

# ***Pacific Endo- Surgical Center***

## ***A GUIDE FOR OUR PATIENTS***



### ***Exceeding the Standard for Excellence in Ambulatory Surgery***

**3445 Pacific Coast Hwy, Suite 120**  
*(South on PCH, 2 blocks East of  
Hawthorne, West of the car dealers)*  
**Torrance, CA 90505**

Phone: (310) 326-1666  
Fax: (310) 326-9666

*Pacific Endo-Surgical Center complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.*

[www.PAC-ENDO.com](http://www.PAC-ENDO.com)

## ***General Information***

Pacific Endo-Surgical Center is a state-of-the-art ambulatory surgery center, where surgeons perform a broad range of outpatient surgical procedures. Specialties include Gastroenterology, Urology, Colo-Rectal, and General surgery.

Day surgery at Pacific Endo-Surgical Center offers you the advantage of easy access, efficient service and personalized care in a pleasant environment. You are able to have surgery and return to the comfort of home the same day.

Our center offers a safe, convenient, high quality alternative to inpatient hospitalization. Pacific Endo-Surgical Center is an accredited facility by the AAAHC, and is Medicare certified. We accept most insurances and Medicare. The Center also offers a self-pay alternative for uninsured individuals. Our business office staff will be happy to answer any insurance or financial questions you may have by calling us at (310) 326-1666.

## ***Before Your Procedure***

### **Confirmation:**

A member of our staff will call you prior to your surgery date in order to confirm your appointment, complete a pre-operative medical history and answer any questions you may have. A day or two before your procedure we will call you to confirm the exact time for you to arrive at the Surgery Center.

Procedure times may change for a variety of reasons. We may contact you to ask if we can change your arrival time.

### **Laboratory Tests:**

Your doctor may order Lab work or an EKG preoperatively. Please have these completed before the day of your appointment.

### **If the patient is a minor, please remember:**

One or both parents (or legal guardians) **must remain** at Pacific Endo-Surgical Center while the minor is in our facility. A parent (or guardian) must sign consents for surgery if the child is under age 18. Guardians must bring written proof of guardianship or power of attorney on the day of surgery; without this documentation, surgery may be delayed.

### **Preparing For Your Procedure:**

Please talk to your physician about any daily medications you are currently taking, and plan to continue to take medications for your heart, blood pressure, Parkinson's or seizures. (Take with a sip of water early in the morning.)

**Our staff will contact you to review your medications with you and help you to know which ones to continue.**

Diabetics need to check with their physician regarding diabetic medication adjustments.

Be sure to mention any over-the-counter drugs, diet pills or herbal supplements that you are taking.

**Do not** take Aspirin, NSAIDS, Vitamin E, Ginkgo, Ginseng, Ginger or Feverfew for 7 days before your procedure/surgery, or as otherwise instructed by your physician.

**If you take Coumadin, Plavix, Effident or other blood thinners, please follow the exact instructions of your physician.** All of these medications may cause bleeding following your procedure/surgery.

### **Transportation:**

For your safety and protection, **If your procedure involves anesthesia or other type of sedation, you will not** be allowed to drive a motor vehicle after your procedure/surgery. You must arrange for a responsible adult to take you home and to stay with you the first night following surgery.

Taxis and buses are NOT acceptable without a responsible adult to accompany you on them.

### **General Instructions:**

✓ LEAVE US PHONE NUMBERS WHERE YOU CAN BE REACHED. If there is a cancellation or a delay on the day of surgery we may ask you to come in earlier or later depending on the situation.

✓ **If you ARE having anesthesia:** DO NOT EAT OR DRINK (this includes water and chewing gum) after midnight the night before your procedure/surgery. (You may take the above-mentioned medications early in the morning with a sip of water.) Your procedure/surgery will be postponed if you ignore this precaution.

✓ If you are instructed to take a 'prep' on the morning of your appointment, please follow your physician's instructions.

✓ **If you are NOT having anesthesia**, and are having a **'local'**: You may eat lightly on the day of your procedure/surgery, and you may stay current taking your medications. Please refer to your physician's specific instructions.

✓ DO NOT CONSUME ALCOHOL 24 HOURS PRIOR TO YOUR SURGERY. REFRAIN FROM SMOKING 12 HOURS PRIOR TO YOUR SURGERY. These substances can cause you to have adverse reactions to anesthesia and medication.

✓ WEAR LOOSE COMFORTABLE CLOTHING and SHOES.

✓ DO NOT BRING JEWELRY AND VALUABLES WITH YOU. (except your insurance cards and ID.)

✓ REMOVE CONTACT LENSES BEFORE ARRIVAL or bring your lens case.

