

Today's Date: _____



Patient Name: _____ Date of Birth: _____ Surgeon: _____

PLEASE INDICATE YOUR TOP THREE PREFERENCES FOR SURGICAL FACILITY

Please check with the clinical staff regarding your preferences as not all providers go to each facility listed below.

<input type="checkbox"/> Alexandria Hospital	<input type="checkbox"/> Fairfax Hospital	<input type="checkbox"/> Fair Oaks Hospital
<input type="checkbox"/> Loudoun Hospital	<input type="checkbox"/> Mount Vernon Hospital	<input type="checkbox"/> Reston Hospital Center
<input type="checkbox"/> Sentara Northern Virginia Medical Center	<input type="checkbox"/> StoneSprings Hospital Center	<input type="checkbox"/> Virginia Hospital Center
<input type="checkbox"/> Franconia-Springfield Surgery Center	<input type="checkbox"/> Glen Echo Surgery Center	<input type="checkbox"/> Loudoun Ambulatory Surgery Center
<input type="checkbox"/> McLean Surgery Center	<input type="checkbox"/> Northern Virginia Surgery Center	<input type="checkbox"/> Reston Surgery Center

PLEASE INDICATE YOUR TIMING PREFERENCE:

- This month Within three months
 Next month Patient will call us

Please provide the best telephone number and preferred form of contact.

Telephone Number: _____ Check this box if we can leave a message

Preferred Language: _____

Please list individuals (phone number and relationship) we may speak to about your surgery.

Name	Phone Number	Relationship

Patient Signature

Date

MD Requesting:

FOR OFFICE USE ONLY:

- Surgery pending clearance URGENT (within 72hrs) per MD
 STAT (within 24hrs) per MD CO- Surgery with Dr. _____

Clearance(s) Needed:

Clearance Type	Physician/Practice	Phone Number
<input type="checkbox"/> Medical Clearance		
<input type="checkbox"/> Cardiac Clearance		
<input type="checkbox"/> Pulmonary Clearance		

SCHEDULING YOUR SURGERY

Surgery Scheduling

Our surgical schedulers will work with you, your physician and hospital scheduling department to facilitate this process. They must wait for a confirmation from the facility before confirming your surgery. Please allow 5 business days for them to contact you.

Surgery Schedulers are assigned to work with specific surgeons. They may be contacted by their direct lines:

<i>Keyandra</i> <i>703-429-2151</i>	<i>Mary</i> <i>703-429-2153</i>	<i>Yolanda</i> <i>703-774-9767</i>
Dr.'s Sanders, Cleland, Assadipour	Dr.'s Ahmed, Savoca, Svestka	Dr.'s Brenner, Walter, Scriven

Pre-Surgical Testing (If Required)

If your surgeon has ordered any pre-surgical testing (labs, x-rays, EKGs, etc.), please contact your insurance company to advise you where you should have these test(s) performed.

If approved by your insurance company, you may have your testing at one of the following facilities without an appointment:

Hospital Pre-Surgical Nurse Interview

Once the Scheduler has notified you of your surgery date, time and facility, to make an appointment to review your medical history, medications, and other necessary information. If you don't hear from the Hospital or Surgery Center, within a week of your surgery, below is a list of the numbers to call.

Please note: If you are having surgery at Inova Loudoun Hospital or the Northern Virginia Surgery Center no appointment is necessary, you will be contacted directly by their staff.

