



## **SURGERY GUIDE**

Please complete your medication list and surgical history on pages 9-10 and bring this guide with you to your pre-admission appointment. If you do not require a pre-admission appointment, bring the completed guide with you on the day of your surgery.

### **Pre-Admit Appointment:**

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

### **Surgery Appointment:**

Surgery: \_\_\_\_\_

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

Estimated Surgical Time: \_\_\_\_\_

Scheduler's Name: \_\_\_\_\_

Scheduler's Phone Number: \_\_\_\_\_

*Please be aware that you will receive separate bills from:*

- **Amarillo Urology Associates**
- **AUA Surgical Center**
- **Amarillo Anesthesia Consultants**

# AUA Surgical Center Location

Our surgery center is located at **8207 W Amarillo Blvd, Amarillo, TX 79124**. It is a gray building with red accents.



**IF HEADING EAST ON AMARILLO BLVD, BETWEEN SONCY AND COULTER, THE AUA SURGICAL CENTER BUILDING IS ON THE SOUTH SIDE OF THE STREET RIGHT BEFORE THE EXIT TO COULTER.**

## **Pre-Admit Appointment**

If you are scheduled for a pre-admit appointment plan to spend about 60 minutes at this appointment. A registered nurse will ask you questions about your health history, medications you are currently taking, and relevant information about the day of the procedure. If your physician has ordered any labs or an electrocardiogram (EKG), these too will be taken at that time. Any questions you may have will also be gladly addressed during this visit.

**For additional instructions on PROSTATE BIOPSIES ONLY, see page 8.**

## **Medications to Hold**

**(7 Days prior to surgery)**

ADVIL, ALEVE, ANACIN, ANAPROX, ANTIARTHRITICS, ARIXTRA, ASPIRIN, BEXTRA, BRILINTA, BUFFERIN, CELEBREX, COUMADIN, GARLIC TABLETS, GINKGO BILOBA, GINSENG, EFFIENT, IBUPROFEN, MOTRIN, MELOXICAM, MOBIC, MULTI VITAMIN, NAPROSYN, NAPROXEN, PENTOXIFYLLINE, PERSANTINE, PLETAL, PRADAXA, RUFEN, SUPPLEMENTS, TICLID, TRENTAL, ALL VITAMINS AND SUPPLEMENTS, ALL NSAIDS

## **The Night Before The Surgery**

**FOR YOUR SAFETY DO NOT EAT OR DRINK AFTER MIDNIGHT.** This includes candy, gum, ice chips, and sip(s) of water. To minimize infection do not shave or wax near your surgical area. See page **3** for medication instructions.

## **The Morning of The Surgery**

On the morning of the procedure you may brush your teeth but do not swallow any water. Do not eat or drink. Do not chew gum, eat candy, or consume mints. Do not smoke or use chewing tobacco. **With the exception of the medications listed on page 3, hold your medications for only the day of your procedure.**

## **The Day Of The Surgery**

Wear comfortable clothes. Bring a picture ID and insurance card(s). Do not wear or bring jewelry. If you wear glasses, contact lens, hearing aids, or dentures, bring a case to store them in while in surgery. You will not be able to drive yourself home after surgery. Arrange for someone to drive you home and help you get settled.

# Medicine

(the day of surgery)

**ORAL DIABETES MEDICATIONS:** Stop oral diabetes medicine the day of your surgery. **INSULIN:** Use only **half your insulin dose** the day of your surgery. If your surgery is scheduled for the afternoon, please check your blood sugar around noon. If your result is less than 60, please call the surgical center at (806) 350-7388 and ask to speak to a registered nurse about your result.

**BETA BLOCKERS:** If part of your daily medications is a beta blocker, take your beta blocker the day of your procedure **with only a small sip of water**. Examples of beta blockers are:

betaxolol (Kerlone), betaxolol (Betoptic S), bisoprolol fumarate (Zebeta), carvedilol (Coreg), smolol (Brevibloc), labetalol (Trandate), metoprolol (Lopressor, Toprol XL), nadolol (Corgard), nebivolol (Bystolic), penbutolol (LevatoI), pindolol, propranolol (Hemangeol, Inderal LA Inderal XL, InnoPran XL), sotalol (Betapace, Sorine), timolol, timolol ophthalmic solution (Timoptic, Betimol, Istalol)

**ALL OTHER MEDICATIONS:** Until the day of your procedure, continue to take all your medications as prescribed by your physician. **With the exception of the listed medications on this page, do not take your medications for ONLY the day of your procedure.**

