

# PREPARING FOR SURGERY

**Pre-Testing:** Please complete any necessary pre-testing TWO WEEKS prior to surgery

**Pre-Anesthesia questionnaire:** Please complete the blue form and mail to Aestique® in the enclosed self-addressed stamped envelope as soon as possible or you can choose to fax your forms to 724-832-7568.

## **Medication/Anesthesia:**

- Recovery time is approximately two hours for General Anesthesia and forty five minutes for I.V. Sedation.
- You will be instructed by the Pre-Admissions nurse regarding any restrictions with diet & fluid intake.
- It is necessary that we are informed of all medications that you are taking. If you take any routine medications, please consult us. Generally, you may take all routine medications **EXCEPT** antacid liquid, insulin, diuretics, or diabetic pills.
- All **GENERAL ANESTHESIA** patients: Please take 20mg of Pepcid or 150mg of Zantac at 7:00 pm both the night before your surgery and the morning of your surgery.
- **DO NOT TAKE ANY HERBAL SUPPLEMENTS.**
- Discontinue the use of aspirin, aspirin-containing products, vitamin E, Ginko and Ibuprofen **TWO WEEKS** prior to surgery. These products inhibit the normal blood clotting process and may cause excessive bleeding and/or bruising during and after surgery. If needed, use Tylenol instead. Other products that contain Aspirin or Ibuprofen and should be avoided include: Advil, Alka-seltzer, Anacin, Ascription, Bufferin, Coricidin, Dristan, Empirin, Excedrin, Fiorinal, Midol, Motrin, Nuprin, Percodan, Sine-Aid and most medications used to treat arthritis.
  - If you take blood thinners such as Coumadin or Plavix, your physician will instruct you when to discontinue.

**Cleaning:** Shower and wash the surgical areas with Dial Soap.

**Make-up:** Please do not wear moisturizers, creams, lotions or any makeup.

**Contact Lenses:** Do not wear contact lenses.

## **Clothing:**

- Wear only comfortable, loose fitting clothing that does not go over your head.
- Abdominoplasty and Liposuction patients: wear TED hose

**Hearing Aid:** If you wear a hearing aid, please bring it with you.

**Valuables:** Do not bring valuables with you.

**Transportation:** If you are scheduled to have anesthesia, a family member or responsible adult **MUST** be available to take you home and stay with you the night of surgery. Aestique® Ambulatory Surgical Center, Inc. cannot discharge you to a taxi service.

**Smoking:** It is recommended that all smokers DISCONTINUE smoking for two weeks prior to surgery and two weeks after surgery. This will allow for ease in breathing both before and after anesthesia is administered and free blood circulation to promote tissue healing.

## CONFIRMING SURGERY TIME

- An Aestique Pre Admissions Nurse will call you two (2) business days before surgery to review your pre-operative instructions and arrival time for the day of surgery.
- If you do not hear from a Nurse by 2:00pm, please call Aestique at (724)832-3085 or 1-800-832-6501 and request to speak with the Pre-Admissions Nurse.
- Be prepared to provide 2 phone numbers at which you can be reached should we need to contact you regarding a change in your surgery time.
- If you need to change or cancel your surgery date, please call Aestique® as soon as possible at one of the above numbers.

## FOR YOUR FAMILY MEMBERS

- While your family member or friend is waiting for you, Aestique® has a medical day spa. You may make arrangements prior to the day of your surgery for your guest to pamper themselves with a spa treatment. Call 724-832-8266 for further information.

## AFTER SURGERY

- We look forward to the privilege of caring for you and your family. To be sure we have performed as we promised; we want you to grade us! A patient satisfaction survey will be provided following surgery. Your comments are essential to ensure we are attaining our goals.