Inova Fairfax Hospital	(703) 970-6565
Inova Fair Oaks Hospital (Option #3)	(703) 391-3500
Inova Loudoun Hospital	(703) 858-6740
Inova Alexandria Hospital	(703) 504-5005
Inova Mount Vernon Hospital	(703) 776-7037
Reston Hospital (Option #1)	(703) 689-9005
Northern Virginia Surgery Center	(703) 766-6941
Sentara Hospital	(703) 523-0720
Franconia/Springfield Ambulatory Surgery Center	(703) 922-9501
Glen Echo Surgery Center	(240) 534-2972
Virginia Hospital Center	(703) 558-6159
McLean Surgery Center	(703) 663-1428
StoneSprings Hospital	(571) 349-4600
Inova Loudoun Ambulatory Surgery Center	(571) 209-6465

Financial Obligation

*****If you change your insurance coverage from the time of your initial office visit and your surgery date please call your surgery scheduler as noted at the top of this page.*****

Our business office staff will contact your insurance carrier and ascertain your financial obligation prior to your surgery. This is for your surgeon's portion of the surgery **ONLY**.

You will receive bills from separate billing departments, our office, the facility, anesthesia, labs and/or pathology services. Both our office and the surgical facility will verify your insurance benefits prior to surgery. If there are any problems or concerns you will be contacted. Please understand your insurance company requires us to collect any deductible and copayments, it is our policy to collect payments prior to surgery or your surgical case may be canceled or postponed.

Please Note: Virginia Surgery Associates, PC bills for services provided by the Physicians and Mid-Level providers (i.e. Nurse Practitioner and Physician Assistant) Employed by VSA only.

PREPARING FOR YOUR SURGERY

If you have specific questions regarding labs, medications, pre-operative clearance or other surgical preparation not addressed below please contact your surgeon’s nurse at their direct lines:

<i>Dynese</i> 703-429-2157	<i>Jacqueline</i> 703-429-2147	<i>Eva</i> 703-429-2163	<i>Amy</i> 703-429-2159
Dr.’s Ahmed, Scriven	Dr.’s Sanders, Assadipour, Svestka	Dr.’s Walter, Brenner, Cleland,	Dr.’s Savoca

Medication Alerts

Anticoagulants

If you are on any form of anti-coagulant (Coumadin/Warfarin) or (Plavix/Clopidogrel) please check with your prescribing physician concerning the number of days needed to discontinue this medication prior to your procedure.

Insulin

If you are on any form of insulin medication please contact you’re treating physician for direction.

14 DAYS BEFORE YOUR PROCEDURE:

- Patients undergoing Mastectomies/Reconstructive Surgery must **stop** taking Tamoxifen 2 weeks prior to surgery. (You may resume taking Tamoxifen 2 weeks after surgery)

10 DAYS BEFORE YOUR PROCEDURE

- Stop taking aspirin {and/or aspirin-containing products such as Excedrin, Midol, Bufferin, Ecotrin or any medicine containing ASA(Acetylsalicylic Acid)}
- Discontinue all herbal, vitamin E and iron supplements.

2 DAYS BEFORE YOUR PROCEDURE:

- Stop taking anti-inflammatory medicines such as Aleve, Motrin, Advil, Ibuprofen, Celebrex, Lodeine and Naproxyn.

Note: Acetaminophen (Tylenol) may be used as a pain-reliever up to the day of your surgery.

NIGHT BEFORE YOUR PROCEDURE:

- DO NOT EAT **ANYTHING** OR SMOKE AFTER MIDNIGHT THE NIGHT BEFORE SURGERY. No gum, cough drops, hard candy, breakfast, or additional snack foods.
- You may consume clear liquids up to 4 hours before surgery:
 - a. Examples: Tea, Coffee, Strained Fruit Juices (apple, grape, cranberry), clear broth (chicken and beef), Honey, Clear Popsicles
 - b. Do not drink dairy, dairy substitutes, unstrained fruit juices
- DO NOT DRINK ANYTHING 4 HOURS PRIOR TO YOUR PROCEDURE
- To decrease your risk of infection, please be sure to wash your navel (belly button) thoroughly with anti- bacterial soap and warm water the night before your surgery.

- Please arrange for transportation home from the hospital with a responsible adult. Hospital safety regulations prohibit you from driving yourself home or use of public transportation, taxis, Lyft, and Uber.

