

PLEASE READ

Patient signature: _____

Date & Time: _____

Dr. Garges

Surgery Instructions: Pre- and Post- Operative Patients

Preparing for Surgery – Pre-operative Instructions

Pre-operative testing (i.e., blood work, urinary analysis, chest x-rays, EKGs) will be required prior to surgery. All testing should be completed one to two weeks prior to surgery.

Antibacterial Soap – To minimize the incidence of infection you should use an antibacterial soap, for 2 showers prior to surgery. This is usually the night before and the morning of the surgery. Cleanse your entire body, paying special attention to the area where your surgery is going to be performed. In the surgical area, use a washcloth, cleansing for 5 minutes.

Your level of fitness and nutrition prior to surgery should be maintained to the best of your ability. Maintain a healthy balanced diet.

If you smoke cigarettes, it is strongly advised that you decrease the amount you smoke or stop smoking completely. Research indicates that smoking adversely affects bone healing. Also, inhalation of smoke irritates the breathing passages which can affect recovery.

Any errands (i.e., house cleaning and grocery shopping) should be completed prior to surgery. The fewer concerns you have upon discharge, the easier your transition home will be.

Refrain from yard work or any outside activities that may cause lacerations, breaks in the skin or insect bites the week before surgery. These may increase your risk for infection and could potentially result in cancelled surgery. Also, avoid contact with pets as though scratches or bites will result in cancellation of surgery.

MEDICATIONS TO DISCONTINUE BEFORE SURGERY

Please do not take any of the following medications for at least TEN (10) days prior to surgery. If you have spinal fusion surgery, you will NOT be able to take NSAIDS for about 3 months (until your doctor tells you that your fusion appears solid). The list below may not be a complete list of NSAID's, and aspirin containing products. If you are on aspirin for your

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heart or circulation, call your physician who prescribed the aspirin to see when to discontinue. If you have any questions, call our office.

- Non-Steroidal Anti-Inflammatory Drugs (NSAID's)**

Advil	Celebrex	Ketoprofen	Naproxen
Aleve	Daypro	Lodine	Oruvail
Anaprox	Diclofenac	Meloxicam	Toradol
Ansaid	Feldene	Mobic	Relafen
Arthrotec	Ibuprofen	Motrin	Vicoprofen
Bextra	Indocin	Naprosyn	Voltaren

- Medications containing Aspirin:**

Alka-Seltzer	Bufferin	Fiorinal
Anacin	Excedrin	Pepto-Bismol
Aspirin	Ecotrin	Bayer Arthritis

- Anticoagulants and Antithrombotics: (You will need to consult your physician regarding plans for stopping these medications.)**

Aggrenox	Halfprin	Persantine
Coumadin	Heparin	Plavix
Ecotrin	Lovenox	Ticlid
Fragmin	Orgaran	

- MAO Inhibitors: (Consult your physician regarding stopping these medications.)**

Nardil (Phenelzine)	Parnate (Tranlycypromine)
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- Herbal Medications and Supplements: In general, all herbal products and vitamins should be discontinued before surgery. Some herbal and vitamin supplements increase bleeding during surgery.**

Vitamin E (14 days before)	Garlic	Lovaza	Valerian
Multivitamins	Ginkgo Biloba	Ma Huang	Fish Oil
Echinacea	Ginseng	Saw Palmetto	Kava
St. John's Wort	Appetite depressants such as: (14 days before)	Redux	Pondimin

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- **GLP-1:** Glucagon-like peptide-1

GENERIC DRUG	BRAND NAME
Dulaglutide	Trulicity
Exenatide (ER)	Bydureon BCise
Exenatide (ER)	Byetta
Liraglutide (3mg)	Saxenda
Liraglutide (1.2mg 1.8 mg)	Victoza
Lixisenatide	Adlyxin
Semaglutide	Ozempic, Wegovy, other
Semaglutide	Rybelsus
Tirzepatide	Mounjaro

CONTINUATION OF THESE MEDICATIONS MAY RESULT IN CANCELLATION OF YOUR SURGERY.

IF YOU ARE IN DOUBT ABOUT ANY MEDICATION, PLEASE ASK! (This list of medications to discontinue is not complete. Please check with your physician if you are taking other medications.)

Preparations for your Hospital Stay

Abstain from alcohol 48 hours prior to surgery.

Eat lightly the day before surgery.

Have nothing to eat or drink after midnight prior to your surgery.

If you have young children or a family member for whom you are the primary caregiver, arrange for alternative care for them after your surgery. This will allow for a restful recuperation period.

Suggested items to bring to the hospital:

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- Two comfortable loose-fitting outfits (i.e., jogging suit, nightshirts, bathrobe etc.). Comfortable shoes and socks and slippers.
- Comb/brush, and any other personal grooming items that you normally use daily.
- Personal items of your choice
- Please leave valuables at home.

