Surgery Packet for Upcoming Surgery at Surgical Center of the Rockies

The team at the Surgical Center of the Rockies is excited that you have selected our center for your surgery. Our facility is located at…

The Center
2446 Research Parkway, Ste. 100
Colorado Springs, CO 80920
719-418-4244

****If you have MEDICAID or have applied for MEDICAID please call us at 719-418-4244 and ask to speak to Kim or Stacy to have this information updated.****

Please complete the checklist below to make the process easier for you.

- **Within 30 days of surgery – Complete your Medical Health Passport Online** – If you provided an email when scheduling, beginning 30 days prior to surgery you will begin to receive emails prompting you to complete your health passport online. As some information is time sensitive, please wait for this link and do not complete this more than 30 days prior to your scheduled procedure.

- **Pre-Op Call** - A nurse will call you a few days in advance to go over your medical history, and to give you additional and specific pre-op instructions. You will be given a time of arrival on the business day before your surgery.

- **Insurance Verification** - If you owe a deductible/copay/coinsurance on your day of service, our Insurance Verification Department will be giving you a call. If you would like to know ahead of time, please feel free to call our Insurance Verification Department at 719-694-5881. Please note that you will receive separate bills from the facility, your surgeon, and your anesthesiologist.

- **PRINT THE ATTACHMENTS as noted below, if you are unable to print, please review and be prepared to complete on arrival:**
  - **Surgery Packet – for all patients:** please print all 5 pages for review, bring completed pages 4-5 on your day of surgery.
  - **Tricare patients only:** bring completed pages 2-3 on your day of surgery
  - **Cigna and UHC patients only**: review the corresponding letter from US Anesthesia Partners

- **TO BRING ON YOUR DAY OF SURGERY:**
  - Completed attachment pages, as noted above (if you are unable to print, be prepared to complete on arrival)
  - Photo ID
  - Insurance card (if applicable)
  - Method of payment (if applicable)

Our goal is to provide an exceptional experience for you and your family member accompanying you on the date of surgery. Please note this email is not routinely checked, if you have questions, do not respond to this email, instead please contact us at 719-418-4244 so that we may assist you. We look forward to seeing you soon.

Your Surgical Center of the Rockies Team

2446 Research Parkway, Ste.100
Colorado Springs, CO 80920
719-418-4244

Preoperative Instructions & Information

SCA Health

A nurse will call you a few days in advance of your surgery to review your health history and medications, answer questions and give you specific instructions regarding your surgery. Please save our number (719.418.4244) as a contact in your phone so we may reach you. For urgent health questions, a pre-operative nurse can be reached at 719.418.4247.

- SICKNESS: If you are currently or have been sick in the two weeks prior to your surgery, you should contact your surgeon's office and contact a pre-op nurse for evaluation.

- Driver/Responsible Adult: All patients are **required to have a driver/responsible adult** able to take them home and **stay with them for 24 hours** following surgery.

- Surgery Time: You will be texted or called on the business day prior to surgery with your time for arrival. Because surgery times can change, please keep your phone with you in case of any changes to your arrival time, including the day of surgery. You should not have other conflicting plans on the day of your surgery.

- Bring: Photo ID, Method of payment, and completed attachments (if able to print), and anything requested by your surgeon (e.g. slings, boot/surgical shoe, crutches, walker, ice machine, etc.).

- Wear/Prep: Loose fitting clothing, large enough to fit over a bulky dressing. We recommend loose fitting t-shirts and pants/shorts with elastic waistbands if possible. No makeup, lotion or jewelry on the day of surgery. Please remove all piercings prior to arrival. Rings on the same extremity as your surgery will be cut off pre-operatively if not removed prior to arrival. We recommend having a jeweler cut them off prior to arrival (if this is a concern, you may confirm with the pre-operative nurse on your phone call). Please shower or bathe your entire body with soap the night before or morning of the surgery (do not remove any dressing placed by your surgeon).

- After Hours Emergencies/Inclement Weather: If weather, illness, or emergency will prevent you from arriving on the day of surgery, please call 719.418.4244 to let us know. If there is no answer and your surgery is the same or next business day (if after hours), please call 719.418.4255 and leave a message with your name, surgeon, scheduled arrival time, and details of your situation.

DIET & PREPARATION FOR SURGERY: To ensure a safe anesthetic and avoid cancellation of your surgery, please follow the guidelines below.

