

# **NORTH AUSTIN SPORTS MEDICINE**



S. BRENT BROTZMAN, MD

## **SURGERY PRE-OP INFORMATION**

**You will have surgery at one of the following locations:**

<b>North Austin Surgery Center</b> 12201 Renfert Way #120	<b>832-9088</b>
<b>South Austin Surgery Center</b> 4207 James Casey #203	<b>440-7894</b>
<b>Seton Northwest Hospital</b> 11113 Research Blvd.	<b>324-6000</b>
<b>Northwest Hills Surgical Hospital</b> 6818 Austin Center Blvd. # 100	<b>346-1994</b>

A surgery center or hospital representative will call you **24-48 hrs.** prior to surgery. A nurse will call you to review your medical history, medication and time of your arrival. Let the nurse know if there are medication(s) you take on a daily basis. **Remember to bring a photo id and insurance card with you that morning.**

Please understand our surgery schedule can change quickly depending on ***add-ons*** and/or ***cancellations***.

**Go by the time the surgery center or hospital requests you to be there.**

**Pre-op labs/studies, EKG, Chest X-rays-** These may be required and should be performed at least 7-10 days prior to the surgery, but NO earlier than 30 days. **\*\*\* Medicare Patients** must perform pre-op studies **5 days** prior to the surgery date in order for Medicare to pay for these studies\*\*\*

**DO NOT eat or drink after midnight prior to your surgery.** This does include: **water, chewing gum and smoking**

Please let our office know if there is any change in your physical condition prior to surgery (such as a **cold or fever**) or if another doctor/dentist has put you on an antibiotic.

**Loose fitting clothes** are recommended for the day of your surgery.

**23 hr. observations means that you will stay over night but will not stay over 24 hrs.** If there is a chance you need to stay for a 23 hr. observation, please bring just the necessities. Loose fitted clothes are recommended. Contact lenses, dentures, jewelry, and other valuables are not allowed in the operating room, so please bring the appropriate containers to store them or leave them at home.

If your surgery is out-patient please make arrangements for **someone to drive you home and stay with you for at least 24 hours, if possible.**

If specific **devices/units** are needed after your surgery, you will either receive a phone call from the representative that carries that specific product or the product will be available for you the day of your surgery. All **devices/units** are authorized prior to your surgery with your insurance company to verify coverage.

**Medical Express PSI** - provides a ***cold therapy device (Iceman Cold Therapy Unit) E0218*** immediately following surgery to help reduce the amount of post operative swelling and pain that may occur. This device is recommended for knee surgeries. For larger knee surgeries we also order a ***CPM (continuous passive motion) E0935***. If you have any questions regarding this equipment, please contact **Medical Express PSI** at **(512) 371-1700**.

**Deductibles and Coinsurance** are verified **the week before surgery** to get a more accurate view of your current insurance financial obligations. **Surgery pre-payments must be received prior to surgery to avoid a cancellation.**

Remember there are **3 entities** involved in your surgery: your doctor, surgery center/hospital, and the anesthesiologist. **Most procedures do require an surgical assistant**, one will be assigned to your surgery. There might be fees associated with surgical assistants, please call our office if you have any questions on this matter.

If you have a scheduling questions, need to re-schedule, or concerns please contact: **Nicole** (surgery scheduler)

**YOUR SURGERY DATE:** \_\_\_\_\_  
**(512) 977-0000**

**TIME : NURSE WILL CALL YOU**  
**fax # (512) 977-0020**