✓ HEALTH CHANGES should be reported immediately to your surgeon, even if the changes seem minor, such as fever, cough, rash, or a cold. Please notify your physician if there is a possibility that you are pregnant.

✓ BRING ALL PAPERWORK your physician may have given you regarding your surgery.

✓ ARRIVE ON TIME so that your surgery may begin as scheduled.

✓ NON-ENGLISH SPEAKING PATIENTS should arrange for an interpreter to accompany you to the Center. This person should remain at the Center until you are discharged.

## When you arrive at the Center:

Please plan to arrive promptly at the time given to you by our Surgery Center staff. After you have registered at the reception desk, one of our nurses will escort you to a dressing area where you will be asked to change into a gown. You will then be assisted to a gurney. At this point, your nurse will spend time with you to answer any questions you may have and help with preparations for your procedure/surgery.

## The Procedure Itself

### *Anesthesia:*

Anesthesiologists are specially trained doctors who work with your physician to provide anesthesia (sleeping medicine) during your surgery. **If you are having anesthesia** your anesthesiologist will evaluate you before surgery and answer any questions you may have. Be sure to talk to your anesthesiologist about any medications you are currently taking, even over-the-counter drugs. Your anesthesiologist, in consultation with the surgeon, will determine the appropriate type of anesthesia.

### **Procedure / Operating Room:**

The nurse from the procedure/operating room will come to check on you before your procedure, to confirm your information with you and ensure that you are ready. She may ask you to repeat answers to questions you have already been asked. She and the anesthesiologist will accompany you to your procedure room. **(If you ARE NOT having anesthesia, you will not have an anesthesiologist.)** During this time, your

surgeon is preparing himself for your procedure. **If you ARE having anesthesia**, while you are asleep, the procedure will begin and end before you wake up.

### **Recovery:**

Immediately following your procedure/surgery, you will be taken to our recovery room where specially trained nurses will closely monitor your breathing, blood pressure and pulse.

The amount of time you spend in the recovery room depends on the type of procedure/surgery and/or anesthesia you have had. Some patients spend as little as a 1/2 hour in the recovery room; others may spend up to 1 1/2 hours.

### ***After Procedure/Surgery***

For your safety and well being, **if you ARE having anesthesia**, you must have an adult family member or adult friend drive you home after your procedure/surgery.

The nursing staff, using your physician's discharge criteria, will discharge you when they are assured you are in stable condition. **HOWEVER**, you could still feel sleepy, and/or nauseated. These are possible (and normal) side effects of anesthesia and can last for 12-24 hours.

### **At Home After Surgery:**

We suggest that you eat lightly for the first day after your surgery. Be sure to follow any specific post-operative instructions your physician gives you regarding diet, rest, activities and medication. Pacific Endo-Surgical Center will provide you with a written summary of these instructions.

In addition, a nurse will call you the day after your procedure/surgery to see how you are doing. Patients who have had procedures/surgery on Friday may not receive a follow up call until Monday.

Intermittent dizziness and nausea are normal after receiving an anesthetic; therefore, you should wait 24 hours after returning home before you:

- Drive or operate equipment
- Consume alcoholic beverages
- Sign important papers
- Take medication not approved by your physician
- Stay alone

Any problems following your surgery should be reported to your physician's office. ***In the case of an emergency please dial 911 or go to the nearest emergency room.***

## **Payment**

Pacific Endo-Surgical Center accepts most insurances and Medicare.

Most day-surgery procedures are covered by insurance. Once insurance coverage has been verified, patients are asked to pay any co-insurance and deductible on the day of surgery, unless other arrangements are made. **Some insurance companies make payments directly to the patient, in which case we request you forward this payment to us promptly.**

Please check with your insurance company for pre-admission requirements such as second opinions and/or pre-admission certification. Checking with them prior to

your surgery will assist you and the Surgery Center during your admitting process.

## ***Self Pay***

Uninsured and/or self pay patients will be asked to pay for services in full on or before the admission date unless other arrangements have been made with the Center. These arrangements must be made prior to admission and must be approved by the administrator. We accept the following Credit Cards: MasterCard, Visa, American Express and Discover Cards.

## ***Patient's Rights***

- Receive access to equal medical treatment and accommodations regardless of race, creed, sex, national origin, religion or sources of payment for care.
- Be fully informed and have complete information, to the extent known by the physician, regarding diagnosis, treatment, procedure and prognosis, as well as the risks and side effects associated with treatment and procedure prior to the procedure.
- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice grievances regarding treatment or care that is (or fails to be) furnished.
- Personal privacy.
- Receive care in a safe setting.
- Be free from all forms of abuse or harassment.
- Receive the care necessary to regain or maintain his or her maximum state of health and if necessary, cope with death.
- Expect personnel who care for the patient to be friendly, considerate, respectful and qualified through education and experience, as well as perform the services for which they are responsible with the highest quality of services.

