

This HISTORY AND PHYSICAL is to be completed within 30 days of your surgery date.

Please fax to our office at least 48 hours before surgery or sooner if possible.

**EDINA SURGERY CENTER, INC.**

**PHONE: (952) 952-925-1765**

**FAX: (952) 927-5629**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Surgery Date: \_\_\_\_\_ Surgeon: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B.P.: \_\_\_\_\_ Pulse: \_\_\_\_\_ Temp: \_\_\_\_\_ BMI: \_\_\_\_\_ O2 Sat: \_\_\_\_\_

**PRESENT HISTORY:**

Reason for admission: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Do you take Aspirin? Yes No or Ibuprofen? Yes No Any in the last 2 weeks? Yes No

Family History: \_\_\_\_\_

**PAST HISTORY:**

Surgical: \_\_\_\_\_

Medical: \_\_\_\_\_

**REVIEW OF SYSTEMS:**

Normal	If Abnormal (please explain)	Normal	If Abnormal (please explain)
Cardiovascular _____	_____	Gastrointestinal _____	_____
Respiratory _____	_____	Genitourinary _____	_____

**PHYSICAL EXAM:**

Normal	If Abnormal (please explain)	Normal	If Abnormal (please explain)
Appearance _____	_____	HEENT _____	_____
Heart/Blood Vessels _____	_____	Lymphatic _____	_____
Breasts _____	_____	Lungs _____	_____
Musculoskeletal _____	_____	Abdomen _____	_____
Genital _____	_____	Rectal _____	_____
Neurological _____	_____	Skin _____	_____

Comments: \_\_\_\_\_

Patient is an acceptable candidate for general anesthesia? YES NO

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*\*\*\*SEE REVERSE SIDE FOR SPECIFIC ORDERS/TESTS NEEDED\*\*\*\*\***

## Edina Surgery Center Lab Orders for History & Physical

\*Patients needing K+ (Potassium) MUST have lab drawn within **7 days of surgery**, all other lab work may be drawn within **30 days of surgery\***

Specific labs to consider (though other labs may be indicated based on findings in H&P)

**HgB- Outside of minor procedures, a Hgb (Hemoglobin) is generally required based on guidelines.**

**K+- Patients on medications that affect potassium (such as diuretics, potassium supplements, ACE inhibitors, A2RBs, spironolactone) need to have a K+ drawn.**

**PREGNANCY TEST-** All women 60 years and under will take a pregnancy test the day of their procedure unless it is documented that they have had a hysterectomy or are post-menopausal.

**EKG- MUST be performed for any of the following:**

- Patients **65 and over** if not done in the last year.
- If not done in the last 30 days and **history of coronary artery disease or vascular disease.**
- If not done in last year and **IDDM, HTN, CHF, IVD, BMI  $\geq 40$** , or chest pain.

**\*Please include a copy of the report and the tracing\***

**BMP-** Patients with cardiovascular disease need the following labs drawn: Na, K+, Cl, Co2, BUN, and Creatinine.

**HeMe 2-** Patients being treated for cancer and/or receiving chemotherapy must have a Hemogram done.

**Diabetic Patients:**

- Type I and Type II need HgB A1C within the last 6 months.
- Insulin dependent diabetics need the following: K+ (Potassium) and EKG within the last year.
- Patients on oral diabetic medication need the following: blood glucose or Accu-Check.

**INR-** Patients on anticoagulants need the following labs drawn: Hgb, INR. If patient's dosage is changed/discontinued prior to surgery an additional INR will need to be drawn 24-48 hours prior to surgery.

**MRSA-** If patient has a history of MRSA, they will need **3 consecutive negative nasal cultures at least one week apart.**

**C-DIFF-** If patient has a history of C-Diff, we need **documentation of treatment and patient has to be asymptomatic for 3 months.**

SEE REVERSE SIDE FOR H&P FORM

FAX TO (952) 927-5629

ALTERNATE FAX (952) 925-1579

## Things to Avoid Prior to Surgery:

### 4 WEEKS BEFORE:

-Herbal Supplements (Turmeric, Vitamin E, Omega 3, Fish Oil, Lecithin, Niacin, Selenium, green tea, protein bars, protein shakes)

\*\*\*If taking an iron or potassium supplements, continue to take them as directed\*\*\*