BEFORE YOU LEAVE FOR THE HOSPITAL:

- Bring your photo ID, Insurance card(s) and co-payments (check or credit card)
- If you have an Advanced Directive, Living Will or Durable Power of Attorney please bring a copy to be kept by the facility.
- Bring cases for dentures, glasses or contact lenses.
- Please leave your jewelry and valuables at home.

UPON ARRIVAL AT THE SURGICAL FACILITY:

- Check in at the facility at your scheduled time.
- When you arrive, you will be registered and then directed to the pre-op area.
- Any last minute questions you may have can be directed to the surgeon and anesthesiologist in the pre-op area. A family member or friend may wait with you in this area.

Please Note:

At times, due to unavoidable circumstances, it may be necessary to change the time of your surgery because of cancellations and/or emergencies. This is infrequent, but may happen. If a change in your surgery time is necessary you will be notified.

AFTER YOUR SURGERY

General post-operative instructions are included in this packet. *Please read them prior to your surgery and refer to them after surgery.*

A prescription for post-operative medication(s) may be given to you at the time of your release from the surgical facility. If this prescription is a narcotic pain medication and you should need a refill ***please note it will only be processed during regular office hours.***

Please note VSA's surgical team, including all the MDs/PA-Cs/NPs work together at the hospital. If you are staying overnight, another VSA surgeon/PA-C/NP may follow up with you.

Pathology results will be made available and reviewed with you at the time of your post-operative visit in our office. Our physicians wish to discuss these directly with you to ensure your complete understanding of your results. As such, ***staff may not give pathology results over the phone.***

During your post-operative visit with your physician, please discuss your activity and return to work or school plan. If you need a return to work or school slip or written documentation regarding activity level, please ask before you leave the office.

If your employer requires a statement of disability on their form (including FMLA) there is a \$30.00 fee payable in advance for completing each form. Please be sure to specify where the form(s) are to be sent and allow 10-15 business days for their completion.

You may bring or send requests to:

**Virginia Surgery Associates, P.C.
Attention: Disability Department
13135 Lee Jackson Memorial Highway, Suite #305
Fairfax, VA 22033**

Checks for payment should be made payable to: *Virginia Surgery Associates, P.C.*

If at any time you have questions or concerns, please do not hesitate to contact the office at (703) 359-8640 between the hours of:

**Monday - Thursday 9:00 AM - 4:30 PM
Friday - 9:00 AM - 4:00 PM**

AFTER YOUR SURGERY

Some basic information that may be helpful for all surgical patients:

FEVER

Low grade temperatures (99-100.5 degrees) are common in the first 2-3 days after surgery, especially if you have had general anesthesia. The best treatment is coughing, deep breathing, and use of the incentive spirometer from the hospital (if you were given one). Higher or persistent temperatures warrant notification to our office.

BOWEL MOVEMENTS

Bowel movements are commonly altered after surgery. If you received even one dose of antibiotics, you may develop several days of diarrhea after surgery. If so, eating yogurt may help this condition. If the diarrhea is very frequent or associated with fever, please notify our office. More often, the combination of anesthesia and pain medication (especially after bowel surgery) can cause severe constipation for up to a week. This may be treated with Metamucil each day, plus Milk of Magnesia if needed. Stubborn cases may benefit from Citrate of Magnesia or other enema. If you have had intestinal surgery, do not use an enema without clearance from your surgeon. Call the office if you have exhausted all of these methods.

PAIN

Surgery hurts! The bigger the operation, the more it hurts. One of the reasons for the hospital stay in larger operations is for pain control with IV medications. In smaller operations, or after several days in the hospital, the pain can usually be well controlled with oral medications. Narcotics such as Percocet, Vicodin, and Tylenol #3 are fairly powerful medications that usually control pain very effectively. However, they have frequent side effects such as dizziness, nausea, and constipation. We recommend treating your postoperative pain initially with Ibuprofen (such as Motrin, Advil, or generic) 600-800 mg with food 3 times a day. Take this medication until your pain subsides to the point that you don't need medication any more.

