

Hospital or Surgery Center Packet

This packet includes several surgical consents, forms, and instructions. Please read them all:

- “Preparing for Surgery” form
- A consent form for your specific surgery
- “General Surgery Consent” form
- “Surgical Risks & Complications” consent forms
- “Blood Transfusion Consent / Refusal” form
- “What To Expect After Surgery”

In order to give an “informed consent” a patient must understand the potential risks, benefits, and alternatives to the planned surgery. You may sign these forms in advance, or at your pre-op visit. **DO NOT** write on or alter the consents in any way. Your surgeon will review all your consents with you, and make any changes that are needed, at your pre-op visit. Please bring a list of any questions you may have.

Pre-operative appointments

You will have a pre-operative appointment, a few days before your planned surgery, with both your surgeon and your hospital.

Hospitals

Dr. Van Kirk has surgical privileges at all the major hospitals in Redding. He has no financial ties to any hospital.

Regarding your surgery bill

There are separate charges for your office care, surgeon, surgical assistant, anesthesiologist, labs, pathology, and hospitalization. You are responsible for any charges not covered by your insurance company. Our office will call your insurance company to check your insurance benefits.

Most policies have a “deductible” and a “co-pay”. The deductible is the amount that you pay (each year), before your insurance begins to pay. Bills for different doctors and hospitals all count towards your deductible. After your deductible is met, then your insurance pays part of your bills, minus a co-pay (a percentage) that you must pay.

All deductibles and estimated co-pays must be paid prior to your surgery. In general, the hospital will collect on any remaining deductible, and their co-pay, at your pre-op visit. Our office will collect an estimated co-pay for your surgeon’s fee, at your pre-op visit. Bills for your surgical assistant, anesthesia, and labs/pathology are sent after surgery. Please note that some insurances do not cover the surgical assistant’s fee.

If you have detailed questions about your covered benefits, please call your insurance company, or the HR department at your workplace. If you have questions regarding your hospital or anesthesia bills, please call the hospital.

Preparing for Surgery

This list should help you determine what you need to do to prepare for surgery. You will need to plan out who will be able to help during your recovery, including childcare, cooking, cleaning, yard work, etc. Consider freezing meals in advance. Please try to stop or decrease smoking. Eat nutritious meals (no junk food or fast food). Start a daily fiber supplement and drink 8 – 10 large glasses of water each day.

Two Weeks Before Surgery

- Please stop taking:
 1. Herbal/vitamin supplements (such as Ginko Biloba, St. John's Wort, Ginseng, Garlic, Ginger, etc.), Vitamin E, Marijuana, or diet pills
 2. Aspirin or aspirin containing medications (Ticlid, Ecotrin, multi-symptom cold medications, etc.)
These medications thin your blood.
- Call the office immediately if you are taking any other blood thinning medications (Plavix, Coumadin, Warfarin, Lovenox, Heparin) to find out when you will need to stop them.

The Day of Your Pre-Operative Appointment

- Please bring:
 1. All your Prescription Medications. Ask your surgeon if any medications should be taken the morning of the surgery, especially medications for diabetes or high blood pressure.
 2. This Pre-Op Packet. You must read this completely before your visit.
 3. A Check or Credit Card. You will be asked to make payments on your co-pay and deductibles.
 4. A list of any questions you have.

The Day Before Surgery

- The day before your surgery eat soft foods (such as soup, oatmeal, and shakes) that will pass easier.
- At bedtime:
 1. Give yourself a **Fleet's Enema**. This can be purchased in a drugstore without a prescription.
 2. Clean your navel with soap and water and a Q-Tip, and then again with hydrogen peroxide and a Q-Tip .
- After midnight: Do not have anything to eat (including food, lozenges, candy, and chewing gum) or anything to drink (including water).

The Day of Surgery

- At your hospital pre-op appointment, you will be told what time to arrive at the hospital.
- Please leave all jewelry and valuables at home. You must remove all piercings from your body (earrings, facial, tongue, or body rings and studs) because they create an electrical fire risk during surgery.
- Please do not wear contact lenses.
- You may need to remove dentures or false teeth (ask your anesthesiologist).
- Please arrange to have someone drive you home. Do not plan on taking a taxi. Please arrange for someone to stay with you for 24 hours after the surgery.