**-SMOKING, SECOND-HAND SMOKE, NICOTINE PATCHES, NICOTINE GUM, E-CIGS (ANYTHING CONTAINING NICOTINE)  
– NICOTINE CAUSES POOR HEALING AND, IN SOME CASES, ACTUAL SKIN LOSS**

-Any diet supplements (Phentermine, Ephedrine, shark cartilage)

-Marijuana

### 3 WEEKS BEFORE:

-Aspirin, Advil, Aleve, Anaprox, Excedrin, Ibuprofen, Motrin, Naproxen, Naprosyn (or anything containing these products)

### 2 WEEKS BEFORE:

-Airborne, Alka-Seltzer, Coricidin, Pepto-Bismol, Sudafed

-Coumadin, Warfarin (***\*\*Approval must be given by Primary Care Physician to stop\*\****)

-Red Wine (as this may cause more bleeding) – NO alcohol can be taken while taking narcotic pain medication after surgery

### 7 DAYS BEFORE:

-ALL alcohol (including beer, as this may cause more bleeding) –NO alcohol can be taken while taking narcotic pain medication after surgery

### 3 DAYS BEFORE:

-Naltrexone/Revia/Depade/Vivitrol- Must wait to restart taking these medications until 2 days **AFTER STOPPING** post-op pain medications.

-Cialis (Tadalafil) must be discontinued prior to surgery. You may resume use when directed by your surgeon.

### 1 DAY BEFORE:

-Imitrex, Topamax, Maxalt must be discontinued prior to surgery and you may resume use when directed by your surgeon.

-Viagra (Sildenafil citrate) must be discontinued prior to surgery. You may resume use when directed by your surgeon.

### DAY OF SURGERY:

-Specific blood pressure medications: Cozaar, Losartan, Lisinopril, Enalapril, Quinapril, Diuretics (i.e., hydrochlorothiazide, Lasix)

If you have any questions about any of the medications above or any medication that you are currently taking, please contact our office for further instructions!

Thank you for your cooperation.

Edina Surgery Center, Inc.



## **When to stop eating and drinking:**

**(Please adjust according to your surgery start time)**

<b><u>Surgery Start Time</u></b>	<b><u>Drink Clear Liquids Until</u></b>	<b><u>Stop Solid Foods</u></b>
7:30 a.m.	3:30 a.m.	11:30 p.m.
9:30 a.m.	5:30 a.m.	1:30 a.m.
11:30 a.m.	7:30 a.m.	3:30 a.m.
1:30 p.m.	9:30 a.m.	5:30 a.m.

\*Eat and drink as usual until **8 hours** before surgery.

\*You may drink clear liquids up until **4 hours** before surgery. (See list below)

**\*\*Nothing by mouth within 4 hours of surgery.** This includes gum, candy and breath mints.

### **Clear liquids include:**

- Water
- Clear fruit juices such as apple juice and white cranberry juice (**NO** pulp juices)
- Plain tea or black coffee (**NO** milk or creamer)
- Clear, electrolyte-replenishing drinks such as Pedialyte, Gatorade, or Powerade (**NOT** yogurt or pulp-containing "smoothies")
- Ensure Clear or Boost Breeze (**NOT** the milkshake varieties)

**\*\*This does not include pop/soda of any kind\*\***

If you have any questions, please contact us 952-925-1765.



# Preoperative and Postoperative Instructions

Edina Plastic Surgery, Ltd.

## Preoperative Instructions

1. A current health history and physical is required before your surgery (within 30 days). Have your doctor's office fax the results to (952) 927-5629.
2. Do not take any aspirin or ibuprofen (*or any compound containing aspirin or ibuprofen*) for **3 weeks**. Do not take any vitamin E, herbal supplements (*including but not exclusive to: tea, Meridia, Bilberry, Cayenne, Echinacea, Garlic, Ginger Root, Ginkgo Biloba, St. John's Wart, Yohimbe, Turmeric*) or dietary supplements **4 weeks** prior to and following your surgery (*unless other time frame is specified by your plastic surgeon*). Avoid red wine for **2 weeks** prior to surgery and all other alcohol for **1 week** prior to your surgery. Imitrex, Topamax, and Maxalt must be discontinued **24 hours** before your surgery and for one week after surgery. Phentermine (*and other appetite suppressant products*) must be discontinued for **2 weeks** before surgery. This is to prevent excess bleeding and increased bruising. Tylenol (*acetaminophen*) is okay to take. DO NOT SMOKE cigarettes or marijuana, use any products containing nicotine or be exposed to second hand smoke for **4 weeks** prior to surgery (*unless other time frame is specified by your plastic surgeon*).

