

## Welcome

Desert Orthopaedic Center Surgery Center (DOCSC) wants to thank you for using our facility for your outpatient surgical procedure. DOCSC is licensed by the state of Nevada as an Ambulatory Surgery Center. We have state of the art equipment and a dedicated, experienced staff to care for you. Please read the information below and visit our website for complete instructions at [www.doclv.com](http://www.doclv.com) to assist you in preparing for your upcoming procedure.

## Instructions

A nurse will call you the day before your procedure to give you pre-operative instructions and a list of necessary items to bring with you on the day of your procedure.

## Children's Procedure

You may bring a favorite toy or blanket the day of your procedure. You must remain in the building the entire time your child is here.

## Before Procedure

Make sure you don't EAT or DRINK anything after midnight, not even water (your procedure may be cancelled).

Don't chew gum or eat hard candy after midnight. It is recommended that you refrain from smoking.

Shower and wash your hair before your procedure to decrease the risk of infection.

If you think you may be pregnant, please notify your doctor and anesthesiologist; medications and anesthesia may affect the developing fetus.

You will need an adult at least 18 years old to drive you home after your procedure; please make arrangements in advance. It is helpful if a family member or significant other can be with you for 24 hours following procedure, especially if you have small children at home.

Do not take any medications after midnight unless instructed to do so by your physician or the nurse giving preoperative instructions.

Contact your doctor or the Surgery Center if you are ill and need to cancel your procedure.

## Day of Procedure

Please complete all pre-operative paperwork you received from your doctor's office.

Leave jewelry and valuables at home.

Please bring health insurance cards, cash and/or credit card payment, and your driver's license with you on the day of your procedure.

Please bring a list of your medications to the surgery center, dosage and the last time taken with you on the day of your procedure.

Wear loose, comfortable clothing.

You will need someone 18 years or older to drive you home after your procedure.

## After Procedure

You will be given instructions regarding your care at home before you leave the facility.

You may have prescriptions from your physician that will need to be filled. It is normal to feel drowsy after anesthesia.

We recommend for the first 24 hours following your procedure that you do not operate equipment or drive, sign important papers, or drink any alcoholic beverages.

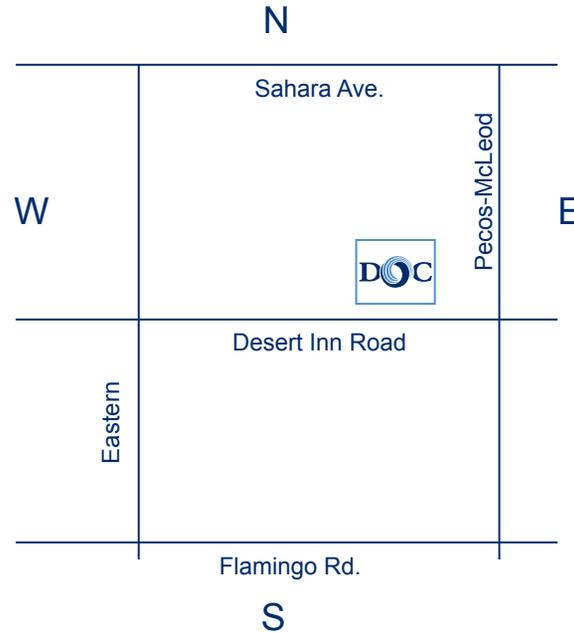
Children should not play on toys that move or roll.

**We are located between  
Pecos-McLeod & Eastern on  
Desert Inn Road.**



**DESERT  
ORTHOPAEDIC  
CENTER**

*Surgery Center*



**Your procedure is scheduled for:**

**Day:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Arrival Time** \_\_\_\_\_ **a.m. / p.m.**

**What you  
need to know  
before your procedure**



**DESERT  
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**2800 E. Desert Inn Road, Suite 150  
Las Vegas, Nevada 89121  
(702) 735-7355  
Fax: (702) 735-7921  
[www.doclv.com](http://www.doclv.com)**



*Accredited by*  
Accreditation Association  
for Ambulatory Health Care Inc.

[Affix Patient Label]



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2800 E. Desert Inn Rd., Suite 150  
Las Vegas, Nevada 89121  
(702) 735-7355

The **Desert Orthopaedic Center Surgery Center** is committed to providing the highest level of patient care. To achieve this objective, we ask our patients or their caretaker to complete a brief patient satisfaction survey after their surgery.

To better serve you, we have automated this process. Within 48 hours of your discharge from our facility, you will receive an email providing you with a link to complete our survey. The survey is performed online via a secure internet connection to the independent company we have hired to gather survey results. Simply follow the instructions and give us your feedback. Patients who complete the survey online will be entered into a monthly drawing for a \$100 gift certificate to Amazon.com.

Please write legibly and provide the email address to forward the survey to in the lines below:

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If you do not have access to email or a computer, please let us know and we will provide you with a paper version of the survey to compete and return to us.

**Si usted quisiera la encuesta en español, por favor, háganoslo saber y nosotros le proporcionaremos una versión impresa de la encuesta para completar y regresarlo a nosotros.**

We are committed to protecting the confidentiality of our patient's information and identities and under no circumstances will your information be disclosed or used for marketing purposes.

