

Dr. Labovitch's PRE-OPERATIVE instructions

1. The week before surgery:

➤ Stop all non-steroidal (NSAIDS: Ibuprofen, Advil, Motrin etc...) pain medications including aspirin (unless told not to do so by your primary doctor)

- Tylenol is OK to use prior to surgery

➤ Please alert Dr. Labovitch's office if you have any of the following symptoms prior to surgery (surgery may have to be delayed until the illness or symptoms have resolved and/or evaluated by your primary care physician)

- Chest pain
- Shortness of breath
- Light headedness
- Blurred vision
- Headaches
- Nausea and vomiting
- Burning on urination
- Skin infections, abscess, cellulitis
- Dental abscess or recent dental work completed
- New onset loss of sensation or motor strength loss in any of your arms or legs
- Constant abdominal pain
- Blood in your urine or stool
- Fevers or chills
- Productive cough or upper respiratory tract infection (cold or flu like symptoms)

2. Nutrition and Sleep:

➤ It is very important to have a well-balanced diet before and after surgery. This will help promote proper wound healing and decrease the chance for complications.

➤ **DO NOT DRINK ALCOHOL WHILE ON NARCOTIC PAIN MEDICATION.** Please limit your intake of alcohol before and after surgery. This will help with proper wound healing and decrease the chance for complications.

➤ **DO NOT SMOKE TOBACCO OR ANY OTHER INHALED SUBSTANCES AS THIS IS A KNOWN RISK FACTOR FOR COMPLICATIONS (ESPECIALLY WOUND COMPLICATIONS, INFECTION, AND DECREASED BONE HEALING)**

- Adequate **sleep** is important. This will help promote proper wound healing and decrease the chance for complications.

3. The day before surgery:

- **Do not eat or drink anything after midnight, unless the surgery center tells you otherwise. Times may vary depending on surgery times. The surgery center will call you the day before your surgery.** (Questions regarding surgery times please call Newport Center Surgical – ph.# 949-706-6300)

- **Proper hygiene is important:**

- Make sure to bathe regularly. Please shower and clean the area with soap and water prior to arrival at the surgery center.
- **Do not shave** the extremity being operated on for 48 hours prior to surgery

- **Pain Medication:**

- You will be given pain medication at your pre-op visit. (Percocet or Norco include Tylenol in them, you may take the prescribed medication OR Tylenol for pain. Do **NOT** take together). Please fill prior to your surgery.
- NSAIDs (such as Advil, Motrin, Ibuprofen) may be taken 24 hours after surgery and can be taken with the prescribed pain medication OR Tylenol.
- If you are under 65 years of age, you may be prescribed Vistaril to help with nausea, redness, itchiness, and/or uncontrolled pain.
- **CONSTIPATION:** Narcotic pain medication can cause constipation. You may use a stool softener (Colace or Dulcolax). Both are sold over-the-counter

4. Pre-operative check list:

- ___ If you are **45 years old or older**: Did you obtain your **EKG and Labs**?
- ___ If you are **65 years old or older**: Did you also obtain your chest x-ray?
- **Write down any questions you may have. You will have a chance to discuss these questions with Dr. Labovitch prior to surgery**

5. Dental Work

- No dental work for 6 weeks after the date of surgery, this includes cleanings. Please reschedule any appointments if they are scheduled during this time. If you have any questions regarding dental work, please feel free to contact my office.

6. Phone numbers and Website:

- If you have any questions or need to cancel surgery for any reason, please call the phone numbers below
- **949-720-1944** (during normal business hours and afterhours)
- **Please visit www.ryanslabovitchmd.com** for additional information, pre and post instructions.
- This website has been designed to introduce you to his practice and be an interactive tool to assist you in each step of your treatment program. It provides comprehensive information on various orthopedic conditions and treatment techniques including surgical diagrams, animated procedures, and videos.



Medicare Conditions for Coverage for Ambulatory Surgery Centers

I acknowledge that I have received verbal and written notice of the patient's rights in advance of the date of procedure, in a language and manner that I, the patient (or the patient's representative), understand.

SIGNATURE

DATE

PRINTED NAME

DATE OF BIRTH

INFORMATION ON BILLING

Pre-Certification: As a courtesy, my staff pre-certifies every surgical procedure with the primary insurance company. However, this does not guarantee that benefits will be paid or the amount of benefits that may be payable. It is recommended you also contact your insurance company for pre-certification for the surgery.