## Evening Before Surgery

1. Generally, a light meal early in the evening is advised. You may have a small meal up until **8 hours** prior to surgery. You may drink clear liquids (plain black coffee) and water up until **4 hours** prior to surgery. **Then nothing after 4 hours, this includes no gum, candy or throat lozenges.** Your physician may want you to take certain prescriptions such as: heart medication, seizure medication, blood pressure medication, asthma medication or prednisone. In this case, please take these medications with a small sip of water early in the morning. **Please call us if you are unsure about the medications you need to take or discontinue.**
2. Shower or bathe the morning of surgery. Please leave off all products including cosmetics, deodorant, body lotion, oils, and hair products.
3. Please wear or bring loose and comfortable clothing (*i.e.: button down or zippered shirt, elastic top pants, slip on shoes*). Leave your jewelry and valuables at home. All rings, earrings, necklaces, watches and body piercings need to be removed before your surgery. Contact lenses cannot be worn during surgery. You may want to bring your glasses to read and sign paperwork during check in. Contacts/glasses will be removed before surgery. Please bring a case to put them in.
4. If you have allergies or asthma and use an inhaler, please bring it with you the day of surgery.
5. If you use a CPAP please bring it with you the day of surgery.
6. Plan to arrive at the Surgery Center (Suite 300A, not 300) at least 1 ½ hours prior to your scheduled surgery time. A nurse will check you in. An anesthetist and your surgeon will speak to you during this time. Your surgery time may change depending upon the doctor's schedules.

## Postoperative Instructions

1. **Arrange to have a responsible adult pick you up after surgery and stay with you for 24 hours (*this is required*).** Under no circumstances will you be allowed to drive following your procedure. Taxi cab or bus travel home is prohibited. If transportation or finding someone to help care for you is a problem, please call us. There are nursing services we can recommend.
2. All postoperative instructions and questions you have will be discussed before you are discharged from the surgery center. Because you have received anesthesia the person taking care of you needs to be present at this time.
3. For your convenience, a follow-up appointment with your surgeon will be scheduled for you generally in 1-2 days following your surgery.

**If you have any questions regarding your instructions, have special needs, or require specific accommodations, please call Edina Plastic Surgery, Ltd.**



## WHAT TO EXPECT AFTER SURGERY

Edina Plastic Surgery, Ltd.

### *For the first 24-48 hours after surgery:*

- A responsible adult (over the age of 18), needs to remain with you during the first 24 hours after your procedure.
- Rest as much as possible the day of surgery, you may get up a couple of times to stand/walk in place. Remember while resting to point and flex your toes often to help blood flow. Starting the day after surgery, we do want you getting up every hour you are awake to take small walks around the house.
- You may be dizzy and off balance after anesthesia, have assistance when standing and walking.
- Do not make any important decisions or sign any legal documents.
- Do not drink any alcohol for 24 hours, while taking narcotics, or as instructed by your surgeon.
- Do not drive a vehicle or operate heavy machinery for 24 hours, while taking narcotics, or as instructed by your surgeon.
- Begin advancing your diet slowly after anesthesia starting with clear liquids.
- Please make sure to wear your white compression stockings (TEDS) for 48 hours after surgery.
- If provided with an Incentive Spirometer, use this 2-3 times every hour that you are awake.

### *You may experience one or more of the following for the following weeks after your surgery:*

- Swelling
- Numbness
- Bruising
- Skin Tightness
- Minimal to moderate pain controlled by prescribed analgesics
- Constipation while taking narcotics. You should use a stool softener (Colace), gut motility agent (Senna), or bulking agent (Miralax) while taking narcotics.
- Low-grade fever
- Small amount of yellow watery drainage from incision area

### *Call the office immediately if you experience any of the following:*

- Sudden or excessive swelling
- Severe pain not controlled by prescribed analgesic
- Red, inflamed, painful incision that is hot to the touch
- Extreme redness or drainage around incisions
- Excessive bleeding (blood soaked dressings or increasing amounts of bright red blood in drains)
- Fever greater than 101.5
- Severe nausea and/or vomiting
- Itching, hives, rash, headache, or nausea after taking any of your medications
- Continued dizziness or incoherent behavior-such as hallucinations

