

Sauk Trails Plaza

1200 John Q Hammons Drive, Suite 102

Madison, WI 53717

*We’re located on the 1st floor of the building, 1st door on the right.*

**Pre-Surgery Instructions**

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

Post-Op Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_

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

Post-Op Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_

Please call Thursday afternoon prior to your surgery date for arrival time or if you have any questions regarding your appointment.

608-827-5504



**IMMEDIATELY AFTER SCHEDULING YOUR SURGERY**

**A pre-surgery history and physical exam is required by your Primary Care Provider (PCP) within 30 days of your surgery:**

**Action items to complete:**

□ Take the *Patient History and Physical Examination* form that you received during your surgery consult to your Primary Care Provider for them to complete. For patients over 55 years old, an EKG completed within 6 months prior to surgery is also required.

□ Your Primary Care Provider should fax the completed form, along with any necessary EKG/laboratory results, to NovaMed Surgery Center of Madison – fax number 608-827-5779. To promote your safety, we need this information at least 1 week prior to your surgery.

□ At this appointment, consult with your Primary Care Provider regarding your medications.

* The following are recommendations regarding your medications. Please check with your Primary Care Provider for their approval:
  + - NovaMed staff would *prefer* if you would take the following medications with **small sips of water** on the day of surgery**.** 
      * High blood pressure medications
      * Anti-anxiety medications
      * Inhalers
      * Non-prescription medications
    - Diuretics (water pills) or liquid antacids should not be taken the morning of surgery.

□ 2-3 days following your appointment with your PCP, call NovaMed Surgery Center of Madison to confirm they have received your examination forms from your PCP.

□ Review your insurance coverage:

* + It is advisable for you to contact your insurance company to determine what eligible coverage is allowed for your scheduled procedure, whether you are required to obtain a second opinion and also whether your surgery will need to be pre-authorized.

**Please note**: **Your insurance company will be billed by three separate entities:**

1. NovaMed Surgery Center of Madison will bill for Facility fees.
2. Anderson and Shapiro Eye Surgeons will bill for Professional fees.
3. Drift Away Anesthesia will bill for Anesthesia fees.

**1-2 WEEKS BEFORE YOUR SURGERY**

**Action items to complete:**

□ Pre-surgical History and Physical completed. Verify this has been received by the surgery center.

□ Insurance coverage has been checked and no prior authorization is needed.

□ Arranged for responsible adult to drive you home from the procedure. **Your surgery will be cancelled if you do not have a responsible adult to drive you home.** We highly recommend that someone stay with you until the following morning. We also encourage you to have a driver arranged to take you to/from your first post-operative appointment, which is usually the day following surgery.

□ Be out of soft contact lenses for 3-4 days and rigid gas permeable lenses for 2 weeks.

□ Drink plenty of non-caffeinated fluids the day prior to your surgery.

□ If you have any changes in your health prior to your surgery, please notify your primary care provider and NovaMed Surgery Center of Madison. Changes in health include signs of a cold, flu, fever, cough, new or worsening chest pain or any new health complaints. It may or may not be safe to proceed with your surgery with these new complaints. Your primary care provider will advise you on the best way to proceed.

□ An employee of NovaMed Surgery Center of Madison will contact you 3-4 business days prior to your surgery date to confirm your arrival time and any payment that may be due on the day of service. Please contact the surgery center if you have not received these details 3-4 business days prior to your surgery.

**Diet instructions:**

* For your safety, your stomach MUST be empty for 6 hours prior to your scheduled surgery time. **If not, surgery will be postponed or cancelled.** 
  + EXCEPTION – You can take medications with small sips of water.
* Staff will call you 3-4 business days before your scheduled surgery and verify the exact time to stop eating/drinking.
* Do not drink any alcoholic beverages after 6 P.M. the night before surgery. A combination of alcohol and anesthesia can be very dangerous.

**If you are a diabetic:** Please refer to your physician’s recommendations regarding the dosage of your insulin or oral hypoglycemic medications. You may follow the diet instructions listed above as well. A blood glucose level will be checked upon arrival to the surgery center, and may be checked after your surgery if indicated.

**THE DAY OF SURGERY**

**Action items to complete:**

□ Take a bath or shower.

□ Wear an easily removable shirt that either buttons, snaps, or zips down the front and does not have to be pulled over your head.

□ Wear warm clothing, especially long pants and socks. The surgery center temperature is usually cool.

□ Please do not wear any jewelry including rings, earrings, watches, and necklaces.

□ Do not wear any cosmetics, especially eye makeup or fingernail polish.

□ Take your prescription medications that you normally take in the morning with a sip of water as directed by your family physician.

□ Bring all medications or a list of current medications, including inhalers and eye drops, with you to the surgery center.

□ Bring your Medicare and/or insurance cards, as well as a photo ID (Driver’s License).

□ Bring a form of payment (if applicable to you). Cash, credit cards, HSA/FSA cards, money orders and/or personal checks are all acceptable forms of payment.

□ You can expect to be at the surgery center for approximately 2 hours total.

**WHAT TO EXPECT IMMEDIATELY AFTER SURGERY**

* After your procedure, you will stay in our recovery room until you are alert, reasonably comfortable, and able to eat a small snack.
* You will most likely be in recovery for about 30 minutes.
* Before being discharged, **you will receive written discharge instructions**, which will need to be followed at home. A staff member will go over all of these instructions with you and your driver to make sure there are no questions.
* Remember that a responsible adult must accompany you on the day of surgery to provide transportation. We also highly recommend that they stay with you until the following morning.
* The majority of surgeries require a one-day post op visit either with the surgeon or with your preferred Optometrist.