

# 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

## LAPAROSCOPIC FUNDOPLICATION CONSENT - Page 1 of 2

You are being scheduled for a laparoscopic fundoplication. "Fundoplication" is the medical term for wrapping the top portion of the stomach around the esophagus. "Laparoscopic" means that usually this surgery can be completed using small incisions and instruments in combination with a camera (or "laparoscope"). Patients are frequently selected for this surgery because they have symptoms and radiographic or endoscopic evidence of a disease called Gastroesophageal Reflux Disease (or "GERD"). In this disease, stomach contents can spill or 'reflux' into the esophagus. Frequently, this 'reflux' causes symptoms of heartburn. If GERD cannot be controlled effectively with medication and other measures (elevation of the head, small meals, and avoidance of eating immediately before sleeping), then a surgery to attempt to correct the disease is frequently offered.

This surgery is effective at reducing or eliminating the symptoms of heartburn in the majority of patients with GERD. Although it is effective, it may not be a "lifelong cure" for the disease. Some patients on long term follow up have shown a need to restart their heartburn medications, and some have required additional surgery to correct their symptoms. Although not a perfect or risk-free solution to the problem of GERD, "fundoplication" has helped many patients reduce or eliminate their symptoms and to discontinue their heartburn medications.

"Laparoscopic fundoplication" is generally a very safe operation, but complications can occur as with any operative procedure. Examples of complications from this operation include infection, bleeding, inability to urinate immediately after surgery, hernias at incision sites, 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 occur in about 2% of surgeries and could require further operations or procedures. They include massive bleeding requiring blood transfusion, major liver injury, injury to the spleen requiring its removal, injury to the esophagus or other intestines, herniation or "slipping" of the wrap, and injury to the lung. The mortality rate or chance of death as a result of this surgery is approximately 2/1000 (0.2%). The complication rates can be increased by other risk factors such as obesity, lung disease, heart disease, diabetes, ulcers, and previous surgeries in the abdomen or pelvis. It would be impractical and possibly misleading to describe all very rare complications in detail. If you have questions about any complication or about your particular risk factors for this surgery, please ask your surgeon for an explanation.

During "laparoscopic fundoplication", your surgeon will be inspecting the surface of your other intra-abdominal organs in addition to performing the surgery. 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. Tumors or malignancies may not always be seen during surgery, especially when within the bowel, beneath an organ surface, or in the pelvis or retroperitoneum. Having this procedure in no way means that you are free of tumors or cancer.

Approximately 30% of patients experience some difficulty with swallowing solid foods (or "dysphagia") after surgery. This "dysphagia" is not unexpected and resolves in the majority of patients within several weeks to a few months after the surgery. Your surgeon will recommend a diet that gradually moves

## LAPAROSCOPIC FUNDOPLICATION CONSENT

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from liquids, to soft foods, and eventually to solids. It is also common to experience shoulder pain after this procedure due to gas being trapped in the abdomen. Most patients are feeling well within 24-72 hours after a "laparoscopic fundoplication". We recommend that you walk as early as you are able after surgery and concentrate on deep breathing. This can help speed your recovery and reduce the risks of some serious postoperative complications. 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 laparoscopic fundoplication, please be sure to have your scheduler obtain any further information for you from our nurse or your surgeon prior to signing this consent form

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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