RETURNING PAIN PACKET /PATIENT SURVEY FORM 2 (04.10.17) ABBOTT'S PRINTING 702-456-8099

[Affix Patient Label]



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## **IMPORTANT – PLEASE READ**

### **Billing and Charges**

Institute of Orthopaedic Surgery, doing business as Desert Orthopaedic Center Surgery Center (DOCSC), is a separate legal entity from your doctor's office. Therefore, you may receive a separate bill from each.

All Surgery Center statements and insurance explanation of benefits you receive will reference Institute of Orthopaedic Surgery.

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### **Ride Home**

All patients must have a ride home with someone 18 years old or older. If you do not have a ride, please let your doctor know so we can help arrange a ride for you with an approved service.

**Taxi, Uber, Lyft, other ride services are not approved unless your friend or family member accompanies you, or your doctor has written an order to cover you.**

Failure to comply may result in your procedure being cancelled.

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**Please notify your doctor prior to your procedure date if you take any of these drugs:**

Plavix (Clopidogrel)

Coumadin (Warfarin)

Lovenox, Xarelto, Celebrex, Pradaxa, Eliquis

**For your safety, your procedure may be cancelled if you have not informed the doctor performing your procedure.**

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# FAQs (Frequently Asked Questions) About Surgical Site Infections:

Developed in accordance with Senate Bill 339 and Chapter 439 of the Nevada Revised Statutes

## What are measures used at Desert Orthopaedic Center Surgery Center (DOCSC) to prevent infections?

- DOCSC prevents and controls infections within the facility through effective and nationally recognized infection control policies.
- All staff complete training in infection control, including aseptic technique and standard precautions, annually.
- All staff adhere to infection control policies and procedures implemented in the center, not limited to, but including, the proper use of required personal protective equipment, aseptic technique, high level disinfection and sterilization.
- Over the past 3 years, DOCSC has achieved an infection rate of 0.05% or 1 per 2,000 cases. All infections reported were included, regardless of outside contributing factors.
- As standard practice, DOCSC incorporates the use of IV antibiotics before surgery.
- Immediately before surgery, hair in the vicinity of the surgical site will be removed with electric clippers. Razors are not used as they present an infection risk by creating small nicks in the skin through which bacteria can enter.
- Bair Hugger® Therapy units are used to maintain ideal body temperature as patients who are kept warm resist infection better.

## What processes are used to determine whether a patient has an infection upon or prior to admission to the medical facility?

- Patients are routinely contacted the day before their procedure regarding their health and a pre-operative interview is performed by nurses and physicians.
- Prior to your surgery, your surgeon may have you tested for methicillin-resistant Staphylococcus aureus (MRSA). The test is simple, usually just a nasal swab. If you have it, extra precautions may be taken to protect you from surgical site infection.

## How is it determined whether an infection has been acquired?

- Only your physician can diagnose whether an infection has occurred. However, if you note any of the following, call your doctor immediately:
  - Redness and pain at the surgery site
  - Drainage of cloudy fluid

- Fever over 101°F or shaking chills

## What are the risk factors for acquiring infections?

- Health problems such as allergies, diabetes, and obesity as well as hematocrit levels less than 36 can create an elevated risk of infection. Be sure to discuss these with your doctor.
- Stop smoking well in advance of your surgery. Patients who smoke are three times as likely to develop a surgical site infection as nonsmokers, and have significantly slower recoveries.
- After your surgery, family and friends should not touch your surgical wound or dressings and they should wash their hands before and after visiting.
- Those caring for your wound should always wash their hands before and after contact.

## General information on preventing facility-acquired infections:

- Ask that medical staff clean their hands before treating you, and ask visitors to clean their hands also. This is the single most important way to protect yourself in a medical facility. All caregivers should clean their hands before treating you. Alcohol-based hand cleaners are more effective at removing most bacteria than soap and water.
- If your doctor or nurse uses a stethoscope or other diagnostic device, ask that the surface be wiped with germicidal cleaner.
- Shower before any procedure and consider showering or bathing daily with chlorhexidine soap beginning three to five days before surgery. Various brands can be bought without a prescription. It will help remove any dangerous bacteria you may be carrying on your own skin.
- Avoid touching your hands to your nose, mouth, or eyes and do not set food or utensils on furniture or bed sheets. Germs can live for many days on surfaces and can cause infections if they get into your mouth.