DAY BEFORE SURGERY (All patients – See specific instructions for patients taking GLP-1 Agonists):

- NO ALCOHOL or RECREATIONAL DRUGS for 24 hours prior to surgery.
- Shower or bathe full body with soap, night before or morning of surgery.
- **If you *do NOT* take a GLP-1 Agonist** (e.g. Ozempic, Wegovy, etc.), you may eat/drink as normal, we recommend adding Gatorade/Powerade as listed below.
- **If you take a GLP-1 Agonist** (e.g. Ozempic, Wegovy, etc.), you may have a light breakfast before 7 AM, and then **BEGINNING AT 7 AM ON THE DAY BEFORE, YOU MAY ONLY HAVE GATORADE/POWERADE** until 4 hours prior to your check-in time for surgery (you may also have water until midnight).

OPTIONAL GATORADE/POWERADE PROTOCOL:
Research has shown that having Gatorade/Powerade prior to surgery helps you to process the anesthesia better and recover faster afterwards. The sugar in the Gatorade/Powerade is part of what helps you to recover faster, so you will gain the most benefit from the full calorie Gatorade/Powerade. Any flavor is acceptable, this Gatorade/Powerade is optional, but other than a sip of water with meds, it is the ONLY THING allowed after midnight on the day of your surgery. You may not substitute for anything else. We recommend that you buy 3 20-ounce bottles and have one with lunch and dinner the DAY PRIOR TO SURGERY, the last one you are allowed to have on the DAY OF SURGERY, you may have up to 20 ounces between midnight and 4 HOURS PRIOR TO CHECK-IN TIME for surgery.

DAY OF SURGERY (All patients):

- **NOTHING TO EAT OR DRINK AFTER MIDNIGHT,** not even water. The only exceptions are a sip of water with medications, or up to 20 ounces of Gatorade/Powerade (see above protocol) that is FINISHED 4 HOURS PRIOR TO CHECK-IN TIME. You may not have any other food, water, candy, including gum or mints.
- **No smoking or chewing tobacco** after midnight on the day of surgery. Doing so may result in your surgery being cancelled or rescheduled.

*****MEDICATION INSTRUCTIONS FOR SURGERY ***Always confirm these instructions with prescribing provider and your surgeon, a nurse will review these instructions with you on your pre-operative health screening call:**

*****PRESCRIPTION BLOOD THINNERS:** Please obtain permission and clearance from your **prescribing provider, as well as your surgeon** on when/if prescription blood thinners should be stopped prior to surgery. These include, but are not limited to: warfarin (Coumadin), clopidogrel (Plavix), rivaroxaban (Xarelto), apixaban (Eliquis), dabigatran (Pradaxa), prasugrel (Effient), ticagrelor (Brilinta), enoxaparin (Lovenox), heparin, and aspirin are *SOME* of the medications included in this category.

SPECIFIC DRUG MEDICATION INSTRUCTIONS (GLP-1 Agonists and SGLT2-Inhibitors, this list includes the most common, there may be new or other medications in these category not listed below):

If taking one of the drugs listed below (GLP-1 Agonists), please **hold one dose prior to surgery and *see specific diet instructions on prior page for the day before surgery*:**

- Dulaglutide (Trulicity)
- Exenatide extended release (Bydureon bcise)
- Exenatide (Byetta)
- Liraglutide (Victoza, Saxenda)
- Lixisenatide (Adlyxin)
- Semaglutide (Ozempic, Wegovy)
- Semaglutide (Rybelsus)
- Tirzepatide (Mounjaro, Zepbound)

If taking one of the drugs listed below (SGLT2-Inhibitors), please **hold 3 full days prior to surgery (surgery is day 4):**

- Jardiance® (empagliflozin)
- Synjardy® (empagliflozin/metformin)
- Farxiga® (dapagliflozin)
- Brenzavvy™ (bexaglifloxin)
- Invokana® (canagliflozin)
- Steglatro® (ertugliflozin)
- Inpefa® (sotagliflozin)

HOLD 7 DAYS PRIOR TO SURGERY: All medications / supplements that are blood thinners:

- This list includes, but is not limited to: ibuprofen (Advil, Motrin), naproxen (Aleve), aspirin***, meloxicam (Mobic), celecoxib (Celebrex), Excedrin, Nyquil, diclofenac (Voltaren), aloe, fish oil, Omega 3, turmeric, vitamin E, cranberry, ginger, garlic, gingko, and many others, please stop optional supplements unless confirmed with surgeon that they are ok to continue.

