

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 SURGERY CONSENT

You will be scheduled to have breast surgery. This may be lumpectomy, needle localization excision, excisional, or incisional breast biopsy. Your surgeon will remove all or part of the area of concern. The area of concern may have been detected by ultrasound or mammogram, which means you may not be able to feel it, or it may have been detected on physical examination. In most instances you will be able to have your breast surgery performed as an outpatient procedure, which allows you to go home after it is completed and you have recovered from anesthesia.

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 surgery can include bleeding, infections, seromas (accumulation of clear fluid), or hematomas (accumulation of blood). 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. Sometimes all that is needed is to place you on antibiotics or aspirate the accumulated fluid; rarely is a second operation needed.

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, and 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.

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

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