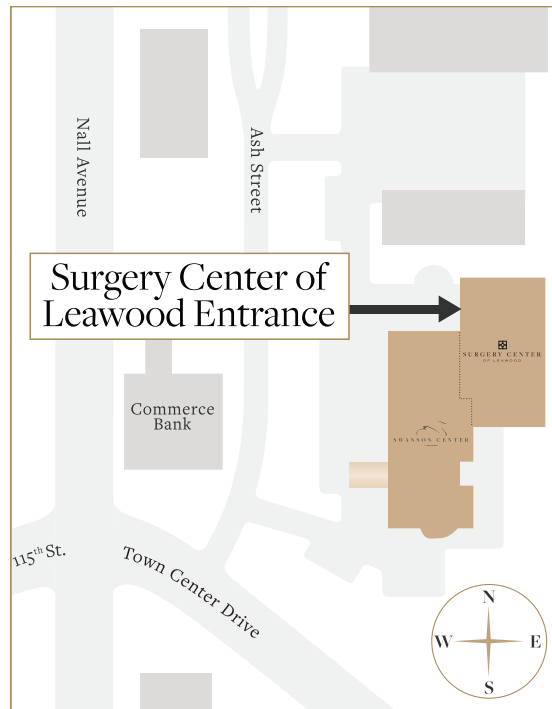


Thank you for choosing Surgery Center of Leawood for your outpatient surgery. The physician-owned surgery center is conveniently located just north of Town Center Plaza near 115th and Nall.

USE THE NORTH ENTRANCE
(Left side of the building)



11413 Ash Street, Suite 100, Leawood, Kansas 66211
leawoodsurgery.com P: 913-661-9977 F: 913-661-9577

Monday–Friday 9:00 am–4:00 pm



SURGERY CENTER OF LEAWOOD



PREOPERATIVE GUIDE

Preoperative Instructions

A registered nurse from the Surgery Center of Leawood will contact you before your surgery to review your medical history and provide preoperative instructions. If you have not been contacted at least 1 week before your surgery, please call us at 913-661-9977. You will be given your arrival time during your preoperative telephone call or appointment. We strive to ensure our patients are fully informed and prepared. General Instructions:

- **DO NOT EAT OR DRINK ANYTHING**, including water, coffee, mints or gum after midnight before your surgery, or at another time as instructed if your surgery is scheduled later in the day. Your stomach must be empty to ensure safety under anesthesia.
- Drink plenty of water the evening before surgery.
- You may brush your teeth, but do not swallow any water.
- Certain medications can be taken with a small sip of water on the morning of surgery, but please check with us first.
- Let us know about any heart, high blood pressure, or seizure medications. If you are diabetic, we will instruct you regarding diet and insulin dosage.
- Bring your insulin with you on the day of surgery.
- If you use an inhaler for asthma, bring your inhaler with you.
- Shower or bathe the morning before surgery, but do not apply lotions, make-up, or hair products. Men can shave normally.
- Wear loose, comfortable clothing. If you are having facial or breast surgery, wear a top that buttons or zips up in the front.
- Children may wear pajamas and bring a favorite stuffed animal or blanket.
- Do not take any aspirin, ibuprofen, fish oil, or any herbal supplements.
- If you use dentures, hearing aids, or glasses, wear them to the Surgery Center and bring a container for them. It may be possible to keep your dentures in, but let the anesthetist know you are wearing them.
- Remove any piercings such as ear rings or belly button rings. Leave all jewelry (rings, bracelets, earrings, piercings, etc.) and valuables at home.
- Remove any hairpins, false eyelashes, wigs, hairpieces and contact lenses and leave them at home.
- Please do not wear dark nail polish on your fingernails or toenails because it can interfere with our oxygen monitor.
- Contact your surgeon and the Surgery Center as soon as possible (before the day of surgery) if you have a change in your physical condition, such as a cold, flu, or fever.
- Do not smoke or use tobacco products after midnight before surgery.
- The prescriptions for pain killers and antibiotics will be sent electronically to your pharmacy of choice and should be available for pick-up the day before surgery. **DO NOT TAKE THE MEDICATIONS UNTIL AFTER SURGERY UNLESS INSTRUCTED OTHERWISE.**
- Do not take diet pills (such as phentermine) for at least 2 weeks before your procedure.



The Day of Surgery



- Please bring your photo identification (driver's license) and health insurance card
- We will obtain your signature on several documents, including a consent form.

- If the patient is under the age of 18, a parent or legal guardian must sign the consent form and remain at the Surgery Center for the duration of the patient's stay. It is helpful to have two parents or caregivers at discharge, so one can drive and the other attend to the patient.

- A registered nurse will check your vital signs and review your medical history.
- Your surgeon and anesthesiologist will meet with you before surgery.
- The nurse will review your discharge instructions with you and your caregiver.



Visitors

- Due to limited space in the waiting area, only ONE person will be permitted to accompany you at check-in on the morning of surgery. They will be allowed to wait in the main waiting area during your procedure if they choose. We will contact them when you arrive in the recovery room.



After Surgery

- After surgery, you will be taken to the recovery room. Patients are monitored until they have recovered sufficiently to be discharged. Recovery room times vary depending on the procedure and response to anesthesia. The recovery nurse will help you to your vehicle by wheelchair. You will need an adult to drive you home and help care for you for the 24-hour period after surgery if you had surgery under general anesthesia.