- Be fully informed of the scope of services available at the facility, provisions for after-hours care and related fees for services rendered.
- Be a participant in decisions regarding the intensity and scope of treatment. If the patient is unable to participate in those decisions, the patient's rights shall be exercised by the patient's designated representative or other legally designated person.
- Make informed decisions regarding his or her care.
- Refuse treatment to the extent permitted by law and be informed of the medical consequences of such refusal. The patient accepts responsibility for his or her actions should he or she refuse treatment or not follow the instructions of the physician or facility.
- Approve or refuse the release of medical records to any individual outside the facility, or as required by law or third party payment contract.
- Be informed of any human experimentation or other research/educational projects affecting his or her care of treatment and can refuse participation in such experimentation or research without compromise to the patient's usual care.
- Express grievances/complaints and suggestions at any time.
- Access to and/or copies of his/her medical records.
- Be informed as to the facility's policy regarding advance directives/living wills.
- Be fully informed before any transfer to another facility or organization and ensure the receiving facility has accepted the patient transfer.
- Express those spiritual beliefs and cultural practices that do not harm or interfere with the planned course of medical therapy for the patient.

- Expect the facility to agree to comply with Federal Civil Rights Laws that assure it will provide interpretation for individuals who are not proficient in English.
- Have an initial and regular assessment of pain.
- Education of patients and families, when appropriate, regarding their roles in managing pain.
- To change providers if other qualified providers are available.

### ***Patient's Responsibilities***

- Being considerate of other patients and personnel and assisting in the control of noise, smoking and other distractions.
- Respecting the property of others and the facility.
- Reporting whether he or she clearly understands the planned course of treatment and what is expected of him or her.
- Keeping appointments and, when unable to do so for any reason, notifying the facility and physician.
- Providing care givers with the most accurate and complete information regarding present complaints, past illnesses and hospitalizations, medications, unexpected changes in the patient's condition or any other patient health matters.
- Observing prescribed rules of the facility during his or her stay and treatment and, if instructions are not followed, forfeiting the care at the facility.
- Promptly fulfilling his or her financial obligations to the facility.
- Identifying any patient safety concerns.

### ***Patient's Concerns***

Pacific Endo-Surgical Center welcomes the opportunity to hear from you. Your comments

give us the chance to improve the way we provide service. They also allow us to recognize the efforts of our staff.

Please let us know when you are pleased with the way services are provided. Or, if you have a concern, complaint, or suggestion, we would like to know that as well. You can complete your postage-paid survey, give us a phone call and/or write the Administrator to let yourself be heard. Phone (310) 326-1666 or by mail at:

Pacific Endo-Surgical Center  
3445 Pacific Coast Highway, #120  
Torrance, CA 90505

Pacific Endo-Surgical Center is Medicare Certified and is accredited by the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC). Any complaints regarding services provided by Pacific Endo-Surgical Center may also be directed in writing or by telephone to:

Department of Public Health  
Health Facilities Inspection Division  
Acute and Ancillary Unit  
3400 Aerojet Avenue, Suite 323  
El Monte, CA 91731  
(626) 569 -3727 or (800) 228-1019

AAAHC  
8250 Old Orchard Road, Suite 200  
Skokie, IL 60077  
(847) 853-6060

Medicare patients may also call or visit the Medicare website below to understand your rights and protections: (800) 663-4227 or [www.cms.hhs.gov/center/ombudsman.asp](http://www.cms.hhs.gov/center/ombudsman.asp)

### ***Our Surgery Center's Advance Directive Policy***

An 'Advance Directive' is a general term that refers to your oral and written instructions about your future medical care in the event that you become unable to speak for yourself. In the State of California, all patients have the right to participate in their own health care decisions

and to make Advance Directives or to execute Powers of Attorney that authorize others to make decisions on their behalf, based on the patient's prior expressed wishes, when the patient is unable to make decisions or unable to communicate decisions. Pacific Endo-Surgical Center respects and upholds those rights.

However, unlike in an acute care hospital setting, Pacific Endo-Surgical Center does not routinely perform 'high risk' procedures. While no surgery is without risk, most procedures performed in this facility are considered to be of minimal risk and are elective. You will discuss the specifics of your procedure with your physician who can answer your questions as to the risks, your expected recovery, and the care after your surgery.