In addition to the Ibuprofen, take your prescription medication as directed for the first few days if needed. Do not take Ibuprofen if you are allergic to that family of drugs, if you take blood thinners, or if you have had stomach ulcers or gastric surgery. Do not drive if you are taking narcotics. Do not mix alcohol with narcotics.

WOUNDS

Surgical incisions usually require little care. Inpatient surgical incisions are often closed with staples or external sutures. These are usually removed after 5-10 days, often in the office. You will be told in the hospital when you can get the incision wet. Typically showers are allowed after 3 days and tub baths after the sutures are removed. Outpatient or overnight-stay surgical incisions are often closed with dissolving sutures. Steri-strips are then applied to the skin. These may be exposed to the shower the next day, but tub bathing and scrubbing should be avoided for a week. Pinkish or clear discharge is common for 2-3 days after surgery. Thick yellow or foul-smelling discharge or continuous bleeding should prompt a call to the office. Dissolving sutures typically take 3 weeks to disappear. If they protrude from the skin they may itch and you may call the office for an appointment to have them trimmed. In a few cases a blood collection in the wound (hematoma) or a wound infection may cause the edges of the wound to separate. This is usually a simple problem to deal with in the office; call for an appointment if this happens. In some situations wounds are not completely closed, these will be managed by dressing changes several times a day (visiting nurses may be arranged in complex cases), often for several weeks.

BANDAGES

Band aids may be applied to small incisions. They should be removed the next day or changed as desired. If there are small white tapes on the incision under the band aids (steri-strips or “butterfly” bandages), these should be left on until they begin to fall off in 7-10 days. They may get wet 24 hours after surgery. Larger incisions may have gauze taped over them. This can usually be removed 48 hours after surgery. All wounds may be covered with clean bandages (changed daily) if they are tender or chafed by clothes.

FOLLOW UP

You will be seen in our office 7 to 10 days after your surgery. Prior to surgery, you should have made an appointment for your post-operative visit. If for some reason that appointment was not scheduled, please call our office at (703) 359-8640 to schedule your appointment.

IF DIFFICULTIES ARISE

Please call our office immediately if you develop any of the following; chest pain, excessive drainage, fever over 100°F, persistent nausea or vomiting, or difficulty with urination. Please call us if other problems or questions arise. We can be reached any time, including evenings and weekends, by calling our office number (703) 359-8640.

TOBACCO CESSATION

Quitting smoking now improves your health and reduces your risk of heart disease, cancer, lung disease, and other smoking-related illnesses. If applicable, please visit the link below for information on quitting smoking.
<http://betobaccofree.hhs.gov/>

If you are having an inguinal or ventral hernia repair:

To consistently provide top quality, innovative care for patients suffering from hernias, you may receive a post-surgery survey 6 months as well as 1 year after your hernia surgery via email in which provides outcome data to our practice. Your feedback assists us in tailoring our surgical techniques to provide minimally invasive surgeries as well as the most up to date care for sufferers of hernia related diseases.

Tobacco Use and Surgical Complications

Extensive research has demonstrated that cessation of smoking prior to surgery improves outcomes. Smokers face far more complications than nonsmoking surgical patients, including increased postoperative complications, increased hospital costs, and higher resource use. Patients that smoke or use tobacco are more likely to experience:

- lack of oxygen to surgical wound sites
- poor wound healing
- increased inflammation
- higher incidence of pneumonia
- increased recurrence of hernia(s)

Resources to get you started:

- **Your primary care provider** can offer counseling, help with quitting, and/or prescribe medication to help with tobacco cessation
- **National Smoking Cessation Collaborative** Website at: <http://www.tobacco-cessation.org/resources/programs.html> provides an extensive list of programs and services
- **Quit Now Virginia** Website at: <http://www.vdh.virginia.gov/tobacco-free-living/quit-now-virginia/> provide free information and coaching online or by phone to residents who want to quit smoking or using tobacco