## **What To Expect When You Get Here**

When you arrive at our facility, you will first check in at registration. A staff member will ask your name, and ask to see a picture ID and insurance card(s). At this time we will go over some basic information, Disclosure of Ownership, Patient Bill of Rights, Policy on Advanced Directives, and HIPAA Privacy Policy. You will verify and sign that your demographic information is correct and that you have been made aware of these documents. A copy of Disclosure of Ownership, the Patient Bill of Rights, and the policy on Advanced Directives is provided in this guide. After registering you will be asked to wait in the waiting area until we are able to take you back and prepare you for your surgery. At that time a nurse will escort you to the pre-op holding area. For just a short period of time, your family member(s) will be asked to wait in the waiting area. In the pre-op holding, you will be asked to undress and place on a gown. A registered nurse will confirm your identification, take vital signs, do a physical assessment, review your chart, have you sign consents, and start an IV. After this is done, you may have a family member(s) come sit with you while you wait for your surgery. During this time, if you have any questions or concerns regarding your surgery, we will be glad to address them.

## **Anesthesia**

Your anesthesia provider will come speak to you while you are in the pre-op holding area. During this time, they will review your chart, ask you questions about your medical history, and answer any questions you may have about your surgery.

Please fill out the top half of the form on page 9 and page 10 for your anesthesia provider.

## **After Your Surgery**

Immediately following your surgery, you will be taken to our post anesthesia area. There you will be carefully monitored by a qualified registered nurse. During this time you will be placed on a monitor that allows us to observe your post-operative vital signs. When you come out of surgery you will feel sleepy but that feeling should not last long. Most patients require some pain medication after surgery, which is arranged by your physician or anesthesiologist. It is important to let us know about your pain so you can be made as comfortable as possible.

Within a short period of time, your family member(s) will be allowed to come to your bedside and stay with you throughout the rest of your stay at our facility. The medical staff will discharge you when they have determined you are stable enough to go home. Discharge instructions and a medication reconciliation sheet will be given to you and your driver. A follow up appointment will also be set up if your physician needs to see you again. If applicable, any special instructions concerning catheters or dressings will also be given at this time.

# **ONLY FOR PATIENTS HAVING PROSTATE PROCEDURES INCLUDING UROLIFT**

## **Prior to the Prostate Procedure**

- Use one fleet enema the night before the procedure and one fleet enema 1 to 2 hours before leaving your home to come to your appointment.
- If ordered, take your prescribed antibiotic EXACTLY as ordered by your physician.

## **Medications To Hold**

**(7 Days prior to surgery):**

ADVIL, ALEVE, ANACIN, ANAPROX, ANTIARTHRITICS, ARIXTRA, ASPIRIN, BEXTRA, BRILINTA, BUFFERIN, CELEBREX, COUMADIN, GARLIC TABLETS, GINKGO BILOBA, GINSENG, EFFIENT, ELIQUIS, IBUPROFEN, MOBIC, MOTRIN, MULTI VITAMIN, NAPROSYN, NAPROXEN, PENTOXIFYLLINE, PERSANTINE, PLAVIX, PLETAL, PRADAXA, RUFEN, SUPPLEMENTS, TICLID, TRENTAL, XARELTO, ALL VITAMINS AND SUPPLEMENTS, ALL NSAIDS

*If you are not sure if a product contains aspirin, call your pharmacist.*

**\*Stop Eliquis and Xarelto 48 hours prior to prior to your procedure**

**\*Stop Plavix for 5 days prior to your procedure**



Adverse Reactions: Food & Drugs:

Today's Date: \_\_\_\_\_  
 Date of Surgery: \_\_\_\_\_  
 Proposed Operation: \_\_\_\_\_  
 Interviewed by: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX \_\_\_\_\_  
 HEIGHT: \_\_\_\_\_  
 WEIGHT: \_\_\_\_\_ Lb. \_\_\_\_\_ Kg \_\_\_\_\_ /BMI  
 T \_\_\_\_\_ P \_\_\_\_\_ RR \_\_\_\_\_ BP \_\_\_\_\_ Sat \_\_\_\_\_  
 Neck Circumference \_\_\_\_\_ cm