General Surgery Consent

I authorize Dr. Sam Van Kirk, and those persons chosen by her or by the hospital, to perform any surgery and anesthesia. I have signed a separate consent detailing my specific planned surgery.

Guarantees. I understand that there can be no absolute guarantee that the planned surgery will be able to be done, or that it will relieve all my complaints. I understand that in rare cases, especially if complications occur, I may feel worse.

Alternatives. I understand my alternatives to surgery. I understand that I have the choice not to undergo any treatment, and the possible consequences, if no treatment is rendered.

Second Opinion. I understand that I can choose to get a second opinion from another doctor.

Other Medically Indicated Procedures. I understand that sometimes there are unexpected findings or complications during surgery that may require additional procedures be performed. In this event, I understand that my surgeon will use his best judgment, and I give permission for him to perform any other procedures felt to be medically indicated.

Cancellation. I understand that I am free to change my mind at any time, and cancel any part (or all) or my planned surgery without affecting my right to receive future care and without risk of losing any state or federally funded program benefits to which I might otherwise be entitled.

Risks/Complications. I understand that any surgery carries the risk of complications. I have signed a separate consent detailing surgical risks.

Hospitalization/Recovery. I understand that, if there are no unforeseen complications, most patients stay in the hospital about 4 hours after outpatient surgery, and 1-3 days after abdominal/vaginal surgeries; that most patients feel recovered between 2 days and 2 weeks of outpatient surgery, and between 4 to 8 weeks after abdominal/vaginal surgery. I understand that I may, or may not, qualify for state disability payments during my recovery.

Anesthesia. I understand that I will be given anesthesia for my surgery. I understand that I may discuss the risks, benefits, and alternative types of anesthesia with my anesthesiologist.

Fees. I understand that there are several charges for my office care, surgeon, surgical assistant, anesthesiologist, labs, pathology, and hospitalization. I understand that I am responsible for any charges not covered by my insurance company. I understand that my blood work and pathology specimens will be sent to the lab my doctor/hospital chooses.

I have read and understood all of the above. I have been given the opportunity to discuss all of the above with my surgeon, and to have all my questions answered.

Patient Signature: _____ Date: _____

Patient Signature (if minor): _____ Translator: _____

Witness Signature: _____ MD Signature: _____

Surgical Risks & Complications (1 of 2)

Any surgery, even simple surgeries in young, healthy patients, carries some risk of complications. Fortunately, serious complications are not common. A patient who decides to have surgery understands that there is the risk of surgical complications, and that they could chose not to have surgery.

Pain. After surgery there will be discomfort/pain (mild or severe) while your body heals, that may last days or months, or in rare cases be permanent.

Bowel or bladder problems. After surgery, most patients have normal bladder and bowel function within a few days. Some patients have nausea/vomiting, and some develop temporary problems: an inability to empty their bladder (urinary retention), constipation, or a paralysis of their bowel (ileus). In rare cases patients may develop permanent dysfunctions of their bladder or bowel, incontinence of urine or stool, or blockages of their bowel (potentially leading to life-threatening infections or rupture of the bowel).

Bleeding. Any surgery carries the risk of severe bleeding (hemorrhage), which can be life-threatening, and may require blood transfusion. Blood transfusions carry a small risk of severe allergic reactions and of transmitting diseases (such as hepatitis or HIV).

Infection. Any surgery carries the risk of infections in the bladder/kidney, lungs (pneumonia), skin (cellulitis), wound, deep skin/fascia (necrotizing fasciitis), vagina/vaginal cuff, or bowel. Serious infections can be life-threatening, may form abscesses that require drainage, may require surgery to remove infected tissue (debridement), or may spread throughout the belly (peritonitis) or to the blood (sepsis). Smoking, obesity, and diabetes increase the risk of infection.

Wound Problems/Poor Healing. Some patients can form thick skin scars (keloids), or heal with skin retractions or ridges. Some patients develop hernias, collections of fluid (seromas) or blood (hematomas) under the skin, or wound infections. Some wounds are slow to heal, or re-open, superficially or deeply (dehiscence). Poor healing can lead to the formation of connections between the vagina and bladder or rectum (fistulas). Also, whenever surgical mesh is used, primarily for urinary incontinence, is it possible for the mesh to erode into the vagina and cause scarring and pain and the possible need for additional surgery. Smoking, obesity, and diabetes increase the risk of wound complications.

