

Surgery pack contents

- Your instructions, including your surgical date
- Anesthesia evaluation form
 - Please complete the three page anesthesia evaluation form and return with the self-addressed envelope provided.
- History and Physical form
 - You will need to obtain a pre-operative clearance with your primary care physician prior to surgery.
 - We have included paperwork to bring with you to this appointment.
- Patients Right & Responsibilities and Patient Privacy notice
 - Are located on our website at <https://novamedsurgeryofnashua.com>
 - A copy will be available at the surgery center upon request.
- Fill your prescription eye drops PRIOR to your surgery date, as instructed by your surgeon.

Please call your surgical coordinator at 603-689-9230 with any questions.

Patient Name:

Surgery Date: _____

Surgeon:

Your Follow up appointment is scheduled on: _____

Instructions for Eye Surgery

- Nothing to eat or drink after midnight the night before.
- Please notify surgeon's office of any illness 24 hours ahead when possible.
 - (i.e. cold, fever, infection, Emergency room visits or Hospitalizations)
- You will need a responsible adult companion (over age 18) to drive you home and possibly stay with you for 24 hours post-op.
 - Taxi transportation is permitted ONLY if you are accompanied by a responsible adult.
- No driving for 24 Hours.
- The Surgery Center will contact you 1-2 days prior with your scheduled arrival time.
- Complete and return pre-operative evaluation at least 10 days prior

Morning Of Surgery

- ✓ You may take your blood pressure and heart medications with a sip of water.
- ✓ Bring photo ID and insurance cards.
- ✓ Wear comfortable loose-fitting clothing.
- ✓ Hearing aids are allowed. If you have a case bring it along with you.
- ✓ Do not wear any make up.
- ✓ Please leave jewelry and valuables at home. The center is not responsible for them.
- ✓ Bring a list of medications you took in am prior to arrival.

Nashua Eye Surgery Center - (603)-689-9240

<https://novamedsurgeryofnashua.com>

2nd Eye Surgery date: _____

Surgery Date: _____

Anesthesia Pre-Operative Evaluation

This form must be returned to the Surgeon's office as soon as possible; or your surgery date will be changed.

Name _____ Surgeon _____ Date _____

Height _____ Weight _____

Previous Surgeries	Year	Type of Anesthesia	Complications

Circle

Have you ever had a heart attack? When _____ Yes No

Do you have heart murmur / abnormal heart rhythms? Symptomatic? Yes No

Do you have a pacemaker/defibrillator? Yes No

Do you have angina? How often _____? Yes No

Episodes of pain or heaviness in your chest? Yes No

Do you have a clotting or bleeding disorder? Yes No

If yes, explain _____

Do you get shortness of breath? Yes No

 Climbing stairs? Yes No

 Climbing two flights of stairs? Yes No

Do you have sleep apnea, asthma or lung disease? Yes No

CPAP or oxygen use at night? Yes No

Do you have a history of stroke, seizures or convulsions? Yes No

Have you experienced fainting or lightheadedness in the past? Yes No

Do you have chronic or migraine headaches? Yes No

Have you had trouble with numbness, tingling or loss of strength in the arms or legs? Yes No

Do you have a history of motion sickness or claustrophobia? Yes No

Have you ever had MRSA? Yes No

Do you have any other medical problems or major illnesses? Yes No

If yes explain_____

Do you have kidney disease? Yes No

If yes, do you have dialysis? Yes No

Do you have liver disease? Yes No

Do you smoke or have you ever smoked? Yes No

If yes, how much _____ How long _____ when stopped _____

Do you drink alcoholic beverages? How much _____ When stopped???

Have you or a close relative ever had a problem with anesthesia? Explain _____ Yes No

Have you had a cold, sore throat or hoarseness in the past two weeks? Yes No

Have you experienced recent nausea, vomiting or diarrhea? Yes No

Do you have dental plates, bridges, caps or loose teeth? (Please circle which) Yes No

Do you currently or have you in the past taken any of the following medications? Yes No

Please circle: Flomax (tamsulosin) Cadura (doxazosin) Uroxatral (alfuzosin)
Hytrin (Terazosin) Prazosin (Minipress)

Do you have an activated Durable power of Attorney for healthcare (DPOAH)? Yes No

If activated, the DPOAH is _____ Contact Info _____

Please provide a copy of the activated DPOAH document.

_____ I have received, understand and agree to comply with the patient responsibilities and protocol of conduct of the Nashua Eye Surgery Center.

_____ I understand that I am responsible for:

- Obtaining a pre-op evaluation and any other required testing with a report sent to my eye surgeon's office at least 1 week prior to my scheduled surgery date. Otherwise, the surgery date will be postponed until all necessary items are on file with surgeon.
- Arranging for a reliable adult to be available by telephone before, during and after my scheduled surgery. I realize that my responsible adult must accompany you into the center upon my arrival and escort me directly to my home when contacted by the staff at the center. I realize that I will not be admitted to the center and the surgery will be rescheduled if my responsible adult is not available, or reachable by phone during my time at the surgery center.

