

# BASCOM PALMER EYE INSTITUTE AT PALM BEACH GARDENS

YOUR SURGERY MADE EASY

## Welcome

Your doctor has scheduled you for surgery at the Bascom Palmer Surgery Center, an affiliate of Bascom Palmer Eye Institute, ranked the #1 eye program in the United States by both *U.S. News & World Report* and *Ophthalmology Times*. Our goal at Bascom Palmer is to provide you with medical care that exceeds your expectations.

Your surgery will take place at Bascom Palmer Surgery Center in Palm Beach Gardens. Considered one of the leading eye care facilities worldwide, Bascom Palmer Eye Institute's physicians annually treat more than 250,000 patients from around the globe.

Ambulatory surgery, also referred to as outpatient surgery, is a safe and convenient way to meet your health care needs. By working as a team with your doctor and nurse, outpatient surgery allows the patient to have an active part in the recovery process. It is important to follow your doctor's specific orders before and after surgery, and to report any problems or concerns to your doctor.

In keeping with our commitment to exceed your expectations, you may receive a survey. Please take a few minutes to complete it. Your opinion and suggestions are very important to us and your confidential response will be used to improve every aspect of our care. We always strive to provide excellent care. If, at any time during your visit, we did not meet your expectations, please contact the UHealth Office of Patient Advocacy at 305-243-HELP (4357) or HeretoHelp@med.miami.edu.

Thank you

Patient's Name:	
Date & Time of Surgery:	
Arrival Time:	
Other Information:	

## **Financial Information**

Our insurance verifier will telephone you prior to your surgery to obtain your financial information.

- We are a Medicare participating facility. Many insurance companies, as well as HMOs, require preauthorization for services. At the time you are contacted for your financial information or when you visit our Admitting Office to schedule your surgery, we will inform you of what insurance information is required.
- You are responsible to pay all applicable insurance deductibles and copayments prior to surgery.
- Patients without insurance must make payment in advance.
- Surgery bills may be paid by cash, American Express, Visa, Discover, MasterCard, personal, corporate or traveler's checks, or Care Credit, if approved.
- Your physician may provide you with postoperative prescriptions.
- Patients with insurance may request an itemized bill mailed to them following discharge. You may also receive separate bills from the departments of anesthesiology, radiology or pathology, as well as one from your private physician.
- If you are having elective surgery and are unable to obtain financial clearance prior to surgery, your surgery may be cancelled or rescheduled for a later date.
- Please call our billing office if you have any questions:

Bascom Palmer Eye Institute Billing	305-326-6340
University of Miami Anesthesiology	
Physician's Billing	305-243-6347

# **Preoperative Visit to the Bascom Palmer Eye Institute**

- **Please note:** You will be scheduled appropriately for a preoperative appointment or testing based on your surgical procedure. Your surgeon may request additional specialized testing.
- An anesthesia assessment is usually performed the morning of surgery (except for children or other specific circumstances). If you have anesthesia related questions or concerns, please notify your doctor.

## What should I bring to my preoperative visit?

#### MEDICATION INFORMATION

◆ An updated list of your medications including the medication name, dose and frequency. Please include all over-the-counter medications and supplements you are taking. Some of these medications can have unwarranted side effects which may increase your surgical risk of complications.

#### CONTACT INFORMATION

◆ The name, phone and fax numbers of your primary physician(s) and all other specialists you see regularly.

#### MEDICAL RECORDS

- ◆ If you have had any evaluations for stroke, heart disease or lung disease, please bring:
  - Carotid ultrasound report (within last 12 months)
  - Cardiac catheterization report (within last 2 years)
  - Stress test results (within last 2 years)
  - Echocardiogram report (within last 12 months)
  - Electrocardiogram report (a photocopy of the latest EKG tracing within the last 6 months)
  - Recent laboratory tests (within last 3 months)
  - Cardiac rhythm device implantation and recent evaluation records (pacemaker/defibrillator within last 6 months)
  - Prosthetic heart valve records indicating type of valve and location
  - Discharge summaries from recent hospitalizations (within last 12 months)

 Other medical records or evaluations you feel would be important for your preoperative evaluation

#### • LEGAL DOCUMENTS

- ◆ Living will or health care surrogate
- ♦ Power of attorney if applicable
- ◆ Court letter of guardianship
- ♦ Health Care Proxy

Fax your records to the surgery center at 561-355-8555 or 561-515-1502 or bring them with you. If faxing, please call prior to your appointment to confirm receipt at 561-515-1526.