Anesthesia. Risks of anesthesia include allergic reactions, sudden changes of blood pressure and heart rate, seizures, aspiration of stomach acid into the lungs (which can cause a chemical pneumonia), a rare uncontrollable rise in body temperature (malignant hyperthermia), and death.

I have read and understood all of the above. I have been given the opportunity to discuss all of the above with my surgeon, and to have all my questions answered.

Patient Signature: _____ Date: _____

Patient Signature (if minor): _____ Translator: _____

Witness Signature: _____ MD Signature: _____

Surgical Risks & Complications (2 of 2)

Medical Complications. In rare cases, during or after surgery, patients may suffer from life-threatening seizures, heart attack, stroke, or develop blood clots in their legs (DVT/deep venous thrombosis) or lungs (PE/pulmonary embolus).

Adhesions. After surgery, some patients form scarring inside their body (adhesions). Adhesions can cause infertility, tubal pregnancies, blockage of the uterus/kidney or bowel, or cause pain (spontaneous, or with sex or exercise, or with voiding or bowel movements). Endometriosis, cancer, and infection increase the risk of forming adhesions.

Accidental Injury. During surgery, accidental damage (from pressure, clamping, burning, suturing, cutting or tearing) may occur to other organs, including the fallopian tubes and ovaries, blood vessels, bladder, ureters (the tubes that connect the kidneys to the bladder), intestines/rectum (bowel), and nerves. Damage may or may not be immediately noted. In worst case scenarios, these complications may result in permanent damage, kidney failure, the need for further surgery, rupture or gangrene (necrosis) of the bowel, resection/removal of portions of the intestines, or the need for diverting nephrostomy/ileostomy/colostomy (in order to empty the bladder or bowel out of the abdominal wall), infection or death. Nerve damage may result in temporary (and in rare cases permanent) muscle weakness or paralysis, pain, "pins and needles" sensation, or loss of sensation.

Prolapse. Hysterectomy may increase the risk of future pelvic/vaginal prolapse. Prolapse surgery may fail (recurrent prolapse), or uncover underlying problems with urinary incontinence. Obesity, smoking, family history, and chronic coughing increase the risk of prolapse.

Cancer. If cancer is diagnosed, more surgery, or radiation/chemotherapy, may be needed. Removal of lymph nodes for cancer staging may cause chronic leg swelling (lymphedema).

Appendectomy. Removing the appendix almost eliminates the risk of future appendicitis, but may increase the risk of severe infection or damage to the bowel, during or immediately after surgery.

Other Complications. The list above includes the majority (but not every possible) serious complication associated with abdominal/vaginal surgery. The risk of serious complications or death from gynecologic surgery is very low.

I have read and understood all of the above. I have been given the opportunity to discuss all of the above with my surgeon, and to have all my questions answered.

Patient Signature: _____ Date: _____

Patient Signature (if minor): _____ Translator: _____

Witness Signature: _____ MD Signature: _____

Blood Transfusion Consent/Refusal Form

- Your blood contains fluid (plasma), red blood cells (which carry oxygen), white blood cells (which fight infection), and platelets (which help your blood to clot). If your blood fluid volume or red blood cell count drops very low (severe anemia), you will die.
- The simple truth is that any surgery causes some blood loss, even in hospitals that claim to perform “bloodless” surgery. The goal is to do surgery with as little blood loss as possible. If there is moderate blood loss, most patients will tolerate moderate levels of anemia (depending upon a patient’s age and health). An anemic patient will slowly build their blood back up, but may suffer from headaches, fatigue, and a decreased ability to fight off infection.
- On rare occasions, a patient may suffer severe blood loss (hemorrhage), either before, during or after surgery. With severe hemorrhage, there comes a point where a patient will die if they do not receive a blood transfusion.
- Receiving a blood transfusion has some risks. On rare occasions, patients may develop a life-threatening allergic reaction, or become infected with diseases, such as hepatitis or HIV.
- Some patients, due to their religious beliefs, would rather die than receive a blood transfusion. If you would refuse a blood transfusion, you must notify your doctor immediately and you must bring your immediate family with you to your pre-operative visit to discuss this. Our office reserves the right not to schedule elective surgeries, or insist that all alternatives to surgery be attempted first. If you do not agree with this policy, we will help refer you to another office.
- You may contact the local blood bank if you are interested in having family members donate blood, to save and transfuse if needed. Family members must be of the same blood type, be willing to submit to testing for infectious diseases, and donate blood several days in advance.
- You may contact the local blood bank if you are interested in donating your own blood (autologous donation), to save and transfer if needed. You cannot donate if you are already anemic. You must donate 6 to 8 weeks before your surgery.