### *Go immediately to the ER or call 911 if worsening shortness of breath and/or chest pain.*

PHONE NUMBERS: Edina Plastic Surgery Clinic (952) 925-1765 or 1-800-965-1765

**\*\*AFTER HOURS\*\*** (952) 924-8125

If you have any concerns or problems, please do not hesitate to call for assistance:  
Edina Surgery Center / Edina Plastic Surgery Clinic: (952) 925-1765 or 1-800-965-1765  
Member of American Society of Plastic Surgeons

**\*\*After Hours:** (952) 924-8125\*\*  
[www. Edinaplasticsurgery.com](http://www.Edinaplasticsurgery.com)



# Pharmacy Information

Please fill out this form and bring on the day of surgery.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

## **Pharmacy**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## **Insurance Information**

Name of Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

**In addition to this information, please attach a copy of your insurance card (front and back).**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### SMOKING & PLASTIC SURGERY

IF YOU SMOKE OR USE ANY FORM OF NICOTINE (INCLUDING SMOKING CESSATION AGENTS SUCH AS PATCHES, GUM AND LOZENGES) BEFORE YOUR SCHEDULED PROCEDURE,

**YOUR SURGERY WILL BE CANCELLED.**

**SMOKING CAN HAVE A DETRIMENTAL AND CATASTROPHIC EFFECT ON THE RESULTS YOU WILL GET FROM YOUR SURGERY!**

Smoking will cause problems with your anesthesia, breathing and also cause an increase in your blood pressure, leading to bleeding complications.

Smoking can cause necrosis of the tissues, a condition wherein the blood supply to the skin is decreased and the skin DIES. This is a very serious complication, which could require major reconstruction and result in severe, noticeable scarring. YOU can help prevent this complication.

You must give up all smoking and all forms of nicotine 4 weeks prior to surgery and for 4 weeks after surgery. Even one cigarette and/or any form of nicotine can cause necrosis of the delicate skin tissues. Due to the effect of "passive smoking", members of your household should not smoke in your presence until healing is complete (generally 4 weeks before and 4 weeks after).

The incidence of skin loss is 12 to 13 times higher in smokers than in non-smokers and ONLY YOU CAN PREVENT THIS PROBLEM.



TO OUR SURGICAL PATIENTS:

Our goal at Edina Plastic Surgery Center is to provide a safe and caring environment for our patients. We offer privacy and a sense of comfort for our patients undergoing surgery. Your procedure is performed on an outpatient basis and allows you to recover comfortably and economically at home.

For your safety, you will need to have someone over the age of 18 to drive you home. Your friend or family member will be instructed when we need them here for discharge instructions (30 minutes after surgery ends). It is important that your designated driver be on time.

Thank you for your cooperation.

Edina Surgery Center, Inc.

6525 France Ave. South Suite 300, Edina, MN. 55435  
Dr. Nathan Leigh, Dr. Robert Wilke, Dr. Michael Philbin, Dr. Christine Stewart

Edina Plastic Surgery accepts cashier's checks for payment of surgery three weeks prior to surgery.

We also accept Visa, Mastercard, American Express, an ACH payment, PatientFi or Care Credit.



If you are using a credit card of Care Credit you must either present or fax a copy of your driver's license and a copy of the card that you want to use three weeks prior to your surgery.

Please black out your card number when faxing to protect your account information. The account number will be taken over the phone, processed and shredded for your protection.

In the event that someone else is using his/her credit card or Card Credit to pay for your surgery, the same rules apply to them. A verbal consent from the cardholder must also take place.

If you are using an ACH payment, please have account and routing number ready before calling our office to make your payment.

You are also welcome to bring payment information in person to our office three weeks prior to your surgery.

Thank you for your cooperation.

Edina Plastic Surgery, Ltd.



## REVISION POLICY

6525 France Ave. S. Suite 300, Edina, MN. 55435  
Dr. Nathan Leigh, Dr. Robert Wilke, Dr. Michael Philbin, Dr. Christine Stewart

The surgeons and staff at Edina Plastic Surgery are dedicated to helping you achieve your surgical goals. We sincerely try to achieve the best possible result for each patient. Various factors, however, can affect the outcome from cosmetic procedures. These include your preoperative anatomy, potential healing problems, or the development of excessive scar tissue. Surgery also has inherent risks, such as bleeding or infection. Exact results cannot be guaranteed. Occasionally, revisions are necessary to obtain desired results.

