



Pre-Op Surgery Instructions

Date of Surgery _____

1. Remember NOTHING TO EAT OR DRINK AFTER MIDNIGHT prior to your surgery. Surgery will need to be cancelled if you do.
2. **No aspirin or blood thinners** for 3 days prior to surgery. Please let us know if you have had major surgeries, heart attacks or strokes within the last 6 months.
3. If you take medication for high blood pressure or heart disease, you may take them with just enough water to get them down.
4. Bring a list of your medication on the form provided.
5. **Diabetic patients:** do not take insulin or oral medications the morning of surgery. Bring them with you to surgery.
6. You will receive a prescription for **Besivance**. Please have this filled at your pharmacy. Begin using **Besivance 3 days prior to surgery on _____, 3x a day.**
7. Do not wear make-up or jewelry the day of surgery.
8. You must have a driver on the day of surgery. Your surgery will be cancelled if you do not.
9. Wear comfortable clothing with a button down front shirt.
10. Bring all insurance cards and a photo ID.

Please remember any insurance **co-pays or deductibles** will be due before arrival on the day of surgery. There is a separate bill for **Physician, Surgery Center, and Anesthesiologist. Physicians portion will be collected before day of surgery.** Each on bills their own.



Important Information for Patients taking Blood-Thinning Medication

Blood-thinners (anticoagulants) are prescribed to prevent life-threatening blood clots from forming in people who are at risk. One of the side-effects of anticoagulants is an increase in bleeding. Patients who take blood thinners, such as aspirin, Coumadin, Plavix, or Lovenox present difficult challenges when surgery is needed.

Bleeding is a potential complication of any surgical procedure. People who take blood-thinning medicine around the time of their procedure are more likely to have bleeding complications during and after surgery. For operations in and around the eye, this bleeding may, in rare cases, cause loss of vision or blindness.

If you stop taking you blood-thinner(s) before surgery to lessen the chance of bleeding you will be at a greater risk of developing a life-threatening blood clot (heart attack, stroke, pulmonary embolism, deep vein thrombosis). If, on the other hand, you continue your anticoagulants you are then at increased risk of bleeding complications. If you are on blood-thinners and need to have surgery, you must be willing to accept the risk of one of these complications-blood clot or bleeding.

Your surgeon and your primary doctor/cardiologist will weigh the relative risks and benefits of stopping or continuing your medications before surgery and counsel you accordingly. This may mean in some cases that elective surgery will be postponed or cancelled.

Blood-thinning medication is a powerful tool to prevent complications of heart disease and has proven benefit in preventing heart attacks, strokes, or other life-threatening blood clots. The benefits of these drugs must always be weighed against bleeding risks, particularly in patients undergoing elective surgical procedures.

There is always a chance that you may develop a complication related to how your blood thinners are managed around the time of surgery. Your doctors will help you understand the relative risks involved so you can make an informed decision about how to proceed.

As a patient on blood-thinners (aspirin, Plavix, Coumadin, Lovenox), I understand that stopping these medicines before surgery may increase my risk of having a heart attack, stroke, or other life-threatening blood clot. I also understand that if I continue my blood-thinners, I have an increased risk of bleeding complications that may result, in rare cases, in vision loss or blindness.

Print Name and Sign

Date

Cataract Post Op Drop Sheet

EYE: RIGHT/LEFT

Besivance

Instill ONE drop in the operative eye THREE times daily

Durezol

Instill ONE drop in the operative eye FOUR times daily

Prolensa

Instill ONE drop in the operative eye ONE time daily

Please call us with any questions you may have at 352-331-7337



Glaucoma Post Op Drop Sheet

EYE: RIGHT/LEFT

Maxitrol Ointment

Apply ONE inch of medication on lower lid of operative eye ONCE per night.

Atropine

Instill ONE drop in the operative eye FOUR times daily.

Besivance

Instill ONE drop in the operative eye THREE times daily.

Durezol

Instill ONE drop in the operative eye FOUR times daily.

**Please call us with any questions you may have
at 352-331-7337**



Surgery Information

- Your SURGERY is scheduled for THURSDAY, _____
- Your POST OP is scheduled for FRIDAY, _____
 - **Please be at our office between 7:30am-7:45am on Friday.**
- The SURGICAL CENTER will call you between 8:00am-6:00pm the day before surgery with your arrival time for the day of surgery.
- **Remember to start your drops the MONDAY before your surgery.**



Surgery Medications

SAMPLES GIVEN

Besivance _____

Prolensa _____

BromSite _____

Ilevro _____

Durezol _____

Atropine _____

Maxitrol _____

I am signing to acknowledge that I have received these medication samples.

Patient Print Name

Patient Signature

Date

Laser and Outpatient Surgical Center

ADVANCE NOTICE RULES

New federal guidelines require patients be informed of certain information prior to their surgery at any Ambulatory Surgical Center (ASC). This includes their medical rights and responsibilities, the policy regarding advanced directives and financial interest/ownership by the surgeon, if any, in the ASC.

This document provides detailed information regarding these issues. Please feel free to call with any questions: **Laser and Outpatient Surgery Center 352-331-1590**

ADVANCE DIRECTIVES

What are advanced directives?