*Quality, Comfort and Cost Effective*

# PATIENT'S BILL OF RIGHTS

## **YOUR RIGHTS UNDER PENNSYLVANIA AND FEDERAL LAW:**

- In response to the patient's request and need, *Aestique*® provides care that is within its capacity, its stated mission and philosophy, and applicable law and regulation. When *Aestique*® cannot meet the requests or needs for treatment because of a conflict with its mission or philosophy or incapacity to meet the patient's needs or requests, the patient may be transferred or referred to another facility when medically permissible. Such a transfer or referral will be made only after the patient has received complete information and explanation concerning the needs for and alternatives to such a transfer. The transfer must be acceptable to the receiving organization.
- It should be noted that the patient may require admission to a hospital in the event of medical need.
- The patient has the right to considerate and respectful care given by competent personnel. The care of the patient includes consideration of the psychosocial, spiritual, and cultural variables that influence the perceptions of illness. *Aestique*® allows patients to express their spiritual beliefs and cultural practices that do not harm others or interfere with the planned course of medical treatment for the patient.
- A patient has the right, upon request, to be given the name of his/her attending practitioner, the names of all other practitioners directly participating in his/her care, and the names and functions of other health care persons having direct contact with the patient.
- A patient has the right to consideration of privacy concerning his/her own medical care program. Case discussion, consultation, examination and treatment are considered confidential and shall be conducted discreetly.
- A patient has the right to have records pertaining to his/her medical care treated as confidential except as otherwise provided by law or third party contractual arrangements.
- The patient has the right to access his/her medical record and to have his/her medical record read only by individuals directly involved in his/her care, by individuals monitoring the quality of patient's care, or by individuals authorized by law or regulation (other individuals may read the medical record only with the patient's written consent or that of a legally authorized or designated representative).
- The patient and/or the patient's legally designated representative has access to the information contained in the patient's medical record, within the limits of the law.
- The patient has the right to be given a clear, concise explanation of his/her condition and of any proposed treatments or procedures, the potential benefit and the potential drawbacks of the proposed treatment or procedures, problems related to recuperation, and the likelihood of success.
- The patient has the right to participate in decisions about the intensity and scope of treatment, within the limits of the organization's philosophy and mission and applicable law and regulation. Participation in decision making by the patient includes his/her responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, advance directives, and other matters relating to his/her health or care. In addition, a patient is responsible for reporting whether he/she clearly comprehends a contemplated course of action and what is expected of him/her.
- A patient has the right to know what rules and regulations apply to their conduct as a patient.
- The patient has the right to expect emergency procedures to be implemented without unnecessary delay.
- The patient has the right to good quality care and high professional standards that are continually maintained and reviewed.
- The patient has the right to full information in laymen's terms, concerning diagnosis, treatment and prognosis, including information about alternative treatments and possible complications. When it is not medically advisable to give the information to the patient, the information shall be given on his behalf to the responsible person.

- Except for emergencies, the practitioner shall obtain the necessary informed consent prior to the start of a procedure.
- A patient or, if the patient is unable to give informed consent, a responsible person has the right to be advised when a practitioner is considering the patient as part of a medical care research program or donor program, and the patient or responsible person, shall give informed consent prior to actual participation in the program. A patient, or responsible person, may refuse to continue in a program to which he has previously given informed consent.
- The patient has the right to refuse drugs or procedures, to the extent permitted by statute, and a practitioner shall inform the patient of the medical consequences of the patient's refusal of drugs or procedures.
- The right of the patient's guardian, next of kin, or legally authorized responsible person to exercise, to the extent permitted by law, the rights delineated on behalf of the patient. Although the patient is recognized as having the right to participate in his/her care and treatment to the fullest extent possible, there are circumstances under which the patient may be unable to do so. In these situations, the patient's rights are to be exercised by the patient's designated representative or other legally designated person.
- A patient has the right to medical and nursing services without discrimination based upon age, race, color, religion, sex, national origin, handicap, disability or source of payment.
- The patient who does not speak English shall have access, when possible, to an interpreter.
- The patient has the right to expect good management techniques to be implemented within the center. These techniques shall make effective use of the time of the patient and avoid the personal discomfort of the patient.
- When an emergency occurs and a patient is transferred to another facility, the responsible person shall be notified. The institution to which the patient is to be transferred shall be notified prior to the patient transfer.
- The patient has the right to examine and receive a detailed explanation of his/her bill.
- A patient has the right to expect that *Aestique*® will provide information for continuing health care requirements following discharge and the means for meeting them.
- A patient has the right to be informed of his/her rights at the time of admission.
- Upon discharge, a patient is given the provisions for after-hours emergency care.
- As a patient at *Aestique*®, the patient can expect: Reports of pain will be believed; information about pain and pain relief measures; a concerned staff committed to pain prevention and management; health professionals who respond quickly to reports of pain; and, effective pain management.