If your surgeon feels a revision is necessary during the first year after your surgery, your surgeon may waive the surgeon's fee for the additional procedure, but you will be responsible for the operating room and anesthesia charges.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

If you have any concerns or problems, Please do not hesitate to call for assistance:

Edina Surgery Center: (952) 925-1369 or 1-800-965-1765, Edina Plastic Surgery Clinic: (952) 925-1765 \*\*After Hours: (925) 925-8125\*\*  
[www.edinaplasticsurgery.com](http://www.edinaplasticsurgery.com)



## **Questions and answers about Minnesota Law on health care directives**

Minnesota law allows you to tell others of your health care wishes. You have the right to write out your wishes so that others will know what you want if you can't tell them because of illness or injury. The information that follows tells about Minnesota health care directives and how to prepare them. It does not give every detail of the law.

### **What is a health care directive?**

A health care directive is a written document that tells others of your wishes about your health care. It says how long you would like to be treated if you can no longer speak for yourself. It also allows you to name a person (agent) to make health care decisions for you. You must be at least 18 years old to make a health care directive.

### **Why have a health care directive?**

A health care directive is important in case your doctor determines that you cannot make decisions for yourself. It is also important if you wish to have someone else make your health care decisions. In some cases, your directive may say that you want someone other than your doctor to decide whether you are able to make your own decisions about treatment.

### **Must I have a health care directive? What happens if I don't have one?**

You don't have to have a health care directive, but writing one helps to make sure your wishes are followed.

You will still be treated whether or not you have a written directive. Health care providers will listen to what people close to you say about what your wishes would be. But the best way to be sure your wishes are followed is to have a health directive.

### **How do I make a health care directive?**

There are forms for the Minnesota health care directive. You can get a copy from our office. You don't have to use the form. But, to be legal, your health care directive must:

- Be in writing
- Be dated
- State your name
- Be signed by you or by someone you chose to sign for while still able to make your own decisions.
- Have a notary public or two witnesses verify your signature
- Name someone to make health care decisions for you and/or explain your wishes for health care treatment.

Before you write or change your directive, it is a good idea to talk about your wishes with your doctor or other health care provider.

### **What if I prepared a health care directive before the current law went into effect? Is it still good?**

Forms created before August 1, 1998 are still legal if they followed the law in effect when written. They are also legal if they meet the requirements of the current law. (See "How do I make a health care directive?") Look over your document to be sure it says what you want and meets all requirements.

### **I made my directive in another state. It is still good?**

Health care directives made in other states are legal if they meet the laws of either that state or Minnesota. However, a request for assisted suicide will not be followed in Minnesota.



**What can I put in a health care directive?**

You have many choices of what to put in your health care directive. For example, you may include:

- the person you want to make health decisions for you (your agent). You can name more than one agent if you want.
- how you want your agents or agents to decide.
- your goals, values and wishes about health care.
- the types of medical treatment you would want (or not want).
- where you want to get care.
- your wishes about feeding tubes or IVs (artificial nutrition and hydration).
- mental health treatments that use electroshock or tranquilizers.
- what to do if you are pregnant.
- your wishes about donating parts of your body.
- funeral arrangements.
- who you would like to act for you (guardian or conservator) if there is a court action.

You may be as specific or as general as you wish. You can choose what you want to put in or leave out of your directive.

**Are there any limits to what I can put in my health care directive?**

There are some limits about what you can put in your health care directive. For instance:

- your agent must be at least 18 years of age.
- your agent cannot be your health care provider, unless your health care provider is a family member or you give reason for naming the agent in your directive.
- you cannot ask for treatment that is not a reasonable medical practice.
- you cannot request assisted suicide.

**How long does a health care directive last? Can I change it?**

Your health care directive lasts until you change or cancel it. Any changes must meet Minnesota law. (See "How do I make a health care directive?") You may cancel your directive by doing any one of the following:

- writing a statement saying you want to cancel it.
- destroying it.
- telling at least two other people you want to cancel it.
- writing a new health care directive.

**What if my health care provider refuses to follow my health care directive?**

Your health care provider must follow your health care directive, or any instructions from your agent, as long as the health care follows reasonable medical practice. You or your agent cannot request treatment that will not help you or which the provider can not provide. If the provider cannot follow your agent's directions about life-sustaining treatment, the provider must tell your agent. The provider must also document this in your medical record. The provider must allow the agent to arrange to transfer you to another provider who will follow the agent's directions.