Patient signature (or authorized representative) _____

ALLERGY/MEDICATION SHEET

Patient Name: _____ Date of Birth: _____

(check box) If NO Known Allergies or Sensitivities

If you have an allergy to tropical fruits or Latex, please explain:

List your ALLERGIES or SENSITIVITIES here

Allergy		Reaction		Allergy		Reaction	
1				6			
2				7			
3				8			
4				9			
5				10			

MEDICATIONS
Below: List ALL current medications, supplements and herbals

	Medication Name	Dose	Frequency	Last Taken	Last Taken
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

Place patient label here

Place patient label here

Reviewer: _____
CRNA: _____

Reviewer: _____
CRNA: _____

Complete and return to your Surgical Coordinator

Nashua Eye Surgery Center

This is for your Primary care physician

Patient_____

Surgery date:_____

Surgeon_____

Thank you for seeing the above patient for pre-op clearance for Nashua Eye Surgery Center.

Our guidelines are as follows:

- Pre-Op evaluation within 30 days
- EKG to be completed at the discretion of PCP
- Chest x-ray to be completed at the discretion of PCP
- Bloodwork to be completed at the discretion of PCP

- Diabetics- Provide instructions for insulin and/or oral medication for day of surgery.
- Anti-Coagulants & ASA: It is not necessary to discontinue unless requested
 - Please provide latest INR for Coumadin patients
- Forward recent cardiac work-up and/or tests, and recent pace maker report.

When cognitive impairment is present, indicate if an activated DPOA is in place

If there are any questions please feel free to call.

Thank you,

Kathy Bigwood
Patient Care Coordinator

Nashua Eye Associates, PA
5 Coliseum Ave
Nashua, NH 03063
Phone: 603-689-9230
Fax: 603-689-9230

Patient Name _____ D.O.B. _____ Age _____ Sex _____

Pre-op Diagnosis _____ Proposed Surgery _____

Allergies _____ Habits (Smoker) _____ (ETOH) _____ (Other) _____

Medications and Dosages _____

PAST MEDICAL HISTORY

COMMENTS

POS NEG

- TB
- NEUROLOGIC DISEASE
- CARDIAC DISEASE
- LIVER DISEASE
- LUNG DISEASE
- DIABETES
- BLEEDING
- GI DISEASE
- KIDNEY DISEASE

PHYSICAL EXAMINATION

HT: _____ WGT: _____ B/P: _____ P: _____ GENERAL APPEARANCE: _____

POS NEG

- HEENT
- GLANDS
- THYROID
- ABDOMEN
- EXTREMITIES
- LUNGS
- GU
- HEART
- SPINE
- NEURO

COMMENTS

**** NOTE **:** When cognitive impairment is present, please indicate the patient's ability to make medical decisions and provide consent for procedures. Competent Not competent Activated DPOAH in place

DATA (LABS, EKG, ETC) If patient is on Coumadin or Warfarin therapy, provide the latest INR

INR
Date

IMPRESSION (PLEASE SIGN BELOW)

After examining the patient and reviewing the preoperative data, I find this patient to be medically stable for the proposed surgery in the ASC setting..

Signature _____ **Date** _____

Printed Name _____ Telephone # _____

ANESTHESIA INFORMATION GUIDE

What is anesthesia?

Anesthesia [an-uhs-STEEZ-ya] is the use of medications called anesthetics [an-uhs-STET-icks] to block most feeling, including pain. These medications can block feeling around your eye. Types of anesthesia used for your eye surgery are:

- Monitored anesthesia care (MAC) which uses anesthesia that sedates (calms) you. It does not cause you to fully lose consciousness. Local anesthetics that act on a specific area of the body. Nerve blocks can be injected around the eye.

You may get one of these types of anesthesia, or a combination. A doctor or nurse who specializes in anesthesia will recommend options based on your needs.

What can I expect during anesthesia?

What happens during a procedure will be different for each patient. In general, you can expect:

- An IV or small catheter (tube) to be placed into a vein in your arm. This allows you to receive medications.
- Continual checks on your breathing, heart rate, blood pressure, and temperature during the procedure.

What can I expect after surgery?

What you feel after surgery depends on the type of anesthesia used

- Nausea and vomiting-Slight risk after surgery. Eat a small meal after surgery. If no nausea or vomiting occurs, continue eating as you normally would. If nausea or vomiting persists please call your surgeon's office

What it is	How it's given	Actions and possible benefits	Possible side effects or risks
<p>Monitored anesthesia care (MAC)</p> <p>Calms you but does not cause unconsciousness. Used for minor surgeries when general anesthesia is not needed.</p>	<ul style="list-style-type: none"> • Anesthesia medication is given through an IV. 	<ul style="list-style-type: none"> • Keeps you comfortable during surgery. • Allows you to wake up more quickly after surgery • Fewer side effects than general anesthesia. 	<ul style="list-style-type: none"> • Nausea and vomiting

Though very rare, all forms of anesthesia carry some risk of severe complications, such as infection, bleeding, drug reactions, Other risks are also possible. Be sure to ask your anesthesia provider if you have questions or concerns.