Advanced directives are legal documents that let you give directions about your future medical care if you become so ill you cannot make decisions. There are two (2) types:

1. **Durable healthcare power of attorney**

A document that lets you give someone else, usually a close relative or friend, the power to speak for you and make decisions about your healthcare if the time comes when you cannot speak for yourself.

2. **Living will**

A document that lets you say what kind of care you would or would not want if you are nearing the end of your life.

Do you have an advanced directive?

All patients have the right to be fully informed about their treatment/procedure and the expected outcome before it is performed and to participate in their own healthcare decisions. All patients may make advance directives or execute powers of attorney that authorizes others to make decisions on their behalf based on the patient's expressed wishes if/when the patient is unable to make decisions or communicate decisions. This surgery center respects and upholds those rights. However, unlike in an acute care hospital setting, the surgery center does not routinely perform high-risk procedures. Most procedures are of minimal risk, although no surgery is risk free.

It is the surgery center's policy that if an adverse event occurs during your treatment, we will initiate resuscitative or other stabilizing measures and transfer you to a higher level-of-care facility. The law recognizes the right of competent adults to make advance directive instructions and requires the surgery center to provide patients with written information and official State forms on advance directives if the patient requests.

PATIENT'S RIGHTS & RESPONSIBILITIES

Florida law requires that your healthcare provider or healthcare facility, recognize your rights while you are receiving medical care, and that you respect the healthcare provider's or facility's right to expect certain behavior on the part of the patient. You may request a copy of the full text of this law from your healthcare provider or facility. A summary of your rights and responsibilities are as follows:

A patient has the right:

- To be treated with courtesy and respect with appreciation of his/her individual dignity, and with protection of his/her need of privacy.
- To a prompt and reasonable response to questions and requests.
- To know who is providing medical services and who is responsible for his/her care.
- To know what patient support services are available, including whether an interpreter is available if he/she does not speak English.
- To know what rules and regulations apply to his/her conduct.
- To be given his/her healthcare provider information concerning: diagnoses, planned course of treatment, alternatives, risks, and prognosis.
- To refuse treatment, except otherwise provided by law.
- To be given, upon request, full information and necessary counseling on the availability of known financial resources for his/her care.
- To know, upon request and in advance of treatment, whether the healthcare provider or facility accepts the Medicare assignment rate (Medicare patients).
- To receive prior to treatment a reasonable estimate of charges for medical care.
- To receive a copy of a reasonably clear, understandable, itemized bill and upon request, to have charges explained.
- To impartial access to medical treatment or accommodations regardless of race, national origin, religion, physical handicaps, or source of payment.
- To treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- To know if medical treatment is for experimental research, and to give his/her consent or refusal to participate in such experimental research.
- To know if the surgeon has financial ownership in the surgery center.
- To know whether the surgery center does not honor advance directives and where/how to obtain information and forms.
- To express grievances regarding any violation of his/her rights as stated in Florida law through the healthcare provider or facility which served him/her and to the appropriate state licensing agency.
- To make informed decisions regarding his/her care.
- To exercise his/her rights without being subject to discrimination or reprisal.
- To be fully informed about the treatment or procedure and the expected outcome before it is performed.

A patient is responsible:

- For providing to the healthcare provider to the best of his/her knowledge, accurate and complete information about present complaints, past illness(es), hospitalizations, medications, allergies, and other matters relating to his/her health.
- For reporting unexpected changes in his/her condition(s) to the healthcare provider.
- For reporting to the healthcare provider whether he/she comprehends a contemplated course of action, and what is expected of him/her.
- For following the treatment plan recommended by the healthcare provider.
- For keeping appointments and when he/she is unable to do so for any reason, notifying the healthcare provider or facility.
- For his/her actions if he/she refuses treatment or does not follow the instructions given by the healthcare provider.
- For assuring that the financial obligations for his/her healthcare are fulfilled as promptly as possible.
- For following healthcare facility rules and regulations affecting patient care and conduct.
- For arranging to have a responsible adult present during his/her stay at the facility, to drive him/her home and provide assistance at home following the procedure.

FILING COMPLAINTS

Local – If you have a complaint against the surgery center or healthcare professional, please call 352-331-1590 or write to the surgery center at: 6915 NW 11th Place, Gainesville, FL 32605
Attn: Privacy Officer.

State – If you have a complaint against the surgery center, call the Florida Agency for Healthcare Administration at 888-419-3456 or write to: Florida Agency for Healthcare Administration, 2727 Mahan Drive, Tallahassee, FL 32308.

Medicare Ombudsman contact information: www.cms.hhs.gov/center/ombudsman or call 1-800-MEDICARE

DISCLOSURE OF FINANCIAL INTEREST

The Florida Law requires physicians and other healthcare providers to make certain disclosures to a patient when they refer him/her to another healthcare provider or facility in which the physician has a financial interest. We are referring you or the names patient for whom you are a legal representative to:

Laser and Outpatient Surgery Center

For the purpose of: Outpatient Surgery

Your referring physician may have a financial interest in the facility to which you were referred. The following physicians have Partnership/Ownership: Kyle Balch, MD; Jeffery Catlin, MD; Gregory Snodgrass, MD; and John Tyrone, MD.