Ketorolac, Lodine, Meclofenamate Salsalate, Meloxicam, Mobic, Motrin, Nabumetone, Naprolen, Naprosyn, Naproxen, Norgesic, Nuprin, Ordis, Piroxicam, Relafen, Roxiprin, Soma Compound, Supac, Synalgos-DS, Talwin, Ticlid, Ticlopidine, Tolectin, Tolmetin, Vicoprofen, Vitamin E, Voltaren, 4-way cold tablets.

*You should not take Phentermine/Bontril at least **two weeks** prior to surgery.

****Please take any routine heart, seizure, blood pressure medications the morning of surgery with a small sip of water, just enough to get it down***

medication

PRE-OPERATIVE INSTRUCTIONS

DO NOT:

- **EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE SURGERY** or 6-8 hours
- **WEAR TIGHT CLOTHING SUCH AS GIRDLES OR PANTYHOSE.**
- **WEAR ANY JEWELRY TO SURGERY.**
- **WEAR MAKE-UP OR NAIL POLISH TO SURGERY.**
- **YOU WILL NOT BE ALLOWED TO DRIVE HOME. PLEASE MAKE ARRANGEMENTS FOR TRANSPORTATION HOME, YOU WILL NOT BE RELEASED TO THE OATS BUS OR A CAB DRIVER.**
- **ARRIVE EARLY FOR SURGERY UNLESS YOU ARE CALLED.**
- **SHAVE PRIOR TO SURGERY.**

DO:

- **BRING A COPY OF LIVING WILL OR ADVANCED DIRECTIVE. (IF YOU HAVE ONE)**
- **WEAR COTTON SOCKS AND UNDERCLOTHES.**
- **NOTIFY YOUR DOCTOR IF YOU DEVELOP A COLD, FEVER OR OTHER ILLNESS BEFORE SURGERY.**
- **SHOWER OR BATHE (ALSO WASH YOUR HAIR) WITH ANTIBACTERIAL SOAP (SUCH AS DIAL) THE DAY BEFORE AND THE MORNING OF SURGERY.**
- **WEAR CLEAN, LOOSE FITTING CLOTHING AND SHOES THAT ARE EASILY REMOVED.**
- **BRING A CASE FOR CONTACTS OR GLASSES.**
- **BRUSH YOUR TEETH AND GARGLE THE MORNING OF SURGERY, BUT DO NOT SWALLOW ANY WATER.**
- **MAKE ARRANGEMENTS FOR SOMEONE TO STAY WITH YOU AFTER SURGERY.**

**DO NOT SMOKE OR USE ANY TOBACCO PRODUCTS AFTER MIDNIGHT THE
NIGHT BEFORE YOUR SURGERY**

*Do not shave the surgical site

**Women of child bearing age may need to undergo a pregnancy test. This will be discussed with the nurse prior to surgery.*

Surgery Patients:

Please be aware that having a test or surgery performed by our surgeons may require some sort of financial responsibility on your part.
If you have health insurance, we will call them and get your benefits, which include the deductible, coinsurance and out of pocket amounts you will owe.

Thanks,
WEST COAST SURGERY

PATIENT BILL OF RIGHTS

HANDOUT

West Coast Surgery strives to provide comprehensive, quality healthcare in a spirit of personal caring, safety and concern. In an effort to accomplish this goal, we believe that you, as our patient, and/or your significant other have the responsibility to make decisions regarding your healthcare and have the right to:

- Receive impartial access to treatment. Treatment will be provided to our patients without regard to sex or cultural, economic educational or religious backgrounds, or source of payment.
- Have cultural and personal values, beliefs and preferences respected.
- Be treated by medical and non-medical staff with consideration, dignity and respect, in a safe environment that is free from all forms of abuse, neglect, harassment and/or exploitation.
- Access protective and advocacy services or have these services accessed on your behalf.
- Examine and receive an explanation of your bill regardless of source of payment.
- Information regarding which office rules and policies apply to your conduct while you are a patient.
- Receive appropriate assessment and management of pain.
- Receive treatment which is appropriate and complies with the standard of care in the community.
- Receive reasonable continuity of care.
- Be informed of continuing healthcare treatments and requirements.
- Selecting your primary care clinician.
- Have knowledge of the name of the physician who has the primary responsibility for coordinating your care and the names of other physicians and non-physician staff who are involved in your treatment.
- Seek a second opinion and to seek specialty care.
- Have your personal physician notified promptly of your admission to the hospital.
- Have a family member or representative of your choice notified promptly of your admission to the hospital.
- Leave the hospital even against the advice of your physician.
- Receive information from your physician about your illness, course of treatment, outcomes of care (including unanticipated outcomes), and your prospects for recovery in terms that you can understand to allow for effective communication.
- Participate in the development and implementation of your care and actively participate in decisions regarding your medical care. To the extent permitted bylaw, this includes your right to request or refuse treatment.
- Obtain from your physician information concerning current diagnosis, treatment plan (including risks and benefits), alternate plans and prognoses in order to give informed consent or refuse treatment. In the event that you choose to refuse treatment, you have the right to be informed of the medical consequences of that decision. Upon refusal of prescribed treatment, a negative consent form will be provided for your signature.
- Be advised if the medical practice or your physician(s) propose to engage in or perform human experimentation affecting your care. You have the right to refuse to participate in such research projects. Your refusal to participate or your choice to discontinue participation in research, investigation and/or clinical trial will not compromise your access to care, treatment and services. Should you choose to participate in research, investigation and/or clinical trials, you have the right to full support and respect of all of your patient rights, including the right to a full informed consent process as it relates to the research, investigation and/or clinical trial. All information that is given to you as a participating subject will be contained in the medical record or research file, along with all consent forms.
- Formulate advance directives regarding your healthcare, and have office staff and practitioners who provide care in the office comply with these directives (to the extent provided by state laws and regulations).

Be informed that a multidisciplinary group of healthcare professionals provide patient and family education programs.