

# 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

## COLON RESECTION CONSENT - Page 1 of 2

You will be scheduled to have a colon operation. The colon is also known as the large intestine or large bowel and depending on your disease process, you may have either part of or the entire colon removed.

During your operation you will be under general anesthesia and an abdominal incision is required to get to the colon. Your surgeon may choose a laparoscopic or camera approach utilizing smaller incisions. This approach, however, may not be feasible or successful in all cases and the larger incision operation may ultimately be needed to get to the colon safely.

You will be asked to drink a powerful laxative the day prior to your operation to cleanse the colon. This has been shown not only to cleanse the colon of bacteria, hence decreasing the chance of infection, it also allows for easier handling of the colon. The success of this cleansing is extremely important and is measured by clear to near clear liquid bowel movements. If this does not occur despite the laxative drink, or you are unable to drink the laxative, immediately notify your surgeon's office. Your operation in all likelihood will be postponed if your intestines are not cleansed properly.

As with all operations, complications can occur both during and after the procedure. It would be impractical and possibly misleading to describe all very rare complications in detail. Potential complications associated with your operation include bleeding, infection, leakage from the colon connection, fistula, and inability to remove the diseased area. Although these complications are often treated without an operation, occasionally a second operation is needed. In addition, because the colon is in close proximity to many other organs, it is possible that either part of or the entire nearby organ may need to be removed if it involves and cannot be separated from the colon. Similarly, these organs can be injured during the operation because of their proximity to the colon. These organs include the liver, gallbladder, stomach, spleen, pancreas, kidneys, ureters, urinary bladder, small intestine, remaining colon and rectum, fallopian tubes, ovaries, uterus, and vagina. In addition, because the colon is normally a contaminated organ, postoperative wound infections can also occur and are characterized by fever, wound redness, warmth, tenderness, and sometimes drainage. Treatment includes not only antibiotics but opening the skin to allow the infection to drain. In rare cases, a colostomy is brought out. A colostomy is when part of the colon is brought out through the abdominal wall to drain and may be necessary when there is poor intestinal cleansing, severe infection, intestinal blockage, or if the diseased colon cannot be removed.

Hospitalization after your colon operation generally ranges from 5 to 7 days. You should expect a gradual resumption of drinking and eating to allow for intestinal healing and in fact you may have food and drink withheld for the first several days. You may also have what is known as an NG tube which helps to drain the stomach of any excess air or fluid. Your surgeon may also decide to place a drain within the abdomen to capture any fluid that may accumulate, which usually is removed before you leave the hospital.

Despite the fact that during your operation nearby organs will be inspected, your surgeon will not be able to identify microscopic and even very small tumors. And although the diseased part of our colon will be completely removed, it is by no means a guarantee that the disease may not return at a later time.

**COLON RESECTION CONSENT**

**Page 2**

If any of the above is unclear to you, or if you have further questions regarding the risks, benefits, or alternatives involved with your operation, please contact your scheduler so your questions can be answered before signing. Your signature below confirms that you understand and agree with the above.

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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