Previous Operations: \_\_\_\_\_  
 \* See Home Med Sheet

**CHECK ALL THAT APPLY TO YOU NOW OR IN THE PAST**

CARDIOVASCULAR	RESPIRATORY	GASTROINTESTINAL
<input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Heart Attack _____ Year <input type="checkbox"/> Angina / Chest Pain <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Coronary Artery Bypass Grafts <input type="checkbox"/> Angioplasty / Stent _____ Year <input type="checkbox"/> Irregular Heart Beat/Arrhythmia <input type="checkbox"/> Heart Murmur/ Valve Proplapse <input type="checkbox"/> Pacemaker / ICD <input type="checkbox"/> Difficulty Walking Up Stairs <input type="checkbox"/> Cardiologist _____ <input type="checkbox"/> DVT (Blood Clots in Legs)	<input type="checkbox"/> Cough / Cold Last 2 Weeks <input type="checkbox"/> Asthma / Wheezing <input type="checkbox"/> Emphysema / COPD <input type="checkbox"/> Bronchitis <input type="checkbox"/> Sleep Apnea _____ CPAP Use <input type="checkbox"/> TB <input type="checkbox"/> Allergies / Sinus <input type="checkbox"/> Other Lung Disease <input type="checkbox"/> Blood Clots in Lungs	<input type="checkbox"/> Ulcer <input type="checkbox"/> Hiatal Hernia <input type="checkbox"/> Frequent Heartburn <input type="checkbox"/> Acid Reflux <input type="checkbox"/> Other GI Disease <input type="checkbox"/> Hepatitis <input type="checkbox"/> Other Liver Disease
NEUROLOGIC	ENDOCRINE	BLOOD
<input type="checkbox"/> Anxiety/Depression <input type="checkbox"/> Mental Disorder <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Stroke / Paralysis <input type="checkbox"/> Polio <input type="checkbox"/> Migraines <input type="checkbox"/> Muscle Weakness <input type="checkbox"/> Spinal Cord Abnormality <input type="checkbox"/> Other Neuro Disease	<input type="checkbox"/> Diabetes - yr. dx. _____ <input type="checkbox"/> Insulin: _____ <input type="checkbox"/> Oral Meds: _____ <input type="checkbox"/> Thyroid Disease <input type="checkbox"/> Other Endocrine Diseases <input type="checkbox"/> Steroid Medications in Past Year	<input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> Sickle Cell <input type="checkbox"/> Hemophilia <input type="checkbox"/> Other Blood Disease <input type="checkbox"/> AIDS / HIV <input type="checkbox"/> Do You Take Aspirin Daily
KIDNEY	SOCIAL	OTHER
<input type="checkbox"/> Kidney Failure <input type="checkbox"/> Frequent Infections <input type="checkbox"/> Other Kidney Disease <input type="checkbox"/> Enlarged Prostate	<input type="checkbox"/> Tobacco Use Have you ever smoked? __ Yes __ No _____ Packs per day for _____ years _____ Quit _____ years ago _____ Alcohol __ Yes __ No Amount _____ Have you ever used street drugs? Yes _____ No _____ Last Used _____ <input type="checkbox"/> Regular Exercise Program	<input type="checkbox"/> Malignant Hyperthermia <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Rheumatoid Arthritis / Lupus <input type="checkbox"/> TMJ <input type="checkbox"/> Cancer <input type="checkbox"/> Loose / Missing Teeth <input type="checkbox"/> Capped Teeth <input type="checkbox"/> Dentures/Partials <input type="checkbox"/> Recent Dental Work <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Glaucoma <input type="checkbox"/> MRSA _____ Latex Allergy * Other _____
	FEMALES ONLY	Patient / Guardian Signature: _____ x _____
	<input type="checkbox"/> Pregnant: _____ <input type="checkbox"/> Hysterectomy Date of last period _____	

**PRE ANESTHESIA NOTE**

EKG _____	Anesthesia Plan _____
CXR _____	
H/H _____	
PT/PTT _____ PLATS _____	<input type="checkbox"/> Chart and Anesthesia awareness reviewed and discussed with patient
Glucose _____ K _____ NA _____	_____ CRNA _____ M.D.
BUN/Creatine _____	Airway Assessment
FSBS _____	<input type="checkbox"/> Neck ROM _____ <input type="checkbox"/> Mallampati Class I II III IV
	<input type="checkbox"/> ASA Score 1 2 3 4 5 E

**POST ANESTHESIA NOTE**

PATIENT STICKER	Time: _____ Patient tolerated procedure well
	<input type="checkbox"/> No apparent anesthetic complications
	SIG: _____ CRNA SIG: _____ M.D.

