

PREPARING FOR YOUR SURGERY

- Please **DO NOT** eat or drink anything **AFTER MIDNIGHT** the evening prior to your surgery **regardless of what the hospital staff may instruct you to do**. This includes gum, water, hard candy, coffee and tobacco.

- You may take your usual medications with a small sip of water. Make sure you take your hypertension medication, if applicable.

- DO NOT** bring jewelry or other valuables to the hospital.

- If you live outside the Redding area, it is necessary that you spend the night in town the day of your surgery. Depending on the type of surgery you have, it may not be necessary. Please discuss with Dr. Domb if you have any questions or concerns.

- You must arrange for a driver for after surgery. You will not be released by the Surgery Center without one.

- You **MUST** have someone stay with you over night the night after surgery.

- Please provide us with Name & Phone Number of who will be staying with you after Surgery:

Name	Phone Number	Relation
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I have read and initialed each box, and I understand the above information. A copy of this form has been provided to me so that I can ensure compliance.

Signature of Patient/Guardian

Date

POSTOPERATIVE MEDICATIONS

Shasta ENT Specialists Office policy is to call in the medications necessary for your surgery, 24 to 48 hours prior to your surgery date. You will be notified when your prescriptions have been called into the Pharmacy of your choice.

YOU MUST pick up your prescriptions prior to surgery and bring them with you the day of surgery so the Postoperative Nurse can go over your prescriptions and post op care before you are discharged.

ANTIBIOTICS

You will start taking the Antibiotics prescribed the **DAY AFTER** your Surgery.

If the medications we prescribe are not on your insurance formulary (which may result in an elevated cost for you), please contact our office at 242-5600 so that we may phone in a comparable medication.

Name of Designated Pharmacy: _____

Signature of Patient/Guardian

Date

Signature of Witness

Date

PRESCRIPTION INFORMATION

NORCO OR HYCET

Please be advised that the triplicate prescription for pain medication, such as Norco or Hycet will require you to pick it up in person at our Shasta ENT Specialists office, 3 to 5 days prior to surgery. These medications cannot be called in because they are “narcotics”. This time frame should allow ample time for your pharmacy to fill the prescription. All other prescription(s) related to your surgery will be called into the same pharmacy as a courtesy to you. If you have any further questions please contact our Surgery Coordinator at (530) 242-5600.

By signing this form, I acknowledge I understand all the above information.

Signature of Patient/Guardian

Date

Signature of Witness

Date

POST_OP COMFORT CARE

I am receiving a prescription for medicine to relieve pain after surgery. I understand it is **NOT** being called in by Dr. Domb's staff. I understand I must go to the pharmacy and get it.

Signature of Patient/Guardian

Date

Signature of Witness

Date

PRESCRIPTION INFORMATION

VALIUM

You may be given a prescription for Valium. We want you to sleep well the night before surgery and come to surgery relaxed. Please take one Valium the night before, and another about 30 minutes prior to your arrival time.

By signing this form, I acknowledge I understand all of the information above.

Signature of Patient/Guardian

Date

Signature of Witness

Date

HUMIDIFIER

A cool mist humidifier can make the Post-Operative period more comfortable. Please understand that this is not provided by **Shasta ENT Specialists**.

Signature of Patient/Guardian

Date

Signature of Witness

Date

ANTI-COAGULATION MEDICATIONS

(Blood Thinners)

Please be advised that you **must** stop ALL medications that are used for anti-coagulation **two (2) weeks prior to your surgery date OR as determined by your doctor.** This is extremely important to prevent excessive bleeding during, and after surgery.

You will have a Platelet Function Test done prior to surgery, which will indicate if your blood platelets clot correctly. If your results come back out of range, your surgery may be rescheduled.

Aspirin

Coumadin (Warfarin)

Plavix

Vitamins

Signature of Patient/Guardian

Date

Signature of Witness

Date

Please avoid aspirin or aspirin like products two (2) weeks prior to your surgical procedure and three (3) weeks following the same procedure. **THIS INCLUDES BABY ASPIRIN.**

The following is a sample list of medications and supplements to be avoided. Since there are constant additions and new types of medications and supplements, it is important that you check with us to see what medications and supplements you should discontinue. You may take **TYLENOL** and **TYLENOL Extra strength** to relieve pain or inflammation prior to surgery as **TYLENOL** will not thin your blood.

