



A division of Mercy Medical Center

2801 NW Mercy Drive, Suite 200  
Roseburg, OR 97471  
Telephone (541) 677-2800  
Fax (541) 677-2820

**YOU SHOULD ARRIVE AT THE OREGON SURGERY CENTER ON:**

Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ .

**Please do not be late**

Dear Patient,

Please carefully review the enclosed information and complete the PATIENT HEALTH HISTORY page. This information is very important for your anesthesiologist and nursing staff.

PLEASE NOTE that it is OREGON Surgery Center's policy that the parents/guardians of patients younger than 18 years old ARE REQUIRED to remain at the Surgery Center during the procedure.

PLEASE BRING THIS PACKET WITH YOU TO YOUR SURGERY/PROCEDURE.

Pre-registration staff may call you a few days prior to your surgery to update your personal information and review your payment obligation with you.

If you have any questions about this packet, call OREGON Surgery Center's Pre-Op Clinic at (541) 677-2835.



**Food or Drink:** NOTHING TO EAT or DRINK AFTER 12 MIDNIGHT and until after your surgery/procedure. You cannot chew tobacco, gum, use cough drops/hard candy. For patients who are having colonoscopy procedures, please follow your doctor's instructions about the prep liquid.

**Medications:** *Only take medication for your heart or blood pressure with one sip of water the morning of surgery. (If on insulin or diabetes pills – hold morning dose.)* **DO NOT TAKE ANY OTHER MEDICATION** ON THE MORNING OF SURGERY UNLESS INSTRUCTED TO DO SO BY YOUR ANESTHESIOLOGIST OR SURGEON.

For your safety, any exception to the "Food or Drink and Medications" instructions above must be approved prior to surgery by your Anesthesiologist. Your procedure will be rescheduled or canceled if you do NOT follow the "No Food or Drink" instructions above.

**The Day of Your Surgery:** To make your Surgery Center visit as easy as possible, there are several things you should do ahead of time:

- Must arrange for someone to drive you home. It is best if someone can be with you the first night after surgery
- Bathe or shower in the evening and in the morning with the chlorhexidine soap if given by the office. Wear clean, comfortable clothing that will fit easily over bulky bandages.
- Remove all makeup prior to arrival
- Leave watches, jewelry (including wedding bands), metal body piercings, and credit cards or other valuables at home to avoid potential loss. Facial piercings and any piercings at or near your surgical site **MUST** be removed. **NO EXCEPTIONS.**
- Bring a list of all your current prescription medications
- If the patient is a child, do not forget to bring a favorite toy or blanket

Patients under the age of 15 should have a parent or legal guardian accompany them. The parent or legal guardian must sign the necessary forms and talk with the anesthesiologist. **If not the parent, the guardian must bring a copy of court authorization.** We request that the parent or guardian remain at the Surgery Center during the surgery.

- Bring your **insurance card and photo ID with you**

If you are having foot, ankle, or knee surgery it is a good idea to have crutches in the car for getting in the house. You may purchase or rent them at most local pharmacies.

To ensure your safety, **we require that you arrange for a ride home before your surgery.** If no one can drive you, call Douglas Rides at 888-232-8121 to make reservations. Reservations must be scheduled prior to the day of surgery. If you have not planned for transportation home, your **surgery will be postponed or canceled until you have arranged for a responsible adult to drive you home**

**Anesthesia:** Your anesthesiologist or your doctor will review your chart and determine with you the type of anesthesia best for you. Five types of anesthesia are commonly used for outpatient surgery: general, regional, IV sedation, local, and topical.

- **General anesthesia** is usually administered by adding medications to your IV and having you breathe a mixture of anesthetic gases. In most cases you will have a breathing tube.
- **Regional anesthesia** is administered by injecting medication around the main nerves to the affected area. This will produce numbness lasting from 1 to 4 hours. You may also be sedated during your surgery.
- **IV sedation** is administered by adding sedatives and medication to IV to induce sleep, but no anesthetic gases will be used. This is usually used for procedures and minor surgeries. This will be at the direction of your doctor.
- **Local anesthesia** is administered by injecting medication just under the skin to numb a small area.
- **Topical anesthesia** is administered by applying medication to the mucous membrane for surgeries involving the nose, throat, or bladder.

Your heart rate, blood pressure, oxygen concentration, and breathing will be monitored with special equipment throughout your operation, regardless of the type of anesthesia administered.

**After Your Surgery:** If you are still sleepy, you will go to Phase I recovery which usually lasts 30 minutes. If you are awake soon after, you will go to Phase II recovery where you can sit up and drink fluids.

The average time for recovery for endoscopy procedures is 30 minutes, for most surgeries 30 minutes to 2 hours and very rarely a patient may need to stay up to 4 hours after surgery ended.