Therefore, it is our policy, regardless of the contents of any Advance Directive or instructions from a health care surrogate or attorney-in-fact, that if an adverse event occurs during the course of your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation.

At the acute care hospital, further treatments or withdrawal of treatment measures already begun will be ordered in accordance with your wishes, Advance Directive, or health care Power of Attorney. Your agreement with this facility's policy will not revoke or invalidate any current health care directive or health care power of attorney.

If you wish to complete an Advance Directive, copies of the official State forms are available at your physician's office or at:

<http://ag.ca.gov/consumers/pdf/AHCDS1.pdf>

If you do not agree with this facility's policy, we will be happy to assist you to reschedule your procedure at an acute care hospital.

### ***Disclosure of Ownership***

Pacific Endo-Surgical Center is proud to have a number of quality physicians invested in our facility. Their investment enables them to have a voice in the administration of policies at our facility. This involvement helps to ensure the highest quality of surgical care for our patients. Your physician may or may not have an ownership interest in this facility, as not all physicians who practice here do have an ownership interest. As a patient, you have the right to receive a list of all physician owners in this facility upon request.

### ***YOUR MEDICATION LIST***

Please copy all the prescribed medications, over-the-counter medications and supplements that you take each day. ***Bring this list with you to the surgery center.***

**Drug Name**

**Dosage**

**Frequency**

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# Procedure/Surgery Info:

Patient: \_\_\_\_\_

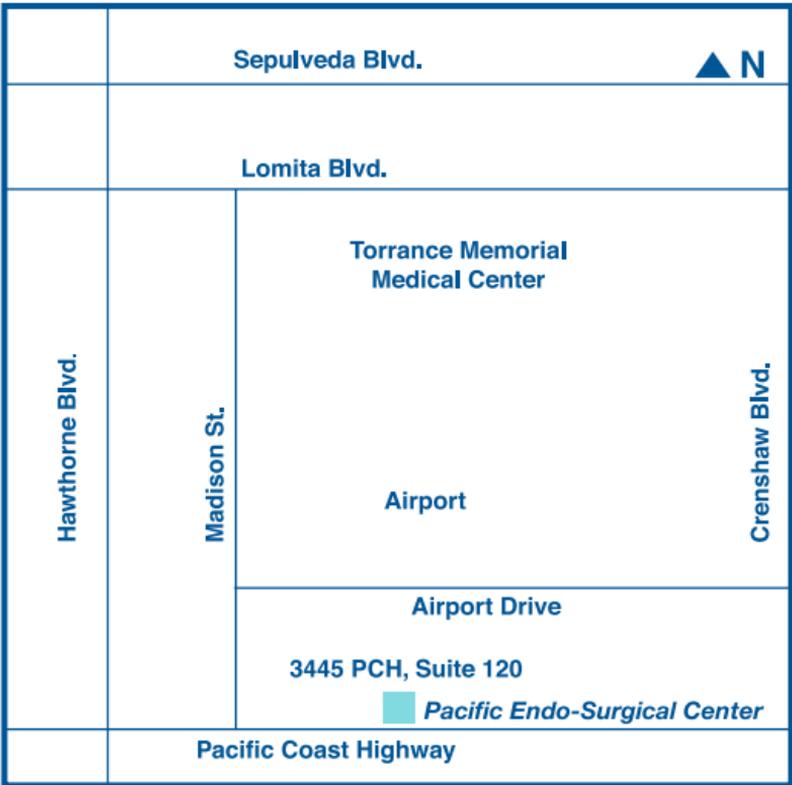
Surgery Date: \_\_\_\_\_

Arrival Time: \_\_\_\_\_  
(this is 1 hour prior to your surgery time)

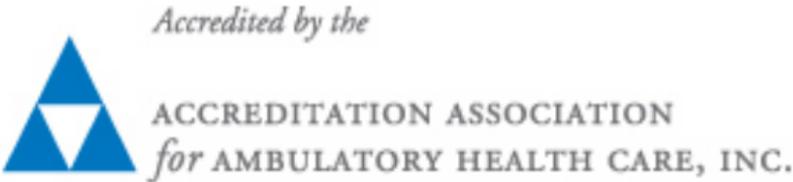
Type of Anesthesia: \_\_\_\_\_

**Please visit our website  
and view our forms -  
[www.Pac-Endo.com](http://www.Pac-Endo.com)**

**Hours of Operation**  
*Monday through Friday*  
*6:00 am – 5:00 pm*



South on PCH, 2 blocks East of Hawthorne, West of the car dealers



As required by California Law, this notice is to inform you that your physician may have an ownership interest in Pacific Endo-Surgical Center. If you have any questions regarding this matter, please discuss them with your physician.