(10-2012)



## **Disclosure of Ownership**

In accordance with Federal ASC Regulations (42 C.F.R. 416.50(a)(ii)), the following ownership disclosure is made in advance of the date of the procedure:

AUA Surgical Center LLC is a physician owned facility. AUA Surgical Center is owned and operated by the physician group at Amarillo Urology and Associates. Any services that you receive at this location are part of the operations of AUA Surgical Center LLC. This notice is to inform you that your physician is or may be part of this group. A list of specific provider/owners will be provided at your request.

## **Patient's Bill of Rights and Responsibilities**

### **You have the right:**

- A Patient has the right to respectful care given by competent personnel.
- A Patient has the right, upon request, to be given the name of his/her attending practitioners, the names of all other practitioners directly participating in his care, and the names and functions of other health care persons having direct contact with the patient.
- A Patient has the right to consideration of privacy concerning his own medical care program. Case discussion, consultation, examination, treatment, and medical records are considered confidential and shall be handled discreetly.
- A Patient has the right to confidential disclosures and records of his medical care except as otherwise provided by law or third party contractual arrangement.
- A Patient or patient's representative has the right to participate and make informed decisions involving his/her health care except when such participation is contraindicated for medical reasons.
- A Patient has the right to know what AUA Surgical Center LLC rules and regulations apply to his conduct as a patient.
- The Patient has the right to expect emergency procedures to be implemented without unnecessary delay.
- The Patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
- The Patient has the right to full information, in layman's terms, concerning diagnosis, evaluation, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the person designated by the patient or to a legally authorized person.
- Except for emergencies, the practitioner shall obtain the necessary informed consent prior to the start of a procedure.
- If the patient is unable to give consent, a legally authorized person has the right to be advised when a practitioner is considering the patient as a part of a medical care research program or donor program. The patient or responsible person shall give informed consent prior to

participation in the program. The patient or responsible person may refuse to continue in the program to which he has previously given informed consent.

- A Patient has the right to refuse drugs or procedures, to the extent permitted by status. A practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures.
- A Patient has the right to medical and nursing services without discrimination based upon age, race, color, religion, sex, national origin, handicap, disability, or source of payment.
- The Patient who does not speak English shall have access, where possible, to an interpreter.
- AUA Surgical Center LLC shall provide the patient, or patient designees, upon request, access to the information contained in his medical records, unless the attending practitioner for medical reasons specifically restricts access.
- The Patient has the right to expect good management techniques to be implemented within the AUA Surgical Center LLC. These techniques shall make effective use of time for the patient and avoid personal discomfort of the patient.
- When an emergency occurs and a patient is transferred to another facility, the responsible person shall be notified. The institution to which the patient is to be transferred shall be notified prior to the patient's transfer.
- The Patient has the right to examine and receive a detailed explanation of his bill.
- A Patient has the right to expect that AUA Surgical Center LLC will provide information for continuing healthcare requirements following discharge and the means for meeting them.
- The Patient is informed of his/her right to change primary or specialty physician, if another qualified physician is available.
- The Patient is provided with appropriate information regarding the absence of malpractice insurance Coverage.
- A Patient has the right to be informed of his rights at the time of admission.
- The patient has the right to file a grievance with the facility, the state or the medical board if they wish to, regarding treatment or care that (fails to be) or is furnished. Information is posted and is available upon request.
- The patient has the right to be free from any act of discrimination or reprisal.
- The patient is given information on after hours and emergency care.
- Advance directives will not be honored at AUA Surgical Center LLC. Documentation of an Advance directive or execution thereof will be noted in the patient's chart or current medical record if provided.

## **Register a complaint**

AUA Surgical Center Administrator

Adam Johnson

8207 W Amarillo BLVD

Amarillo, TX 79124

Health Facility Compliance Group (MC 1979)

Texas Department of State Health Services

P.O. Box 149347

Austin, TX 78714-9347

## **Advance Directives**

Because the scope of care this facility is limited to elective outpatient surgical procedures, regardless of any advance directives set forth in a living will, health care power of attorney or other written statement, any unexpected medical emergency will be managed with resuscitative or other stabilizing measures followed by a transfer to a hospital's emergency department. If you have an executed advance directive please bring a copy with you at the time of your appointment so we can place such in your medical record. If you need assistance obtaining an advance directive please contact our surgery center at: (806) 350-7388.