**Your Care at Home:** When you are discharged, you will be given **written instructions** for your care at home. Be sure to follow your doctor's orders. Take pain medications as prescribed by your doctor. Follow a liquid diet for the first 6 hours following surgery, then advance to your regular diet. Once home you will need plenty of rest. **Arrange to have a responsible adult stay with you through the night.** If you have any **problems related to surgery or your procedure, call your doctor.** Someone will call you the next day. If your surgery or procedure is on a Friday, it will be the next business day.

**Your Care at Home following Endoscopy:** Take your regular medications as prescribed by your doctor. Eat a regular diet, just not large amounts at first.

It will feel good to recover in your own home, but remember not to do too much too soon! For the first 24 hours following your surgery, regardless of how you feel,

- **DO NOT** drive a car or take public transportation by yourself
- **DO NOT** drink alcohol
- **DO NOT** sign legal documents or make important decisions
- **DO NOT** operate potentially dangerous equipment.

If you received local or topical anesthesia, you may return to normal activities without the 24 hour restrictions above. However, do follow the restrictions ordered by your doctor for your particular surgery.

# PATIENT HEALTH HISTORY

YOUR NAME: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PROCEDURE DATE: \_\_\_\_\_

**EVALUATION:**

1. Height \_\_\_\_\_ Weight \_\_\_\_\_
  2. Activity Level:  Low (Light Housework)     Moderate (Walk Up a Hill)     High (Strenuous Sports)
- |   | YES  | NO                       | SPECIFY |
|---|--|--------------------------|---------|
| 3. Is your physical activity ever limited due to shortness of breath or chest pain?   | <input type="checkbox"/>                                 | <input type="checkbox"/> | _____   |
| 4. Do you use Oxygen or a C-Pap machine at home?  | <input type="checkbox"/>                                 | <input type="checkbox"/> | _____   |
| 5. Have you or any member of your family ever had a bleeding disorder?  | <input type="checkbox"/>                                 | <input type="checkbox"/> | _____   |
| 6. Have you or any family member ever had a history of problems with anesthesia?  | <input type="checkbox"/>                                 | <input type="checkbox"/> | _____   |
| 7. Allergies = Your nurse will go over them.  | <input type="checkbox"/>                                 | <input type="checkbox"/> | _____   |
| 8. Medication you take regularly = Your nurse will go over them (We have a list from your doctor).  |  |                          |         |
| 9. Have you taken any Aspirin, Ibuprofen, Coumadin, Plavix, or Aggrenox in the last two (2) weeks?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                          |         |
| 10. Do you smoke or did you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No    Packs/Day? _____ How many years? _____ Stopped _____ |  |                          |         |
| 11. Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No    If so, how much? _____  |  |                          |         |
| 12. Do you use recreational drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No    What kind? _____                                     |  |                          |         |
| 13. Do you have any significant illness or injury? _____  |  |                          |         |

Have you now or have you ever had?	YES	NO	Have you now or have you ever had?	YES	NO
Bleeding tendency	<input type="checkbox"/>	<input type="checkbox"/>	Implantable devices/pacemaker/defibrillator/insulin pump/		
Blood clots in the legs	<input type="checkbox"/>	<input type="checkbox"/>	nerve stimulator	<input type="checkbox"/>	<input type="checkbox"/>
Cancer – list type _____	<input type="checkbox"/>	<input type="checkbox"/>	Liver disease	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain – when _____	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B or C, or MRSA bacterial infection, or HIV	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease/heart attacks/heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	Skin problems (cuts/rashes/open sores) – where _____	<input type="checkbox"/>	<input type="checkbox"/>
Mitral valve prolapse	<input type="checkbox"/>	<input type="checkbox"/>	Stroke/dizziness/blackouts	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	<input type="checkbox"/>	<input type="checkbox"/>
Asthma: <input type="checkbox"/> Child <input type="checkbox"/> Adult	<input type="checkbox"/>	<input type="checkbox"/>	Motion sickness	<input type="checkbox"/>	<input type="checkbox"/>
Kidney disease or dialysis	<input type="checkbox"/>	<input type="checkbox"/>	Facial fractures	<input type="checkbox"/>	<input type="checkbox"/>
Hiatal hernia/heartburn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Recent cold <input type="checkbox"/> Infection	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes type _____ <input type="checkbox"/> diet controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dentures <input type="checkbox"/> Partials <input type="checkbox"/> Crowns <input type="checkbox"/> Caps	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Loose <input type="checkbox"/> Broken <input type="checkbox"/> Chipped teeth <input type="checkbox"/> Jaw pain	<input type="checkbox"/>	<input type="checkbox"/>

Have you been hospitalized in the last year?  Yes     No    If yes, why? \_\_\_\_\_

Please list previous surgeries (when): \_\_\_\_\_

Do you have an Advance Directive/Health Care Power of Attorney?  Yes     No    Would you like information? \_\_\_\_\_

Do you have a DNR (Do Not Resuscitate) or a POLST (Physician Order Life Supporting Treatment)?  Yes     No

**If yes, bring the DNR or POLST with you the day of surgery.**

In the last year, have you been hit, slapped, or otherwise physically hurt by someone?  Yes     No

Do you ever fear for your safety or for the safety of your family members?  Yes     No

Would you like to talk to someone privately or get information about help/resources for domestic violence?  Yes     No

**Females:** Could you be pregnant?  Yes     No    Date of last period \_\_\_\_\_    Hysterectomy?  Yes     No

Anesthesia in the 1st trimester can cause miscarriage. A pregnancy test will be performed if you are of childbearing age (age 10 - no menses).