## What could delay my surgery?

In most cases, surgery will not be delayed; however, even a cold or a poorly controlled preexisting medical condition such as high blood pressure or diabetes can have a negative impact on surgical outcomes. In such instances, your health care provider may:

- Adjust your current medications
- Start a new treatment
- Ask you to follow-up with your regular doctor for more treatment
- Discuss the best treatment options with your surgeon, including rescheduling the surgical procedure

## **Preoperative Visit for Children**

- Children under 18 years of age must be accompanied by a parent or legal guardian during all preoperative and surgical procedures.
   In the case of a legal guardian, a court letter of guardianship must be provided. No exceptions will be made.
- Children under 15 years of age must be cleared for surgery by their primary pediatrician within 30 days prior to surgery.
- Requested laboratory tests should be completed no more than 30 days prior to surgery. Please have your pediatrician's office fax the results of your child's examination/clearance to the surgery center at 561-355-8555 or 561-515-1502. If the test results cannot be faxed prior to surgery, it is critical that you bring them on the day of surgery to avoid a possible cancellation or postponement of surgery.

## **Your Upcoming Surgery**

Make arrangements for someone to accompany you from the surgery center following discharge. You will not be discharged alone following surgery. There will be no exceptions to this rule. Please be advised that a bus driver or taxi / Uber driver cannot be designated as a responsible adult caregiver.

You may wish to have someone stay with you for 24 hours following your discharge.

If your surgeon has prescribed medications or eye drops for your use prior to your surgery, please begin as directed.

Notify your surgeon or surgical coordinator if you experience any changes in your health prior to the day of surgery, even something as simple as a cold, sore throat or mild fever.

Gather all medical, laboratory and other diagnostic results that you were requested to bring with you on the day of surgery. If your preoperative laboratory tests are abnormal, your surgery could be delayed, cancelled or rescheduled for a later date.

## The Day Before Your Surgery

You will be contacted the day before your surgery to advise you of your surgical arrival time. If your surgery is on Monday, you will be called the preceding Thursday. If your surgery is scheduled on a day following a holiday, you will be called the business day before the holiday.

If you have any problems (including health status changes) or need to cancel your surgery, please call 561-515-1526 during regular office hours, 8:30 a.m. - 5:00 p.m.

Do not eat or drink anything, including water, chewing gum or mints, after midnight the evening before your surgery.

Do not smoke 24 hours prior to surgery.

In order to decrease your risk of infection, please bathe or shower prior to surgery.

## The Morning of Surgery

Please report to the appropriate area at the time you were instructed.

We recommend that one friend or family member accompany you on the day of surgery. Please suggest that they bring reading materials and a sweater for their comfort. For their convenience, restaurants are within walking distance of the surgery center.

#### Please remember:

If you were instructed during your preoperative visit to take oral medications, take them with a sip of water prior to coming to the surgery center.

You may brush your teeth, but do not swallow the water.

Do not wear any makeup, nail polish or jewelry.

# Do not bring large amounts of money or other valuables to the surgery center.

If you wear contact lenses, you must bring the lens container with you on the day of your surgery. You will not be permitted to wear your contact lenses inside the operating room.

You may wear your glasses, dentures or hearing aid.

## What To Bring With You

- Current medications, including eye drops and insulin in their original containers.
- Copies of medical reports, laboratory or other diagnostic results that you were requested to bring on the day of surgery
- Insurance information including your insurance card(s)
- Government issued photo identification
- Children under 18 must be accompanied by a parent or legal guardian
- For your children, please bring bottles, formula, diapers, favorite toy and any other special items needed

You must be accompanied by a responsible adult to escort you home. You must provide us with the name and telephone number of the person that will take you home.

## **After Your Surgery**

Following your surgery, you will remain under clinical observation by the nursing staff until you are stable enough to go home. Most ambulatory surgery patients are discharged within one hour after surgery. Discharge procedures for surgical patients vary based on the type of procedure performed and their doctor's instructions. Before going home, you will be evaluated by a healthcare professional.