Surgery Charges: My staff will bill your primary insurance company for my fees at no charge if you have provided us with completed insurance forms and all the necessary information. Please keep in mind that it is your responsibility to see that they pay on time. Once a month you will receive a copy of an itemized statement to retain for your records. Ultimately, the financial responsibility for the services provided rest with you, the patient, or your family, regardless of any insurance coverage. You are expected to pay any co-payments and/or deductibles at the time services are rendered. If you anticipate difficulties with these financial arrangements, you are encouraged to discuss this with the office manager pre-operatively to make financial arrangements. You may receive bills for surgery related expenses from:

- Ryan Labovitch, M.D.
- The surgical facility (includes use of the facility, medications, and all equipment/supplies)
- The anesthesiologist
- A pathologist (only if a tissue specimen was removed)
- The assistant surgeon
- The laboratory facility/office (where your pre-op lab work was performed)
- A home health care provider if required (i.e. nurse, physical therapist, etc.)
- CPM rental (continuous passive motion machine)
- Cooling unit (if required)

Post-Operative Charges: Included in your surgical fees are medical visits for post-operative care during the first 3 months (90 days) after surgery, excluding removal of hardware which is 1 month (30 days). During this time there will be no charge for office visits. However, there will be charges for any necessary supplies or x-rays provided during this period.

Dr. Labovitch wants you to know that he has a financial interest in Newport Center Surgical Center (this may or may not be a contracted facility depending on your insurance).

Please feel free to contact our office with any questions or concerns.

Signature of Patient

Date

Ryan Labovitch, M.D.

Print Name

Date of Birth

Attention

To Our Valued Patients:

Despite our efforts to pre-authorize your surgery through your insurance company, we have recently had issues with insurance companies denying payment for surgeries performed by Dr. Kramer and Dr. Labovitch. We have found that when patients call their insurance company directly to dispute this issue it results in the insurance company paying for service rendered in a more timely fashion. However, if for any reason the insurance company does not pay for the surgery performed, the patient is responsible for the payment in full.

If procedure is cancelled within 12 hours, you will be responsible for a \$250.00 Non-Refundable Surgical Fee.

We hope you understand and can help us in these challenging times.

Please print and sign your name below acknowledging your responsibility.

Thank You

X _____ Date _____
Patient's Signature

X _____ DOB _____
Printed Name

UNDERSTANDING THROMBOEMBOLIC (BLOOD CLOT) COMPLICATIONS THAT CAN FOLLOW ARTHROSCOPIC OR RELATED KNEE SURGERY, AND WHAT CAN BE DONE TO HELP PREVENT THEM (Lower Extremity Surgery Only)

Blood clots in the veins of the lower extremities can and do periodically occur following lower extremity injury and/or surgery. Just about anything that slows someone down routine significantly and restricts both body movement and use of the lower extremities can increase the likelihood of developing a blood clot in the deep leg veins. A few of these clots break free and migrate up to the lung, at which point the condition becomes life-threatening and is referred to as a “pulmonary embolism” (blood clot in the lung).

Every patient who undergoes lower extremity surgery is at some risk for thromboembolic (blood clot) complications.

In recent years, however, clinical research studies have determined that even following less involved procedures such as outpatient knee arthroscopy, the incidence of one or more deep vein clots forming in patients’ legs is anywhere from 3 to 18%, within the first few weeks following surgery. Blood clots do not always manifest themselves by causing symptoms.

In the United States, it is not yet the accepted “standard of care” to routinely administer blood-thinning anti-coagulation to all knee arthroscopy patients after surgery. A few surgeons are now recommending routine post-arthroscopy, prophylactic anti-coagulation. It is important for our patients to understand: A) what can be done to reduce the risk of thromboembolic post-surgical complications through the use of anti-coagulant medication, and (B) the risks of anti-coagulation treatment.