#### **FOR COMPLAINTS REGARDING THE AMBULATORY SURGICAL FACILITY:**

Contact Division of Acute and Ambulatory Care offices at 1-800-254-5164 or at their mailing address:

Division of Acute & Ambulatory Care    Room 532, Health & Welfare Building    Harrisburg, PA 17120

State Office of Civil Rights                      Contact: Paul Cushing                      (215) 861-4441

The American Association For Accreditation of Ambulatory Surgery Facilities, Inc.

5101 Washington Street, Suite 2F, Gurnee, IL 60031    1-888-545-5222    email:info@aaasf.org

Medicare beneficiaries may also file a complaint or grievance with the Medicare Beneficiary Ombudsman through their website: <http://www.medicare.gov/Ombudsman/resources.asp>

## DIRECTIONS

**FROM THE PITTSBURGH AREA:** Travel East on Route 376 to the PA Turnpike. Take Exit 67 (Irwin exit). Continue on Route 30 East for approximately 11 miles. Westmoreland Mall will be on the right. Proceed to the fourth traffic light past Westmoreland Mall. Make a left onto Lewis Road. Travel .3 miles on Lewis Road and make a left when you see the sign for Aestique®. Continue up the driveway to the designated parking areas.

**FROM THE LIGONIER/LATROBE AREA:** Travel Route 30 West to the Inn at Mt. View. Go straight through traffic light at Mt. View to the next traffic light (Lewis Road). Make a right onto Lewis Road. Travel .3 miles on Lewis Road and make a left when you see the sign for Aestique®. Continue up the driveway to the designated parking areas.

**PARKING:** Parking is available either in the upper lot or along the side of our Spa grounds. Proceed down the steps from the parking lot and come through the main entrance of the building. Handicapped parking is also available.

## FOR YOUR INFORMATION

### **PATIENT SAFETY PLAN**

Aestique® Ambulatory Surgical Center, Inc. complies with the Pennsylvania Medicare Availability and Reduction of Error Act (Act 13). Patient and family members receiving care at the center are encouraged to actively participate in the Center's Patient Safety Program. To comply with this request the patient is reminded to:

- Disclose relevant medical and health information to caregivers to facilitate appropriate care delivery.
- Report unexpected changes in a patient's condition or perceived risks to the patient's health and well-being to responsible caregivers.
- Question any variation in medications, treatment, or plan of care from what the patient or family was informed to expect.
- For additional information regarding Pennsylvania Patient Safety Act (Act 13) visit <http://patientsafetyauthority.org>

## DISCLOSURE OF FINANCIAL RELATIONSHIPS:

- Dr. Theodore A. Lazzaro has financial and ownership interests in Aestique® Ambulatory Surgical Center, Inc. In accordance with Pennsylvania Act 66 of 1998, please be advised of this financial and ownership interest. It is your right as a patient to choose this facility or another facility or entity to provide the services for which the physician has referred you to the center.

# ADVANCE HEALTH CARE DIRECTIVES:

An advance directive is a written document or series of forms. You sign it to make it binding. The document indicates your choices about medical treatment. In the document, you can also name someone to make decisions about your medical treatment if you are unable to make these decisions or choices yourself. By completing the appropriate advance directives, you can predetermine end-of-life decisions about your future medical care in a legally sound way. An advance directive is purely optional. All health care facilities such as hospitals that accept federal funding are required to ask if you have one and offer you the appropriate information and documents to sign one, if you so choose. Of course, the fact that you are reading this puts you one step ahead of the game.

You should consider an advance directive if any of the following is true:

- You want to be sure your voice is heard when you can no longer speak
- You want to be sure that your wishes are respected and followed in the event that you are unable to make medical decisions yourself.
- You want to be sure that, if you fall victim to a cardiac arrest after you have suffered with a long-term, end-stage medical condition, cardiopulmonary resuscitation (CPR) or other heroic measures will not be performed.

No doctor or health care provider can force you to complete an advance directive

Two types of advance directives are generally completed: a living will and a medical power of attorney (also referred to as designation of a health care surrogate or health care proxy).