You will receive an instruction sheet with complete postoperative instructions and a postoperative appointment for surgical follow-up. It is very important that you keep this appointment.



Immediately following surgery, light meals are usually tolerated best. Gradually resume your normal diet, unless instructed otherwise.

The level of pain you may experience after surgery depends on your pain tolerance and the surgical procedure. Most eye surgery patients experience mild discomfort.

On the evening after your surgery, resume all medications taken prior to surgery as prescribed by your primary care physician, unless otherwise instructed by your surgeon.

If your surgeon has instructed you to maintain a certain position after your surgery, it is very important to stay in that position as much as possible. Maintaining this position will increase your chance of having a successful outcome.

Remember, as a surgical patient you are a "team member" working with others for your safe and healthy recovery. Be sure to follow all instructions for your postoperative care.

### **Questions or Concerns**

If you have any questions or concerns during normal working hours, please contact your surgeon's office or the nursing preoperative office at 561-355-8519.

## **Emergencies**

If you develop any type of emergency after normal working hours, such as unrelieved pain, severe nausea, vomiting, bleeding, fever (over 101° F, 38° C), numbness or decreased vision, please contact us at 561-515-1500.

## For eye emergencies:

Call Bascom Palmer Eye Institute at 561-515-1500.

# **Know Your Rights When Deciding About Medical Treatment**

We, at Bascom Palmer Eye Institute, want you to understand that you have the right to make decisions about your medical treatment. Your doctor will discuss different choices in treatment with you, including possible benefits and/or side effects. **However, you have the right to decide what treatments you do or do not want.** 

#### What is an Advance Directive?

An "Advanced Directive" is a written or oral statement, made and witnessed in advance of serious illness or injury, in which you state how you want medical decisions made in the event you are unable to decide about medical treatment yourself. It enables you to make decisions about your future medical treatment by giving you an opportunity to state your choices about health care or to name someone to make those choices for you.

#### What is a Living Will?

A "Living Will" generally states the kind of medical care you want or do not want if you become unable to make decisions for yourself. It is called a "living will" because it takes effect while you are still living. Florida law provides a suggested form for a living will which you may or may not choose to use. When making a choice, you might wish to speak to an attorney or physician to be certain you have completed the living will in a way that your wishes will be understood.

## What is a Health Care Surrogate Designation?

A "Health Care Surrogate Designation" is a signed, dated and witnessed paper naming another person, such as a husband, wife, daughter, son or close friend, as your agent to make medical decisions for you if you should become unable to make them for yourself. You can include instructions about any treatment you want or wish to avoid. Florida law provides a suggested form for designation of a health care surrogate. You may use it or some other form. You may also wish to name a second person in the event your first choice is not available.

#### Does Florida law require that I write an Advanced Directive?

No. There is no legal requirement to complete an advance directive. However, if you have not made an advance directive or designated a health care surrogate, health care decisions may be made for you by a court appointed guardian, your spouse, your adult child, your parent, your adult sibling, an adult relative, or a close friend, in that order. This person would be called a proxy.

## Can I change my mind after I write a Living Will or designate a Health Care Surrogate?

Yes. You may change or cancel these documents at any time. Any change should be written, signed and dated. You can also change an advance directive by oral statement.

## What if I have filled out an Advance Directive in another state and need treatment in a health care facility in Florida?

An advance directive completed in another state, in compliance with other state's law, can be honored in Florida.

## What should I do with my Advance Directive, if I choose to have one?

Make sure that someone such as your doctor, lawyer, or family member knows that you have an advance directive and where it is located.

#### Consider the following:

- If you have designated a health care surrogate or "proxy", give a copy of the written designation form or the original to the person who is representing you.
- Give a copy of your advance directive to your doctor for your medical file.
- Keep a copy of your advance directive in a place where it can be found easily.
- Keep a card or note in your purse or wallet which states that you have an advance directive and where it is located.
- If you change your advance directive, make sure your doctor, lawyer, and/or family member has the latest copy.



## **Bascom Palmer Surgery Center**

7103 Fairway Drive Palm Beach Gardens, FL 33418 561-515-1526

bascompalmer.org



#### **ACCREDITATIONS AND LICENSURE**

Accredited by:

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