Going Home – Post-operative Instructions

When arranging for transportation home, you will need a driver. Make sure you use a car that is easy to get in and out of. Once you arrive home, please call our office to arrange for a follow-up appointment. This appointment should be 14 days from your date of surgery.

In the days and weeks following surgery, it is important to remember that you will need to make some modifications to your normal daily routine.

- Keep your wound clean and dry. In most cases, you may shower 3 days after surgery. When showering, remove bandage and wash directly over the wound (see below). The bandage should be changed daily at home. For surgeries on the back or back of neck, you will apply an antibiotic ointment at each dressing change.
- For Lumbar Spine surgery you may sleep/lie down on your back or sides only avoid lying on stomach.
- Showering: anterior cervical surgery – keep the steri-strips on the wound but remove the outer dressing when showering.
- After 3 days you may get the suture line wet when showering. Pat dry gently. Bathing in a tub or swimming in a pool or ocean is not permitted until your wound is completely healed (about 6 weeks – ask your doctor first)).
- If you notice your wound becoming increasingly red, swollen, and hot, or any drainage, please call your physician.
- You may sit, stand and/or walk to your tolerance. Walking can be divided into short time periods if necessary.
- You will experience some degree of discomfort after spinal surgery, which varies from individual to individual. Unless under the care of a pain management physician, you will receive a prescription for pain medicine prior to discharge. Please take your medication as directed. Do not take more than the prescribed dose unless approved by your physician. If you feel a need to increase the medication, call the office first for approval.
- Outpatient physical therapy, if prescribed, will not begin until 2-6 weeks following surgery. Only some patients require structured physical therapy programs.
- Sexual activity may usually resume at six weeks following surgery. This varies, however. Ask the office for a booklet on sexual activity with back problems.
- You may resume driving when you feel comfortable driving and the medicines you are taking do not affect your reaction time and alertness. You may not drive in back brace or hard cervical collar.

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Back brace and Neck brace instructions:

Back brace: You will wear this 24 hours a day 7 days a week except when you take a shower, go to the restroom or when you sleep. Any other time you must wear.

Neck brace (Hard collar): You will wear this 24 hours a day 7 days a week except when you take a shower. Any other time you must wear. When you come in for your follow up appointment, ask the doctor about the soft collar. So, he can tell you when you can start transitioning into the soft collar.

Things to Avoid:

- Lifting in excess of a gallon of milk. **When lifting light objects less than 8-10 lbs., hold items close to your body.
- Movements that include twisting motion.
- If you have had herniated disc spine surgery, sitting for extended periods of time (no longer than 30-45 minutes). **Alternate standing, walking, sitting, and lying down throughout the day.
- Smoking (if at all possible) for 3 months and alcoholic beverages while taking pain medication.
- Straining to have a bowel movement should be avoided. Constipation is a common side-effect of some of the pain medications you will be taking.
- If you have had a spinal fusion, please do not use any NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) such as Advil, Motrin, or Aleve for the next 3 months. Refer to the medication list included in this packet for a list of NSAID medications. You may, however, take Tylenol.
- **After surgery, you may not lift anything above your shoulders or below your waist until you are told to do so by your surgeon. You may not put on your own shoes and socks or do any activities below your waist that involves bending.

Pain Medicine

Pain Management – You may be given narcotic pain medication either prior to or following your surgery. These medications are controlled substances and should not

be taken in excess of the prescribed amount unless discussed with the physician. Upon discharge, you will be given a prescription for pain.

Constipation

This is a common problem for patients who have recently undergone surgery.

Anesthesia during surgery, narcotic pain medications, and iron pills all cause constipation. The following interventions will help relieve constipation:

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Drink 6-8 (8) ounce glasses of water per day.

Use high fiber products. Consume fruits and vegetable.

Use a stool softener such as Colace or Docusate sodium three times a day. (Over the counter)

You may use a "bulk" laxative such as Konsyl, Metamucil, etc.; or use MiraLax or Milk of Magnesia which are osmotic laxatives.

If the above noted measures do not relieve constipation, you will need to use a laxative. In general, it is not good practice to use chemical laxatives over a prolonged period. However, in the short term *Dulcolax* tablets or *Dulcolax* suppositories may be needed while you are taking pain medication. These are over-the-counter medications and can be purchased in most pharmacies. Follow the directions on the package.

Follow-up visits after surgery:

Every patient needs to follow-up approximately **14-20 days** after surgery and **4 to 6 weeks** after surgery. You may have follow-up **3 months, 6 months, and 12 months** and in some instance afterwards depending on the type of surgery. Please make sure to come back as instructed by your surgeon.

