

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)

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LAPAROSCOPIC CHOLECYSTECTOMY CONSENT

You will be scheduled to have your gallbladder removed. "Cholecystectomy" is the medical term to describe this. Most of the time our surgeons will be able to perform this procedure "laparoscopically", or with cameras and small incisions (usually four). If your procedure is able to be completed laparoscopically, you usually can be discharged home as an outpatient. Until your procedure you should remain on a low fat diet to avoid further problems with your gallbladder.

Our surgeons perform nearly 1,000 cholecystectomies every year. Although this is generally a very safe operation, complications can occur as with any operative procedure. It would be impractical and possibly misleading to describe all very rare complications in detail. Examples of complications from cholecystectomy include infection, bleeding, hernias at incision sites, diarrhea, and failure to relieve symptoms. If your procedure starts laparoscopically but needs to be completed "open", or with a larger incision, although disappointing to you and your surgeon, it is not considered a complication and is usually done for patient safety. Major complications requiring further operations or procedures occur on a national average of less than 1% and include massive bleeding requiring blood transfusions, bile duct injury, liver or spleen injury, bowel perforation, and bowel obstructions. Although not routine, your surgeon may or may not leave a temporary drain at the end of the procedure, which is usually removed after a few days in the office or the hospital. Patients who have had multiple previous operations, pancreatitis, jaundice, malignancy, gangrene or multiple gallbladder attacks, or are obese, are more likely to have complications.

During "laparoscopic cholecystectomy", your surgeon will be inspecting the surface of your other intra-abdominal organs in addition to your gallbladder and liver. If your surgeon finds an unusual or suspicious area a biopsy may be performed. This is not a replacement to your usual medical care and screening with your primary care physician. Small tumors or malignancies may not always be seen with a laparoscope, especially when within the bowel, beneath an organ surface, or in the pelvis or retroperitoneum. Having this procedure in no way means you are free of tumors or cancer.

It is common to experience shoulder pain after this procedure due to gas being trapped in the abdomen. Most patients are feeling well by 24-48 hours after a laparoscopic cholecystectomy. If you are concerned about your recovery you should contact the Desert West Surgery nurse or physician. Special circumstances will be discussed with you by your surgeon on an individual basis.

If any of the above is unclear to you, or if you have further questions regarding risks or complications of cholecystectomy, be sure to have your scheduler obtain any further information for you from our nurse or your surgeon prior to signing this consent form below.

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)