MEDICATIONS TO HOLD ON MORNING OF SURGERY: On the morning of surgery, except as listed below, you are allowed to take a sip of water with your medications, or you may take with up to 20 ounces of Gatorade as long as it is 4 hours prior to your check-in time. That said, we would like you to **hold the medications below on the morning of surgery:**

- ACE inhibitors (examples: lisinopril, enalapril)
- diuretics (examples: hydrochlorothiazide (HCTZ), spironolactone, chlorthalidone)
- insulin – if you have an insulin pump, leave setting as normal; otherwise skip morning insulin injections and bring with you to surgery
- oral diabetic medications – skip morning dose, unless listed on the "SPECIFIC DRUG" list above

MEDICATIONS TO BRING WITH YOU ON THE DAY OF SURGERY (if you have them):

- insulin
- rescue inhaler
- migraine medications
- restless leg medications
- *Your post-operative prescription(s), if you have picked them up from the pharmacy

Surgical Center of the Rockies

HIPAA Authorization Form
Authorization for the Release of Protected Health Information

Patient Name:_____

****I (patient/patient guardian/patient representative) give Surgical Center of the Rockies and their representatives permission to provide information regarding my healthcare and/or authorization to discuss and disclose the patient billing/financial information with the following individual(s):**

Name: _____ **Phone:** _____ **Relationship:** _____

You may check multiple boxes.

- ☐ **Driver and permission to share healthcare information*** (*required if having sedation)
- ☐ **Emergency Contact**
- ☐ **Authorization to discuss/disclose billing and financial information**

Optional Additional Contacts:

Name: _____ **Phone:** _____ **Relationship:** _____

- ☐ **Emergency Contact**
- ☐ **Permission to share healthcare information**
- ☐ **Authorization to discuss/disclose billing and financial information**

Name: _____ **Phone:** _____ **Relationship:** _____

- ☐ **Emergency Contact**
- ☐ **Permission to share healthcare information**
- ☐ **Authorization to discuss/disclose billing and financial information**

****Surgical Center of the Rockies has my permission to call and leave a message regarding my healthcare at the following numbers…**

Cell #: _____ ☐ **Yes** ☐ **No**
Home #: _____ ☐ **Yes** ☐ **No**
Work #: _____ ☐ **Yes** ☐ **No**
Other #: _____ ☐ **Yes** ☐ **No**

My signature below indicates I have had full opportunity to read and consider the contents of this authorization. I am signing this authorization voluntarily and understand my/the patient's entitlement to treatment will not be affected if I do not sign this HIPAA Authorization Form. I understand that, by signing this form, I am confirming my authorization that Surgical Center of the Rockies may use and/or disclose to the persons/phone numbers listed on this form, my/the patient's protected health information and financial information as listed above.

I understand that I may revoke this authorization at any time by giving written notice to Surgical Center of the Rockies. Unless otherwise revoked by me, this authorization, for release of protected health information and financial information, is ongoing. I further understand that revocation of this authorization will not affect any action you took in reference to disclosing my/the patient's protected health information and financial information before you received my written revocation notice.

_____ _____
Signature Date

_____
Printed Name

DISCLOSURE OF FINANCIAL INTEREST

You (or your legal representative on your behalf) acknowledge that your physician may participate in one or more quality and efficiency programs operated by your health insurer. These programs provide a financial incentive to participating physicians to achieve certain quality targets and to select cost effective, participating facilities for your care. The facility to which you have been referred is one such participating facility:

Name of Facility: Surgical Center of the Rockies

Address of Facility: 2446 Research Parkway, Ste. 100; Colorado Springs, CO 80920

The incentive payment, which is paid by your health insurer, is in addition to the physician's normal professional fee. If your physician participates in such a quality and efficiency program and that program is applicable to your care at this facility, alternative referrals will be made by your physician upon your request—you have the right to obtain the referred services or items at the facility of your choice, unless otherwise restricted by law. If no request is made, you acknowledge herein that you consent to your physician's choice of facility.

You also acknowledge receipt, on the date indicated below and at the time of this referral, of a copy of this Disclosure of Financial Interest.

You further acknowledge that your physician may own an interest in this facility and/or otherwise may have a financial interest in this facility.

Further information may be obtained from the business office of the facility.

By signing below, I acknowledge that, on the date indicated below, I have read and understand the disclosures set forth above.

PATIENT OR LEGAL REPRESENTATIVE OF PATIENT:

Signature of Patient or Legal Representative: _____

Printed Name of Patient: _____

Date: _____