**Living Will:** This written statement tells health care providers what type of life-prolonging treatments or procedures to perform if you have a terminal condition or are in a persistent vegetative state. Living wills should not be confused with a regular will. A living will only deals with and addresses issues regarding your medical care while you are still living.

**Medical Power of Attorney (or designation of a health care surrogate):** This legal document allows you to select any person to make medical decisions for you if you should become temporarily or even permanently unable to make those decisions yourself. This person is also referred to as your attorney-in-fact, but it is not necessary for them to be a lawyer.

**Do Not Resuscitate (DNR):** Your doctor discusses this form or document with you, and it tells health care providers and emergency personnel that if your heart stops beating (cardiac arrest) or if you stop breathing (respiratory arrest) that they are not to attempt to revive you by any means. **A DNR is not the same thing as a living will. This center will not honor the DNR aspect of your advance directive.** In an emergency, we will act to employ all life saving measures while you are under our care.

- A lawyer may be helpful with the completion of these matters, but one is not required.
- You can designate information regarding organ donation in most advance directive documents.
- You can withdraw or revoke your advance directive at any time you choose.
- The laws regarding advance directives vary from state to state. If you plan to spend an extended period of time in another state, complete the necessary papers for that state regarding your medical wishes. Legal experts agree, however, that most states will honor an out-of-state advance directive if it meets legal requirements in the state that it was executed.
- Give copies of your advance directive to as many people as you can. **The Pennsylvania Directive** is your state's living will. It lets you state your wishes about medical care in the event that you develop a terminal condition or enter a state of permanent unconsciousness and can no longer make your own medical decisions.
- The Living Will becomes effective when your doctor receives a copy of it and determines that you are incompetent and in an end-stage medical condition or a state of permanent unconsciousness. In your Directive you can name another person, called a healthcare agent, to make decisions about your medical care – including decisions about life support – when you can no longer speak for yourself. You can access these forms at [www.caringinfo.org](http://www.caringinfo.org) or you can get a copy of the packet from the facility. You can also call 1-877-727-7529 or 1-717-783-1550.

# AESTIQUE® AMBULATORY SURGICAL CENTER, INC.'S POLICY REGARDING ADVANCE HEALTH CARE DIRECTIVES:

Previous existence of signed Advance Directives regarding Living Will and/or Durable Power of Attorney will be discussed with each patient during the preoperative interview process.

Patients will be informed of the facility's Advance Directives' policy and will be required to sign a statement of understanding.

Patients with existing Advance Directives will be requested to bring documentation that may be forwarded to the hospital in the event of an emergency.

During the preadmission interview, the issue of Advance Directives will be addressed. The patient will be presented with appropriate notice of policy regarding Advance Directives which includes a statement of understanding to be signed and witnessed appropriately. The patient will be requested to present all pre-existing documentation which, along with the statement of understanding, will be placed in the medical record. Documentation regarding Advance Directives will be sent with the medical record to the hospital in accordance with emergency transfer policy. Patient Education Brochures on Advance Directives will be displayed and accessible in the main reception area of the facility. The information titled "Understanding Advance Directives for Health Care; Living Wills & Power of Attorney in Pennsylvania" can also be accessed online at [www.state.pa.us](http://www.state.pa.us) and [www.aging.state.pa.us](http://www.aging.state.pa.us) and should be read prior to surgery. If you do not have internet access, please call **724-832-3085** to request a copy to be mailed to you.

**At Aestique® Ambulatory Surgical Center, Inc., if a patient should suffer a cardiac or respiratory arrest or other life-threatening situation, attempts to resuscitate and transfer to a higher level of care will be made. In accordance with federal and state law, the facility is notifying you it will NOT honor previously signed Advance Directives for any patient. If you disagree, you must address this issue with your physician or anesthesiologist.**

**UPON ADMISSION TO AESTIQUE® AMBULATORY SURGICAL CENTER, INC. YOU WILL BE ASKED TO SIGN AN ACKNOWLEDGEMENT FORM INDICATING THAT YOU HAVE RECEIVED THE INFORMATION CONTAINED IN THE PREADMISSION PACKET PRIOR TO YOUR SURGICAL DATE.**