COMMON MEDICATIONS CONTAINING NON-STEROIDAL ANTI-INFLAMMATORY AGENTS:

Advil	Alka-Seltzer	Anacin	Anahist	Anaprox
APC	APC w/ Codeine	APC w/ Demerol	A.S.A	A.S.A Compound
A.S.A Comp w/ Codeine	Ascriptin A/D	Aspergum	Aspirin (USP)	Aspirin – Children’s
Bayer	Bayer – Children’s	Bayer timed release	Bufferin	Calurin
Cama inlay	Cope	Coricidin	Coricidin “D”	Coricidin Demilets
Coricidin Medilets	Darvon w/ A.S.A.	Darvon-N w/ A.S.A.	Darvon Compound	Dolene Compound
Dristan	Easprin	Exotrin	Empiral	Empirin
Empirin w/ Codeine	Emprazil	Emprazil – C	Equagesic	Excedrin
Excedrin PM	Fiorinal	Fiorinal w/ Codeine	Fizrin	4 – way Cold Tablets
IBU – Ibuprofen	Liquiprin	Lortab A.S.A.	Lodine Capsules	Measurin
Midol	Meclomen Capsules	Motrin	Nalfon	Naprosyn
Norgesic	Nuprin	PAC Compound	PAC Comp w/ Code	Pedia-Profen
Percodan	Ponstel	Relafen	Robaxisal – pH	Sine – Off
St. Joseph’s	St. Joseph’s Children’s	Super-Anahist	Synalogs	Synalogs – DC
Triaminicin	Tradol Vanquish	Soma		

MEDICATIONS CONTAINING ASPIRIN

PRESCRIPTION

Aggrenox	Ascriptin w/ Codeine
A.S.A & Codeine Comp	Axotal Tablets
Bufferin w/ Codeine #3	Davon w/ A.S.A. Pulvules
Darvon Compound – 65	Disalcid Capsules
Easprin	Empirin w/ Codeine
Equagesic Tablets	Fiorinal Tablets
Fiorinal w/ Codeine	Magan Tablets
Micrainin Tablets	Norgesic
Norgesic Forte Tablets	Pabalate – SF Tablets
Percodan	Percodan-Demi Tablets
Robaxisal Tablets	Synalogs – DC Caps
Trillisate Tablets & Liquid	Talwin Compound
Zorprin Tablets	

NON-PRESCRIPTION

Alka-Seltzer Effervescent	Alka-Seltzer Plus Cold
Anacin Tabs & Caps	Arthritis Bufferin Tablet
A.S.A Tablets	Ascriptin A/D Tablets
Aspergum	Aspirin Tablets
BC Tablets and Powder	Buffering Tablets
Cama Arthritis Pain Reliever	Conesprin Chewables
Cope Tablets	Coricidin D Decongest
Coricidin Tablets	Doan’s Pills
Exotrin Tablets	Empirim Tablets
Excedrin Tabs & Caps	4 way Cold Tablets
Measurin Tablets	Midol Caplets

Ibuprofen Medications such as Advil, Nuprin, Motrin, etc. also cause a tendency towards bleeding. For this reason, avoid ALL Ibuprofen Medications beginning 2 days before testing.

COMMONLY USED MEDICATIONS THAT INDUCE TEMPORARY PLATELET DYSFUNCTION

ANTIBIOTICS

Ampicillin
Chlortetracycline (Areomycin)
Carbenicillin
Nitrofurantoin (Furadantin)
Gentamicin
Cephalothin (Keflin)
Moxalactam
Nafcillin
Piperacillin
Quinacrine

ANTI-INFLAMMATORY DRUGS

Sulfinpyrazone
Aspirin
Colchicine
Ibuprofen (Motrin)
Indomethacin
Fenoprofen
Naproxen (Naprosyn)
Phenylbutazone
Mefenamic acid (Ponstel)

CARDIOVASCULAR/RESPIRATORY

Aminophylline
Clofibrate
Phenoxybenzamine (Dibenzyline)
Dicumarol
Dihydroergotamine
Dipyridamone (Persantine)
Heparin
Hydralazine
Isoproterenol (Isuprel)
Nitroglycerin
Nitroprusside
Papaverine
Propranolol
Phentolamine (Regitine)
Reserpine
Theophylline
Verapamil