I have read and understood all of the above. I have been given the opportunity to discuss all of the above with my surgeon, and to have all my questions answered. Please initial one of the choices below.

Initials: _____ I consent to the use of blood or blood products, if deemed medically needed.

Or

Initials: _____ I would rather bleed to death, than receive a blood transfusion or blood products.

Or

Initials: _____ I will accept some products, I give my consent to the use of the following:

_____ Red Blood Cells _____ Platelets _____ Fresh Frozen Plasma

_____ Albumin _____ Isolated Factor Preparations

Patient or Guardian Signature: _____ Date: _____

Witness Signature: _____ MD Signature: _____

Sore Throat. You may have a sore throat from the breathing tube used during surgery.

Fever. Call the office if you have a temperature over 100.4 F (taken with an oral thermometer).

Nausea. Nausea is common after surgery. Please call if you have severe nausea or vomiting.

Bloating & Constipation. Bloating (belly distension from gas) is common after surgery. It may take several days for bowel movements to resume. You will be sent home with a stool softener. Drink at least 8 glasses of water a day. Narcotic pain pills worsen constipation. You may take Metamucil or Milk of Magnesia if constipation persists.

Bladder Catheter & Infections. A small tube (a Foley catheter) is placed in the bladder during surgery and usually removed the next morning. Call the office if it burns when you pee. It may only be irritation from the Foley, but it may be a bladder infection. We need to check your urine to diagnose you. Please do not take antibiotics, Pyridium, or Urostat before being seen.

Pain Medication. Every patient has a different “pain threshold” for how well they tolerate pain. Pain should gradually get better, but may “flare up”, especially with activity. Some patients have shoulder pain, from air that enters the belly during surgery. Please call the office if you have severe pain.

In the hospital, you will first have an IV “PCA” (Patient Controlled Analgesia) machine, and later a combination of “non-steroidal” (NSAIDs) and “narcotic” pain pills. NSAIDs include Motrin, Ibuprofen, and Alleve. Narcotics are prescription pain pills, such as Norco, Vicodin, Darvocet, Percocet, and Tylenol #3. Use your pain medication as directed. Narcotics can cause nausea, sleepiness, bloating, constipation, and abdominal pain. You should not drive if you are taking narcotics. You can combine the narcotics with NSAIDs, but not with Tylenol.

Activity. Moderate activity speeds recovery, but excessive activity can cause complications. Until you are seen for your post-op appointment, please follow these instructions: Do not have sex, use tampons, or douche. You may shower, but do not sit in a bathtub, hot tub, or go swimming. Do not lift anything heavier than 20 pounds. Do not do strenuous exercise, or strain doing physical tasks. Do not do sit-ups or leg lifts. You may go up and down stairs and walk as much as you like. You may ride in a car, but do not drive until after 4 weeks.

Return to Work. You may return to work 8 weeks after major abdominal surgery, 6 weeks after major vaginal surgery, and 2-14 days after laparoscopy or D&C. Most patients qualify to receive state disability during their recovery. Applications are available in our office.

Proper Diet. A well-balanced diet high in protein will speed healing. Take Vitamin C 1000 mg, calcium 1000 mg, and drink at least 8 large glasses of water a day. Avoid spicy food.

Vaginal Bleeding. If you have a hysterectomy (abdominal or vaginal), or other vaginal surgery, then you will have stitches in your vagina. The stitches dissolve after 4-6 weeks. Some spotting or vaginal discharge is normal. If you bleed like a period, please call the office.