If you had general anesthesia, we cannot send you home in a taxi.

Patient Notification

I. Patient Rights

The Surgery Center of Leawood, LLC and medical staff have adopted the following statement of patient rights. These rights shall include, but not be limited to, the patient's right to:

- A. Exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for care.
- B. Considerate and respectful care, provided in a safe environment, free from all forms of abuse, neglect, harassment and/or exploitation.
- C. Access protective and advocacy services or have these services accessed on the patient's behalf. Appropriate assessment and management of pain.
- D. Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and healthcare providers who will see him/her.
- E. Be advised if the physician has a financial interest in the Surgery Center.
- F. Receive information from his/her physician about his/her illness, health status, diagnosis, course of treatment, outcomes of care (including unanticipated outcomes), and his/her prospects for recovery in terms that he/she or the patient's representative can understand.
- G. Receive information about any proposed treatment or procedure he/she may need in order to participate in the development of the plan of care, give informed consent or to refuse the course of treatment and to participate in planning for care after discharge. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate courses of treatment or non-treatment and the risks involved in each and the name of the person who will carry out the procedure or treatment. Be informed of the facility's policy and state regulations regarding advance directives and be provided advance directive forms if requested.
- H. Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual involved in his or her healthcare.
- I. Confidential treatment of all communications and records pertaining to his/her care and his/her stay at the facility. His/her written permission will be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- J. Receive information in a manner that he/she understands. Communication with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information provided will be appropriate to the age, understanding and, as appropriate, the language of the patient. As appropriate, communications specific to the vision, speech, hearing cognitive, and language-impaired patient will be appropriate to the impairment.

- K. Access information contained in his or her medical record within a reasonable time frame.
- L. Be advised of the facility grievance process, should he or she wish to communicate a concern regarding the quality of the care he or she receives or if he or she feels the determined discharge date is premature. Notification of the grievance process includes: whom to contact to file a grievance, and that he or she will be provided with a written notice of the grievance determination that contains the name of the facility's contact person, the steps taken on his/her behalf to investigate the grievance, the results of the grievance and the grievance completion date.
- M. Be advised of contact information for the state agency to which complaints can be reported, as well as contact information for the Office of the Medicare Beneficiary Ombudsman. For Kansas Department of Health & Environment call 1-800-842-0078 or mail to the Kansas Department of Health & Environment, 1000 SW Jackson, Topeka, KS 66612. (785)296-1500 Fax (785)368-6368. Email: info@kdheks.gov. For Medicare Beneficiary Ombudsman: www.cms.hhs.gov/center/obudsman.asp or call 1-800-MEDICARE.
- N. Be advised if the facility/personal physician 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. Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment or services.
- O. Full support and respect of all patient rights should the patient choose to participate in research, investigation and/or clinical trials. This includes the patient's right to a full informed consent process as it relates to the research, investigation, and/or clinical trial. All information provided to subjects will be contained in the medical record or research file, along with the consent form(s).
- P. Be informed by his/her physician or a delegate of his/her physician of the continuing healthcare requirements following his/her discharge from the facility.
- Q. Examine and receive an explanation of his/her bill regardless of source of payment.
- R. Know which facility rules and policies apply to his/her conduct while a patient.
- S. Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

II. Patient Responsibilities

The care a patient receives also depends on the patient. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities should be presented to the patient in the spirit of mutual trust and respect:

- A. The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health.
- B. The patient and family are responsible for asking questions about the patient's condition, treatments, procedures, clinical laboratory and other diagnostic test results.

- C. The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- D. The patient is responsible for keeping appointments and for notifying the facility or physician when he/she is unable to do so.
- E. Provide a responsible adult to transport him/her home from the facility and remain with him/her for 24 hours unless exempted from that requirement by the attending physician.
- F. In the case of pediatric patients, a parent or guardian is to remain in the facility for the duration of the patient's stay in the facility.
- G. The patient is responsible for his/her actions should he/she refuse treatment or not follow his/her physician's orders.
- H. The patient is responsible for assuring that the financial obligations of his/her care are fulfilled as promptly as possible.
- I. The patient is responsible for following facility policies and procedures.
- J. The patient is responsible to inform the facility about the patient's advance directives.
- K. The patient is responsible for being considerate of the rights of other patients and facility personnel.
- L. The patient is responsible for being respectful of his/her personal property and that of other persons in the facility.

III. Ownership Disclosure

Eric Swanson, M.D. owns the Surgery Center of Leawood L.L.C. Patients are free to have their surgery at any other facility of their choosing.

IV. Advance Directive Policy

All patients have the right to participate in their own health care decisions and to make advance directives or to execute powers of attorney that authorize others to make decisions on their behalf based on the patient's expressed wishes when the patient is unable to make decisions or unable to communicate decisions. This Surgery Center respects and upholds those rights.

It is our policy, regardless of the contents of any advance directive or instructions from a health care surrogate or attorney, that if an adverse event occurs during your treatment at this

facility we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. At the acute care hospital further treatment or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, advance directive, or health care power or attorney.

If you do not agree with this policy, we are pleased to assist you in rescheduling the procedure.

Do you have an Advance Directive?

If you have an Advance Directive, you may provide us with a copy to keep in your medical file. If you are interested in information or resources about advance care planning, you may visit:

<https://kdhe.ks.gov/1330/Advance-Care-Planning>

