

# DESERT WEST SURGERY

## PATIENT PRE-OPERATIVE INFORMATION HANDOUT

Please call the surgery scheduler 3 working days following your office visit to get a time frame for your surgical procedure. Surgeries are typically being scheduled 2-3 weeks from the time you were seen in the office, this allows you time to make arrangements with work and/or school. When you call, the scheduler will verify your insurance benefits and relay your financial responsibility. You will need to pay any deductibles, co pays, and coinsurance fees at least 2 full working days before your surgery.

**- PLEASE INITIAL EACH LINE AND THEN SIGN BELOW. -**

1. \_\_\_ Do not have anything to eat or drink after midnight the night before surgery. This means no water, ice, coffee, gum, candy, mints, etc. Children will go first on the day of surgery because of this fasting protocol.
2. \_\_\_ Stop taking aspirin and aspirin like products seven (7) days prior to surgery. (Aspirin, Bayer, Ibuprofen, Motrin, Nuprin, Excedrin, Aleve, Naprosyn, Indocin.)
3. \_\_\_ Stop taking Plavix ten (10) days prior to surgery (unless told otherwise by your surgeon).
4. \_\_\_ If you take Coumadin/Warfarin tell your surgeon so arrangements can be made to stop this medication. Tell your surgeon why you take Coumadin as it may require that you receive special antibiotics at the time of your surgery.
5. \_\_\_ Patients having general anesthesia will not be allowed to drive after surgery. Please make arrangements to have someone take you home if your surgery is going to be an outpatient procedure. You should not make any financial decisions for 24 hours.
6. \_\_\_ On the day of surgery do not bring any valuables to the hospital or surgery center. Wear comfortable clothes, something that buttons or zips is recommended. Wear no face makeup, nail polish, or body lotion. Shower or bathe before going to the hospital or surgery center.
7. \_\_\_ Following surgery, please direct any post-operative and/or medication questions to 383-4040 ext. 1021. The nurse will address your concerns in a timely manner. After hours leave a message with the answering service who will contact the doctor on call, or in a true emergency go to the nearest emergency room.

I certify that I have read or had read to me the contents of this form and understands and will follow all instructions as outlined above unless directly instructed differently by my surgeon. Failure to follow these instructions may result in cancellation of my surgery for safety reasons.

\_\_\_\_\_  
Patient Signature (Guardian/Parent)      Witness      Date

\* Please return before surgery date via fax (383-5966), or via mail (1111 Shadow Lane, Las Vegas, Nevada 89102)

# DESERT WEST SURGERY

## BREAST CANCER SURGERY CONSENT - Page 1 of 2

You will be scheduled to have breast cancer surgery. You and your surgeon have discussed your diagnosis of breast cancer and the options of treatment. You have decided on the type of surgery you will have, either breast conserving surgery or a mastectomy (modified radical mastectomy). If you are having breast conserving surgery in most instances you will be able to have your surgery performed as an outpatient procedure, which allows you to go home after it is completed and you have recovered from anesthesia. If you are having a mastectomy you will probably be kept in the hospital for 23 hours.

In breast conserving surgery the breast cancer is removed without removing the entire breast. In addition a second incision is made in the axilla (armpit) to sample the lymph nodes. To sample the lymph nodes a sentinel lymph node biopsy or an axillary dissection may be performed. When a mastectomy is performed all of the breast tissue is removed. In addition the axillary lymph nodes are removed through the same incision. There may be one (1) or two (2) drains placed to collect fluid so it does not accumulate. These drains are usually removed in one week.

Our surgeons perform numerous breast surgeries every year. Breast surgery is generally a very safe operation, but complications can occur as with any operative procedure. It would be impractical and possibly misleading to describe all very rare complications in detail. Complications from breast cancer surgery can include bleeding, infections, seromas (accumulation of clear fluid), or hematomas (accumulation of blood), failure of the skin to heal, and numbness of the skin along the incision and under the arm. If fluid accumulates it can be aspirated. If the skin along the incision does not heal minimal treatment is usually successful and skin graft is rarely needed. In time the numbness on the chest wall and under the arm will decrease. With removal of the lymph nodes you can develop swelling of the arm and hand (lymphedema). Although this is less common, the swelling can be troublesome. This should be addressed with your surgeon as soon as you notice any changes. In some cases shoulder motion and strength may be slightly limited. Usually this can be improved with physical therapy. If during your surgery something arises that could lead to one of these complications your surgeon will do everything that is possible to prevent it. Even though everything possible is done to avoid a complication one may still occur. If a complication arises it is important that you contact the Desert West Surgery nurse or physician. This will allow us to treat you in an appropriate manner.

It is not uncommon to experience some pain and discomfort after your breast surgery. You will be prescribed pain medication to make you more comfortable. Dressings may be needed over the incision for several days. If you have breast conserving surgery a properly fitting bra is recommended for support. You may feel fatigued after your surgery but you should return to feeling normal within a few days.

Your surgeon will discuss the pathology results of your surgery at your post-operative appointment. With breast conserving surgery an additional surgery may be needed depending on these results. Also depending on the type of breast cancer you have and the stage of your cancer, additional therapy may be needed. These can be radiation, chemotherapy, and/or hormonal therapy. The type of additional therapy needed will be discussed in full detail by your medical oncologist and radiation oncologist.

**BREAST CANCER SURGERY CONSENT**

**Page 2**

For your safety and comfort an anesthesiologist will be present at your surgery. He/she will ensure that proper measures are undertaken to protect your medical health and keep you as comfortable as possible during your procedure. You will meet with him/her prior to surgery and be given the opportunity to discuss your anesthesia.

We hope this helps to clarify the risks involved with your breast surgery. If you have further questions or concerns regarding the risks of your surgery, be sure to ask to discuss them with your surgeon or nurse prior to signing this consent.

I, \_\_\_\_\_, certify that I have read the above or had read to me the contents of this form, and give my consent to have the abovementioned surgery performed. I understand that in spite of every skill and prudent effort made to avoid complications during this procedure, there is no guarantee that a complication will not occur.

\_\_\_\_\_

Patient Signature (Guardian/Parent)

Witness

Date

\* Please return before surgery date via fax (383-5966), or via mail (1111 Shadow Lane, Las Vegas, Nevada 89102)