**What should I do with my health care directive after I have signed it?**

Tell others about your health care directive and give them copies of it. You may wish to tell family members, your health care agent or agents, and your health care providers that you have a health care directive. You should give them a copy. It's a good idea to review and update your directive as your needs change. Keep it in a safe place where it is easily found.

**If I have any other questions, whom should I contact?**

If you have any other question, talk to your doctor, another health care provider, a social worker, an attorney or another qualified advisor. These people should be able to answer most of your questions.

**Health Care Directive Policy**

We will honor your advance directive as fully as we can, as long as what you want:

- is a reasonable medical practice.
- is treatment we can provide.
- meets Minnesota law.

*For a free Minnesota health care directive form, call our office: 952-925-1765*



## INFORMED CONSENT FOR ANESTHESIA

The purpose of this consent form is to inform you and your family of the potential risks involved with the administration of anesthesia. The type of anesthetic you receive may be one of a combination of the following: General Anesthesia, Monitored Anesthesia Care (Sedation), or Local. The anesthesiologist will discuss with you the type of anesthesia best suited for your operation.

In general, the risks related to the modern methods of anesthesia are very low. However, every procedure has some associated risk and, in the extreme, even death is a possible risk. This listing is not intended to be all-inclusive, and if there are any further questions about your anesthetic, please address them to the anesthesiologist prior to surgery.

Your anesthesia will be delivered by skilled providers. An anesthesiologist (Certified Registered Nurse Anesthesiologist) will evaluate you before, during, and after your operation. Your anesthesiologist will continually monitor you during your operation. Your anesthesiologist and your surgeon will be present or immediately available during all critical phases of your anesthesia.

### A. BEFORE THE OPERATION

1. A complete medical history is very important to providing safe anesthesia care. Medical problems, recent illness, allergies, adverse reactions to anesthesia, and current medications should be reported accurately. Medical problems and abnormal physical states may add to the risk.
2. Stomach contents can be vomited or regurgitated during surgery and inhaled into the lungs causing respiratory problems. It is very important that you accurately report when you last ate or drank anything to the anesthesiologist.

### B. DURING THE OPERATION

1. An IV will be placed in most cases. Pain, swelling, numbness, or infection are infrequent problems associated with IV therapy.
2. Unusual or allergic reactions to drugs given during anesthesia can occur. On rare occasions these may be life threatening.
3. During anesthesia, your airway must be maintained. Though safeguards are used, injury to teeth, mucous membranes, tongue, lips, nose, or throat may occur. In addition, damage may occur to prosthetic dental work such as bridges, caps, crowns, etc.
4. Though protective measures are used, nerve or skin injury may result from operation room equipment, the position required during surgery, or skin reactions to antiseptic prep solutions, dressings, or tape.

### C. AFTER THE OPERATION

1. During the awakening from anesthesia, you may clench your teeth excessively resulting in injury to teeth, lips, nose, or tongue and damage to prosthetic dental work.
2. Muscle soreness and stiffness may result from medications given during surgery.
3. Airway management may result in a sore throat after surgery.
4. Nausea can occur after surgery or anesthesia. This can be influenced by the type of surgery performed as well as pain medications or the anesthetics used during or after surgery. Antibiotics and pain medications after surgery may also cause nausea.
5. Some complications of anesthesia may, on occasion require hospital admission even for a patient who has planned on going home the day of surgery (short stay).

I have read the information above and my questions have been answered satisfactorily.

I give my informed consent of anesthesia.

Patient (Guardian) Signature: \_\_\_\_\_

Anesthesiologist: \_\_\_\_\_

Date/Time: \_\_\_\_\_



# The American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

## *A Patient's Bill of Rights*

This accredited ambulatory surgery facility presents a Patient's Bill of Rights with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, his/her physician, and the group organization. It is recognized that a personal relationship between the physician and the patient is essential for the provision of proper medical care. The traditional physician-patient relationship takes a new dimension when care is rendered within an organizational structure. Legal precedent has established that the facility itself also has a responsibility to the patient. It is in recognition of these factors that these rights are affirmed.