PSYCHIATRIC DRUGS

Nortriptyline (Aventyl)
Amytriptyline (Elavil)
Desipramine (Norpramine)
Doxepin (Sinequan)
Tryfluoroperazine (Stelazine)
Chlorpromazine (Thorazine)
Imipramine (Tofranil)

ANESTHETICS

Cocaine
Dibucaine (Nupercaine)
Procaine
Lidocaine (Xylocaine)

DIURETICS

Acetazolamide
Ethacrynic Acid
Furosemide

ANTIPLATELET DRUGS

ReoPro
Integrelin
Aggrastat
Clopidogrel
Ticlid

MISCELLANEOUS DRUGS

Alcohol
Aminocaproic Acid
Diphenhydramine (Benadryl)
Caffeine
Cyclosporine
Dextran
Glycerol guaiacolate
Hydroxyethyl starch
Hydrocortisone
Methylprednisolone
Cyproheptadine
Promethazine (Phenergan)
Methysergide maleate
Tocopherol
Tranexamic acid
Vinblastine
Vincristine

HERBAL / VITAMINS

Vitamin E
Androstenedione
Aristolochic Acid
Comfrey
Echonacea
Ephedera Alkaloids
Fish Oil
Garlic, Ginger, Ginko Biloba
Ginseng, Kava-Kava
St. John's Wart
Valerian Root
Zango/Mangosteen
Magnesium
Saw Palmetto

I have read and understand the above information. A copy has been provided to me to ensure my compliance. I understand that by taking any of the above medications two weeks prior to surgery will result in the cancellation of my surgery.

Signature of Patient/Guardian: _____ Date: _____

LABS

Surgery Labs **MUST** be completed at
Shasta Regional Medical Center (SRMC)

1100 Butte St. Redding, CA 96001

Shasta Regional Medical Center Fee- \$25 (at time of service)

Important: NO other facilities run the test that we need for your upcoming surgery with Dr. Domb. If labs are completed at any other facility other than SRMC, and are **NOT** done so correctly, your surgery **WILL** be rescheduled until we get the requested labs completed.

Please have labs completed on: _____ OR _____.

Signature of Patient/Guardian

Date

Signature of Witness

Date

SURGERY DEPOSIT

I understand that depending on my insurance, I may incur an amount due for my surgery.

I understand that I may also get a separate bill, aside from Dr. Domb's office, for Anesthesia as well as from the Surgery Center (Facility). We ask that you pay your surgery deposit with Dr. Domb, **before** paying the surgery center. We will print your surgery deposit receipt in which you can provide to the surgery center.

I understand my surgery deposit is due one week prior to my scheduled procedure date.

Signature of Patient/Guardian

Date

Signature of Witness

Date

MERCY SURGERY CENTER PATIENTS

Pursuant to California State Law Section 650.01 this notification is given to inform you the patient, parent or legal guardian of a financial interest **George H. Domb, M.D.** has in the Mercy Surgery Center.

Dr. Domb also has surgical privileges at Shasta Regional Medical Center. Your surgical procedure can be, upon request, scheduled at this facility.

I fully understand the above statements and understand my options given.

Signature of Patient/Guardian

Date

Signature of Witness

Date



SHASTA
ANESTHESIA CONSULTANTS

MERCY SURGERY CENTER

Mercy Surgery Center has a staff of well-qualified and compassionate medical professionals who make it their mission to provide surgery patients with the highest caliber of care and service.

QUICK LOOK AT THE BENEFITS

- Accomplished Staff of Medical Personnel
- Easily Accessible Location in Redding, CA
- State-of-the-Art Equipment and Updated Technology
- Save Time and Money
- Affordable and Convenient Billing Options

MERCY

SURGERY CENTER

WELCOME TO MERCY SURGERY CENTER

At Mercy Surgery Center, we work hard to offer our patients and their families a comforting and professional environment where they can trust that they are in good, capable hands throughout each step of their medical procedure. We have surgeons and healthcare staff specially trained in a variety of fields to meet all surgical needs.

**2175 ROSALINE AVE SUITE A
REDDING, CA 96001
PHONE: (530) 225-7400**



SHASTA
ANESTHESIA CONSULTANTS

SAFETY, QUALITY, COMPASSION

**FOR GENERAL QUESTIONS
SHASTA ANESTHESIA CONSULTANTS OFFICE:**

Phone: 530-242-5600

Fax: 530-242-5605

www.shastaent.net

2125 Court Street, Redding, CA 96001

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