A more effective (as compared with aspirin) blood-thinning treatment that administered daily (usually for one to two weeks) “low molecular weight heparin” by way of self-administered, subcutaneous (beneath the skin) injection, is shown to significantly reduce (usually by at least one half) the risk of post-operative blood clots forming in the lower extremities. Risks posed excess bleeding at the operative site, bleeding at other sites such as a G.I. ulcer or epidural/spinal anesthetic puncture sites and adverse medication reactions including a dangerously low blood platelet count. Spontaneous epidural bleeding has even been known to occur (rarely), with use of anti-coagulation medication, therefore many common anti-inflammatory medications (Advil, ibuprofen, Aleve, etc) should not be taken along with this blood thinning agent.

Patients who meet the following criteria should generally not receive anti-coagulation treatment:

- Any bleeding disorder
- Allergy to pork or heparin
- History of hemorrhagic stroke
- History of ulcerative G.I. disease
- Taking platelet inhibitor medications
- Proliferative retinopathy
- Prosthetic heart valve in place
- Abnormally low platelet count
- History of reduced platelet count in response to heparin

If you do not meet any of the above criteria for avoiding anti-coagulation treatment and wish to take the precaution of giving yourself blood-thinning medication injections after surgery please checking the appropriate box below. We can supply you with the medication and teach you how to administer it or provide you with a prescription for the medication and a teaching kit. Please inform us of what method you prefer.

To help you decide, under age 35, with no history of blood clotting problems, do not smoke, or take birth control pills, not overweight, and not undergoing lengthy surgical procedures you are in a “low” risk category. “Medium” risk category, age over 50, a prior personal or family history of blood clot problems, use of birth control pills, smoking, obesity, and estrogen replacement therapy. Prophylactic anti-coagulation treatment is not yet considered “standard care” (except in patients who have an established history of excessive blood clotting and related complications), your medical insurance carrier may not cover the cost. Our current “bottom line” opinion is that you will be at lower risk for life-threatening complications with the injectable blood thinner treatment than without it.

I have read the above and understand the risk and complications involved.

Signature: _____ Print Name: _____ DOB: _____ Date _____

MY DAILY MEDICATIONS: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Past Surgical History: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
MY PAST MEDICAL HISTORY: <small>Examples: high blood pressure, heart attacks, sleep apnea etc.)</small> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Allergies: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

MY HEIGHT: _____ MY WEIGHT: _____ BP _____ Pulse _____ EKG _____ CXR _____ LABS _____

After reading the informed consent about prophylactic deep venous thrombus (blood clot) prevention, I chose: (please check which option you chose) LOWER EXTREMITY SURGERIES ONLY

- Yes, I am interested in using self-injected, blood-thinning medication after my upcoming surgery
- No, I am not interested in using self-injected, blood-thinning medication and I understand the risks/complications involved by not choosing to do so.

Please answer *yes or no* to the following questions:

Have you ever had a cerebral vascular accident? (ex. stroke)	Yes/No
Do you have any neurologic disease? (ex. Parkinson's, Alzheimer's)	Yes/No
Do you have any heart conditions? (ex. High blood pressure, cardiovascular disease)	Yes/No
Do you have any pulmonary disease (lung)? (ex. COPD, asthma)	Yes/No
Do you have any renal (kidney) problems?	Yes/No
Do you have any Gastrointestinal disease? (ex. Chrons, ulcerative colitis)	Yes/No
Do you do any recreational drugs?	Yes/No
Do you have a history of snoring, daytime fatigue or ever been diagnosed with sleep apnea?	Yes/No
Do you have Diabetes?	Yes/No
Do you have any liver disease or ever been diagnosed with hepatitis?	Yes/No
Have you ever been diagnosed with HIV or AIDS?	Yes/No
Do you have any platelet disorders? Or have any bleeding tendencies?	Yes/No
Do you smoke? _____ pack per day _____ how many years? If quit: when? _____	Yes/No
Do you drink? _____ drinks per day _____ how many years? If quit: when? _____	Yes/No
Are you currently taking any diet pills? (ex. Phentermine,, Phen Fen)	Yes/No
Are you currently taking any oral contraceptive pills? (females only)	Yes/No
Have you ever had any complications with anesthesia?	Yes/No
Are you currently taking any blood thinners? (aspirin, NSAIDS, coumadin, warfarin etc)	Yes/No

Please list any additional questions you have regarding the surgery.

I have received and read the pre-operative instructions given to me.
 Signature: _____ Date _____
 Print Name: _____ Date of Birth _____