1. The *patient* has the right to considerate and respectful care.
2. The *patient* has the right to obtain from his/her physician complete current information concerning his/her diagnosis, treatment and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his/her behalf. He/she has the right to know, by name, the physician responsible for coordinating his/her care.
3. The *patient* has the right to receive from his/her physician information necessary to give informed consent prior to the start of any procedure and /or treatment. Except in emergencies, such information for informed consent should include, but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternative, the patient has the right to know the name of the person responsible for the procedures and/or treatment.
4. The *patient* has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her action.
5. The *patient* has the right to every consideration of his/her privacy concerning his/her medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his/her care must have permission of the patient to be present.
6. The *patient* has the right to expect that all communications and records pertaining to his/her care should be treated as confidential.
7. The *patient* has the right to expect that within its capacity, this accredited ambulatory surgery facility must provide evaluation, service and/or referral as indicated by the urgency of the case.

When medically permissible, a patient may be transferred to another facility only after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.

8. The *patient* has the right to obtain information as to any relationship of this facility to other health care and educational institutions insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating him/her.
9. The *patient* has the right to be advised if this accredited ambulatory surgery facility proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the right to refuse to participate in such research projects.
10. The *patient* has the right to expect reasonable continuity of care. He/she has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that this facility will provide mechanism whereby he/she is informed by his/her physician of the patient's continuing health care requirements following discharge.
11. The *patient* has the right to examine and receive an explanation of his/her bill regardless of the source of payment.
12. The *patient* has the right to know what facility rules and regulations apply to his/her conduct as a patient.

No catalog of rights can guarantee for the patient the kind of treatment he/she has a right to expect. This facility has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients, and the conduct of clinical research. All these activities must be conducted with an overriding concern for the patient, and above all, the recognition of his/her dignity as a human being. Success in achieving this recognition assures success in the defense of the rights of the patient.

## ***PATIENT RESPONSIBILITIES***

It is the *patient's* responsibility to fully participate in decisions involving his/her own health care and to accept the consequences of these decisions if complications occur.

The *patient* is expected to follow up on his/her doctor's instructions, take medication when prescribed, and ask questions concerning his/her own health care that he/she feels is necessary.





## Minnesota Outpatient Surgical Center Patients' Bill of Rights

### Minnesota Legislature 2004

#### 144.651 Patients and residents of health care facilities; bill of rights.

Subdivision 1. **Legislative intent.** It is the intent of the legislature and the purpose of this section to promote the interests and well being of the patients and residents of health care facilities. No health care facility may require a patient or resident to waive these rights as a condition of admission to the facility. Any guardian or conservator of a patient or resident or, in the absence of a guardian or conservator, an interested person, may seek enforcement of these rights on behalf of a patient or resident. An interested person may also seek enforcement of these rights on behalf of a patient or resident who has a guardian or conservator through administrative agencies or in district court having jurisdiction over guardianships and conservatorships. Pending the outcome of an enforcement proceeding the health care facility may, in good faith, comply with the instructions of a guardian or conservator. It is the intent of this section that every patient's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist in the fullest possible exercise of these rights.

#### Definitions

Subd. 2. **Definitions.** For purposes of subdivisions 4 to 9, 12, 13, 15, 16, and 18 to 20, "patient" also means a person who receives health care services at an outpatient surgical center.

Subd. 4. **Information about rights.** Patients shall, at admission, be told that there are legal rights for their protection during their stay at the facility or throughout their course of treatment and maintenance in the community and that these are described in an accompanying written statement of the applicable rights and responsibilities set forth in this section. Reasonable accommodations shall be made for those with communication impairments and those who speak a language other than English. Current facility policies, inspection findings of state and local health authorities, and further explanation of the written statement of rights shall be available to patients, their guardians or their chosen representatives upon reasonable request to the administrator or other designated staff person, consistent with chapter 13, the Data Practices Act, and section 626.557, relating to vulnerable adults.

Subd. 5. **Courteous treatment.** Patients have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.

Subd. 6. **Appropriate health care.** Patients shall have the right to appropriate medical and personal care based on individual needs.





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**Subd. 7. Physician's identity.** Patients shall have or be given, in writing, the name, business address, telephone number, and specialty, if any, of the physician responsible for coordination of their care. In cases where it is medically inadvisable, as documented by the attending physician in a patient's care record, the information shall be given to the patient's guardian or other person designated by the patient as a representative.