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

 **CHI Mercy Health**  
 Mercy Medical Center  
 2700 Stewart Parkway Roseburg, OR 97471

 **OREGON**  
**SURGERY CENTER**    2801 N.W. Mercy Drive  
 Suite 200  
 Roseburg, OR 97471  
A division of Mercy Medical Center

PATIENT LABEL





# **ORegon**

## **SURGERY CENTER**

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2801 NW Mercy Drive, Suite 200

Roseburg, OR 97471

Telephone (541) 677-2800

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### **Important Information**

ORegon Surgery Center is designed to:

- Allow you to have surgery and go home the same day
- Give you efficient, personal care in a pleasant atmosphere
- Allow a family member to be present in recovery areas

ORegon Surgery Center charges do not cover the professional service fees of your surgeon or assistant surgeon.

It may be necessary, in connection with your surgery, to include or perform certain other services such as:

- X-Ray or EKG
- Examination of tissue removed
- Administration of anesthetics and medications

ORegon Surgery Center charges do not cover the service fees when the services are deemed necessary of the:

- Anesthesiologist
- Radiologist
- Pathologist
- Physician Consultant
- Lab

Also, any services not directly related or incidental to your surgery are not included in the Oregon Surgery Center fee.

Additional Instructions:

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## **Insurance & Billing**

- 1.If your surgery is covered by insurance, please bring a current insurance, Medicare or Medicaid card to ORegon Surgery Center.
- 2.All charges are the patient's responsibility. As an added service to our patients, once coverage has been confirmed, we will bill the insurance company. Patient bills are due and payable within 30 days from date of billing. MasterCard and Visa are accepted.
- 3.The quoted fee is based on the scheduled procedure. In rare instances, unanticipated complications may cause the final fee to differ.
- 4.Cosmetic surgery fees are payable in full the day of surgery.

If you have any questions, please call ORegon Surgery Center at 541-677-2800.

## **Patient Rights**

- To expect to be treated with respect, consideration and dignity.
- To be provided appropriate privacy.
- To expect that all disclosures and records are treated confidentially and released only with the patient's consent or when required by law.
- To be provided, to the degree known, complete information concerning their diagnosis, treatment and prognosis.

## **Patient Responsibilities**

- Accurately inform staff of correct billing address, phone number, age and social security number.
- Provide accurate information concerning health-related issues such as allergies, etc.
- Follow directions regarding medications and discharge instructions.
- Be on time for your scheduled appointment.
- Treat our staff with respect and decency.



## **SURGERY INFORMATION**

Having surgery and anesthesia affects other parts of your body in addition to the surgical site.

Medications may make your breathing slow and shallow, allowing normal fluids to collect, so remember to take deep breaths and walk around the house slowly. Strong pain pills may cause constipation.

The following exercises speed up recovery and help prevent pneumonia, blood clots, and other complications. You will be expected to do them several times each hour while awake.

### **DEEP BREATHING**

Deep breathing helps prevent lung infections and fluid buildup in the lungs.

- Breathe in as deeply as you can
- Hold your breath for 5-10 counts then exhale
- Repeat 4-5 times every hour while awake and continue for several days after your surgery.

### **COUGHING**

Coughing helps clear phlegm from the lungs.

- If your surgery was on your abdomen or chest it may help to hold a pillow firmly over the incision for support. The sutures are strong and will not break from these coughing exercises.
- Breathe in deeply
- Cough deeply from the stomach area, not just clearing your throat
- Cough 2-3 times to loosen mucous and bring it up so you are able to spit it out
- Repeat 4-5 times every hour while awake and continue for several days after your surgery.

### **OUTPATIENT SURGERY – Planning for Discharge**

- It is routine and expected that you go home the same day as your surgery
- You **MUST** arrange for transportation home following your surgery.
- **Insurance companies will not pay for extended hospitalization due to transportation problems, lodging problems (no matter how far away you live), or insufficient help at home.** If you choose to remain in the hospital for any of the above reasons after your doctor has given you permission to go home, you will be responsible for paying any additional expenses
- If it is medically necessary for you to stay beyond the usual recovery time, you will either remain in an Extended Recovery area or be transferred to a hospital room until you are stable for discharge. This can occur at any time up until midnight or even the next morning
- You will still be considered an "outpatient" even if you spend a night for extended recovery in the hospital when ordered by your doctor
- Your insurance company will handle the bill as usual as long as the stay is medically necessary.

# Oregon

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### *Our Location*