Abnormal Weight and Surgical Complications

People who fall along the extremes of the weight spectrum, both underweight and morbidly obese, are at an increased risk for complications after surgery. Patients with a high Body Mass Index (BMI) have much higher risks than patients whose BMI falls in the normal range (between 18.5 and 25). Risk factors associated with high BMI include:

- higher rates of infection
- poor wound healing
- longer operating room time
- increased length of stay in the hospital
- less improvement in pain
- heart disease may be aggravated by the stress of surgery
- development of a blood clot
- increased recurrence of hernia(s)

Patients with a low Body Mass Index (BMI) are generally considered underweight when their BMI is below 18.5. Risk factors associated with low BMI include:

- higher rates of infection
- increased length of stay in the hospital
- increased number of medications prescribed during hospital stay
- higher rates of mortality

Resources to get you started:

- **Your primary care provider** can help you choose a healthy weight loss or weight gain program that fits your personal needs and preferences
- **Your insurance carrier** may offer free telephone-based health coaching included in your medical coverage
- **Registered dietitians** are food and nutrition experts who develop personalized nutrition plans tailored to your goals for weight loss, weight management, or weight gain
- **The Weight-Control Information Network** Website at: <http://win.niddk.nih.gov/index.htm> provides great information about eating healthy, getting active, and achieving a healthy weight

Do You Have Sleep Apnea?

Obstructive Sleep Apnea (OSA) is a condition where your breathing becomes blocked by the soft tissues in your upper airway. This can become most obvious while you are sedated or undergoing anesthesia. Often patients will have OSA and not even know it. It is important for us to identify those patients who may have OSA, before surgery, as it can lead to some post-operative complications. These complications, however, can be avoided with the right precautions.

Some common symptoms of OSA include snoring, restless and/or interrupted sleep as well as excessive fatigue during the day. Additionally, someone may tell you that you seem to stop breathing while you are sleeping (apnea). IF you experience any, or all, of these symptoms we encourage you to see your PCP so that they can evaluate you for this condition. In addition to post op complications, OSA can lead to other medical conditions like hypertension, acid reflux, heart disease, lung disease and stroke. It is important for your overall health to have these symptoms evaluated and treated when necessary.

If you have Obstructive Sleep Apnea (OSA) **or** you have the symptoms outlined above (Presumptive Sleep Apnea, PSA) we would encourage you to follow the **Sleep Apnea Post op Precautions** that we have outlined for you on our website at www.vasurgery.com , under the tab “Scheduling your Surgery”. Our goal is for you to have both a safe surgery as well as a safe post op recovery when you return home.

COORDINATION OF CARE

The communication of your care plan is coordinated between your VSA Surgeon and your Primary Care Physician (PCP)/Referring Physician. Your office notes as well as applicable operative and pathology reports are sent by VSA to your PCP and/or Referring Physician.

When do I transition back to my Primary Care Physician (PCP)?

Patients are evaluated and treated by a VSA Provider and, when appropriate, they are then transitioned back to their Primary Care Physician (PCP) for management of their full health care.

PCP's provide frontline care to patients by diagnosing and treating common illnesses and identifying minor health issues before they become acute. They provide whole-person, comprehensive care while also coordinating across other health services and specialties. PCP's ensure patients get the appropriate care, in the correct setting, by the most suitable practitioner, and in a manner consistent with the patient's values and desires. Without regular screenings, a controllable condition can eventually become critical without proper care. At Virginia Surgery Associates, our Providers and Staff encourage patients to continue to follow up with their PCP.

What if I do not have a Primary Care Physician (PCP)?

If you do not have a PCP, please visit <http://health.usnews.com/doctors> to search for a PCP near you. We also encourage you to contact your insurance company. Your health insurance company may be able to provide you a listing of PCP's in their network, within your community, accepting new patients.