## For further information, including reporting of facility acquired infections, go to:

[http://health.nv.gov/HCQC\\_InfectionPreventionControl\\_PublicEd.htm](http://health.nv.gov/HCQC_InfectionPreventionControl_PublicEd.htm)

[http://health.nv.gov/Sentinel\\_Events\\_Registry.htm](http://health.nv.gov/Sentinel_Events_Registry.htm)

4150 Technology Way, Ste 211  
Carson City, NV 89706

**Phone:** (775) 684-5911

**Fax:** (775) 684-5999 **Email:** [ser@health.nv.gov](mailto:ser@health.nv.gov)





### **PRE-OPERATIVE INSTRUCTIONS FOR PAIN PATIENTS**

1. Your pain procedure physician will advise you on **eating and drinking prior to your procedure**. Generally, it is recommended not to eat 6 hours prior and to stop liquids 2 hours before your procedure. This is recommended to prevent aspiration after receiving IV medications.
2. Please be sure to take **your medications** as ordered by your physician. If you are diabetic, be especially mindful of discussing your diabetic medications with your doctor.
3. **Please be on time**. It will take approximately one hour to prepare you for your procedure.
4. **Minor Patients** (under 18 years old)
  - a. A legal parent or guardian must remain in the surgery center the ENTIRE time the minor patient is here.
  - b. If someone other than the legal parent or guardian is with the child, the legal parent or guardian must provide written permission, along with a copy of their photo ID and a telephone number where they can be reached the day of the procedure.
5. A copy of a **Power of Attorney** may be required if someone is signing for the patient.
6. Please **arrange for someone to stay** with you at least 24 hours after surgery.
7. **Bathe or shower** and wash your hair prior to coming to the surgery center to avoid risk of infection.
8. Do not wear perfume, cologne, body lotion, hairspray.
  - a. Wear **loose, comfortable clothing**. Easy-on shoes – no flip flops/thongs
9. Please **remove all jewelry, rings, piercings**, etc.
10. Leave all valuables at home or with your ride.
11. Do **bring a picture ID, insurance card and any copayment** you may have.
12. If you have an Advance Healthcare Directive, bring it with you.
13. **Your ride must remain at the surgery center during your procedure**.
14. **You must have someone 18 years old or older to drive you home**. If you do not have a ride, your procedure may be cancelled. You may not take a taxi, bus, Uber, Lyft, etc. unless you have someone you know over 18 years old with you.

**We are located on the north side of Desert Inn between Eastern and Pecos-McLeod.**

**2800 E. Desert Inn Road., Suite 150, Las Vegas, NV 89121  
702.735.7355**

# PRE-ANESTHESIA QUESTIONNAIRE

Please completely answer ALL the following questions. Thank you!

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

Date of Birth \_\_\_\_\_ Sex: M/F Height \_\_\_\_\_ Weight \_\_\_\_\_ Are you pregnant? YES/NO

Home/Cell Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Adult driving you home after your procedure? \_\_\_\_\_ Their Cell #: \_\_\_\_\_

Do you smoke? YES/NO How much each day? \_\_\_\_\_ Are you Diabetic? YES/NO

Have you or any family member ever had an unusual reaction to anesthesia? YES/NO Describe: \_\_\_\_\_

\_\_\_\_\_ Are you allergic to LATEX? YES/NO

**All Allergies / Allergic Reactions:** \_\_\_\_\_

Have you been ill or had a fever lately? YES/NO

Do you have any prosthetics? YES/NO

Are you taking addictive drugs? YES/NO

Do you drink alcohol daily? YES/NO

Do you have, or have ever had, any of the following?

	Yes	No	When?		Yes	No	When?
Lung Trouble	<input type="checkbox"/>	<input type="checkbox"/>	_____	Anemia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bronchitis / Chronic Cough	<input type="checkbox"/>	<input type="checkbox"/>	_____	Bleeding Problem	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	_____	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	_____	Liver Problem	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	_____	Gall Bladder Problem	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tuberculosis (TB)	<input type="checkbox"/>	<input type="checkbox"/>	_____	GI Bleeding	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sleep Apnea CPAP?	<input type="checkbox"/>	<input type="checkbox"/>	_____	Seizures / Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stroke	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Paralysis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	_____	Head, Neck or Spine Injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Murmurs	<input type="checkbox"/>	<input type="checkbox"/>	_____	Kidney Trouble	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	_____	Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Valve Problem	<input type="checkbox"/>	<input type="checkbox"/>	_____	Gastric Reflux (GERD)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Palpitations / Irregular or Fast Beats	<input type="checkbox"/>	<input type="checkbox"/>	_____	Frequent Indigestion	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pacemaker? Rate _____				Hiatal Hernia	<input type="checkbox"/>	<input type="checkbox"/>	_____
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____	Back / Disc Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phlebitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Sciatica	<input type="checkbox"/>	<input type="checkbox"/>	_____

Any illness or disease not listed? \_\_\_\_\_

Please provide any information you feel would be helpful to us in caring for you: \_\_\_\_\_

**Previous Surgeries** (Check only those surgeries you've had):

- |                                       |                                      |  |  |   |
|---------------------------------------|--------------------------------------|--|--|---|
| <input type="checkbox"/> Appendectomy | <input type="checkbox"/> Hernia      | <input type="checkbox"/> Gallbladder   | <input type="checkbox"/> Breast / Biopsy | <input type="checkbox"/> Glaucoma           |
| <input type="checkbox"/> Hysterectomy | <input type="checkbox"/> Cataracts   | <input type="checkbox"/> Sinus / Nasal | <input type="checkbox"/> Tubal Ligation  | <input type="checkbox"/> Tonsils / Adenoids |
| <input type="checkbox"/> Orthopaedic  | <input type="checkbox"/> Other _____ |  |  |   |



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PATIENT IDENTIFICATION