If you need to reach our office after hours, you should call 281-333-2727 press option 1. If you have an emergency related to the surgery, please call the emergency room where you had the surgery.

Iatric, LLC
(Jorge Ramirez - 3118 Bainbridge Hill
Houston, TX 77047)

As deemed necessary by your surgeon, a surgical assistant may be necessary to provide the highest level of care during a surgical procedure. Surgical assistants are highly skilled and fully trained licensed and/or certified allied health professionals. Duties include but are not limited to the identification of anatomical landmarks, securing blood vessels, recognizing pathological, and providing and securing adequate, safe, and proper exposure of the operative field, closure of the surgical wound, application of casts, dressings, etc.,

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they also perform other duties delegated by the operating surgeon within the scope of their training. As an integral part of the surgical team, surgical assistants contribute greatly to the safety and quality of the service provided to patients.

The decision to utilize the services of a surgical assistant is solely the surgeons. Your surgeon, after evaluating the surgical procedure and the level of technical involvement it requires, has deemed it medically necessary to use the services of a surgical assistant.

I hereby authorize Jorge Ramirez, Iatric, LLC and partnering companies to bill my current insurance carrier including, but not limited to, private health insurance, employer sponsored insurance and Medicare/Medicaid Programs. I understand that I may receive a statement from my insurance company, an explanation of benefits (EOB), and I may see this benefit on there. These services may or may not be covered by my health insurance company.

I acknowledge that services provided may be provided by an out of network provider and that my maximum estimated out of pocket expense may be up to \$500.00 as it relates to services provided. This fee can be charged in the event of no insurance, no or low coverage by any insurance plan for the provided services, and for deductibles / co-insurance / patient responsibility that have not been met (this includes Medicare/Medicaid).

I acknowledge that my insurance company may send payment(s) for the surgical services directly to me, the patient. If the insurance sends money after the surgical procedure, it should come with an explanation of benefits (EOB), and with an attached check for payment of one or many of the services received. The EOB will indicate the date of service, details about the services provided and what provider rendered the services.

There is a contractual obligation to pay on any payments received by the insurance company for services. If there are not enough details included with the check, you must call the insurance as soon as possible to ensure prompt payment of services to provider(s). I acknowledge and agree that if any insurance checks received are for payment of services provided by Jorge Ramirez, Iatric, LLC are sent directly to me, the patient, I am fully responsible for immediate payment of these amounts to the provider of services. If I receive a check or have further questions about payments received, I will contact my insurance company and notify the provider, or the billing company listed below. Payment of amounts received by the insurance company is required by your contract and applicable state and federal laws. I acknowledge and agree that if I fail to do so, I will be held liable for any additional fees, court fees or collection agency fees accrued in the collection process for Jorge Ramirez, Iatric, LLC, and associates.

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Mederi Services, LLC, is the medical billing company that may contact you regarding the medical services claim, if needed. Any billing or insurance questions prior or after your surgery may be directed to your insurance or a representative at Mederi Services, LLC.

Telephone: 877-563-3374 Option 2

FAX: 866-730-5515

Email - patientquestions@mederiservices.com

Live Chat and FAQ- Visit our website www.mederiservices.com

Instructions for Collecting a Clean Catch Urine Sample INSTRUCTIONS FOR FEMALES

1. Wash hands with soap and warm water.
2. Spread the labia (folds of skin) apart with one hand and wipe with the towelette provided.
Wipe from front to back.
3. Continue holding the labia apart. As you start to urinate, allow a small amount of urine to fall into the toilet bowl. (This clears the urethra of contaminants) Do not touch the inside of the cup.
4. After the urine stream is well established, urinate into the cup. Once an adequate amount of urine fills the cup (the cup only needs to be half-full), remove the cup from the urine stream.
5. Pass the remaining urine into the toilet.
6. Screw the lid on the cup tightly (do not touch the inside of the cup or lid). Give the cup to the Customer Service Tech.

INSTRUCTIONS FOR MALES

1. Wash hands with soap and warm water.
2. If uncircumcised, retract foreskin.
3. Wipe the end of penis with towelette provided. As you start to urinate, allow a small amount of urine to fall into the toilet bowl. (This clears the urethra of contaminants)
Do not touch the inside of the cup.

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4. After the urine stream is well established, urinate into the cup. Once an adequate amount of urine fills the cup (the cup only needs to be half-full), remove the cup from the urine stream.

5. Pass the remaining urine into the toilet.

6. Screw the lid on the cup tightly (do not touch the inside of the cup or lid). Give the cup to the Customer Service Tech.

FYI: If nurses at the hospital do not give you a wipe, please ask them for one!