**Subd. 8. Relationship with other health services.** Patients who receive services from an outside provider are entitled, upon request, to be told the identity of the provider. Information shall include the name of the outside provider, the address, and a description of the service which may be rendered. In cases where it is medically inadvisable, as documented by the attending physician in a patient's care record, the information shall be given to the patient's guardian or other person designated by the patient as a representative.

**Subd. 9. Information about treatment.** Patients shall be given by their physicians' complete and current information concerning their diagnosis, treatment, alternatives, risks, and prognosis as required by the physician's legal duty to disclose. This information shall be in terms and language the patients can reasonably be expected to understand. Patients may be accompanied by a family member or other chosen representative. This information shall include the likely medical or major psychological results of the treatment and its alternatives. In cases where it is medically inadvisable, as documented by the attending physician in a patient's medical record, the information shall be given to the patient's guardian or other person designated by the patient or resident as a representative. Individuals have the right to refuse this information.

Every patient suffering from any form of breast cancer shall be fully informed, prior to or at the time of admission and during her stay, of all alternative effective methods of treatment of which the treating physician is knowledgeable, including surgical, radiological, or chemotherapeutic treatments or combinations of treatments and the risks associated with each of those methods.

**Subd. 12. Right to refuse care.** Competent patients shall have the right to refuse treatment based on the information required in subdivision 9. In cases where a patient is incapable of understanding the circumstances but has not been adjudicated incompetent, or when legal requirements limit the right to refuse treatment, the conditions and circumstances shall be fully documented by the attending physician in the patient's medical record.

**Subd. 13. Experimental research.** Written, informed consent must be obtained prior to a patient's participation in experimental research. Patients have the right to refuse participation. Both consent and refusal shall be documented in the individual care record.

**Subd. 15. Treatment privacy.** Patients shall have the right to respectfulness and privacy as it relates to their medical and personal care program. Case discussion,



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consultation, examination, and treatment are confidential and shall be conducted discreetly. Privacy shall be respected during toileting, bathing, and other activities of personal hygiene, except as needed for patient safety or assistance.

Subd. 16. **Confidentiality of records.** Patients shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. Copies of records and written information from the records shall be made available in accordance with this subdivision and section 144.335. This right does not apply to complaint investigations and inspections by the Department of Health, where required by third party payment contracts, or where otherwise provided by law

Subd. 18. **Responsive service.** Patients shall have the right to a prompt and reasonable response to their questions and requests.

Subd. 19. **Personal privacy.** Patients shall have the right to every consideration of their privacy, individuality, and cultural identity as related to their social, religious, and psychological well-being. Facility staff shall respect the privacy of a resident's room by knocking on the door and seeking consent before entering, except in an emergency or where clearly inadvisable.

Subd. 20. **Grievances.** Patients shall be encouraged and assisted, throughout their stay in a facility or their course of treatment, to understand and exercise their rights as patients and citizens. Patients may voice grievances and recommend changes in policies and services to facility staff and others of their choice, free from restraint, interference, coercion, discrimination, or reprisal, including threat of discharge. Notice of the grievance procedure of the facility or program, as well as addresses and telephone numbers for the Office of Health Facility Complaints and the area nursing home ombudsman pursuant to the Older Americans Act, section 307(a)(12) shall be posted in a conspicuous place.

Compliance by outpatient surgery centers with section 144.691 and compliance by health maintenance organizations with section 62D.11 is deemed to be compliance with the requirement for a written internal grievance procedure.





**IF YOU HAVE A COMPLAINT ABOUT THE AGENCY OR THE PERSON PROVIDING YOU OUTPATIENT SURGICAL SERVICES, YOU MAY CALL, WRITE, OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, MINNESOTA DEPARTMENT OF HEALTH. YOU MAY ALSO CONTACT THE OMBUDSMAN FOR LONG-TERM CARE.**

**Office of Health Facility Complaints**

PH: 651-201-4201

PH: 800-369-7994

FAX: (651) 281-9796

**Mailing Address:**

Minnesota Department of Health  
Office of health facility Complaints  
85 East Seventh Place, Suite 300  
PO Box 64970  
St. Paul, Minnesota, 55164-0970

**Ombudsman for Long-Term Care**

PH: 651-431-2555

PH: 800-657-3591

FAX: 6(51)-431-7452

**Mailing Address:**

Ombudsman for Long-Term Care  
PO Box 64971  
St. Paul, MN. 55164-0971