

# **Froedtert Surgery Center**

## *Patient Information Handbook*



# BEFORE SURGERY

**Please notify your doctor immediately if you experience any change in your condition, such as a cold or fever.**

A registered nurse from the Froedtert Surgery Center will contact you via telephone one to two weeks prior to your surgery to conduct a pre-surgical evaluation. This evaluation will include a review of your medical history, allergies and medications. Instructions for your surgery will be provided at this time, as well as an opportunity to answer any questions you might have. If you have not been contacted, please call our Pre-Surgical Evaluation Center at 414-805-9500 by 3:30 p.m. the day prior to your surgery.

- **Eating and drinking:** Guidelines for eating and drinking prior to your surgery will be provided to you by your doctor and our Pre-Surgical Assessment Nurse. Please be sure to carefully adhere to these guidelines. If you are instructed to have nothing by mouth before your surgery it is important that you do not eat or drink anything, including gum, mints, water, etc. You should not drink alcoholic beverages for 24 hours prior to your surgery. You may brush your teeth being careful not to swallow any water or toothpaste.  
If you are instructed to take any medications the morning of your surgery, you make take a small sip of water with the medications.
- **Medications you are currently taking:** Please make sure that you have the names and doses of all your medications available at the time of your pre-surgical evaluation phone call. Please include all medications, including herbal supplements, vitamins and any other non-prescription medications. Please let your doctor know in advance of your surgery if you take Aspirin or Ibuprofen regularly, as these medications may need to be discontinued in advance of your surgery. Please bring a list of all your medications and their dosages with you to the Surgery Center. If your doctor recommends that you take any of your regular medications the morning of surgery, we will provide you with that instruction during your pre-surgical evaluation phone call.
- **Prescriptions:** If your doctor has provided you with a prescription to be taken after your surgery, please have the prescription filled before your surgery and bring the medication with you to the Surgery Center. Your doctor may provide a prescription for you after surgery. Please note there is not a pharmacy on our premises; however there are many nearby pharmacies. Should you need assistance locating a convenient pharmacy, our team will gladly assist you.

- **Responsible Adult:** Your safety is of the utmost importance to us. You must have a responsible adult (usually a family member or friend) to:
  1. Accompany you to the Surgery Center
  2. Drive you home
  3. Remain with you for 24 hours after your surgery
 Please ask the person accompanying you to plan to remain at the Surgery Center while you are having surgery. Your surgeon may wish to speak with them. **Your surgery will be cancelled if a responsible adult is not available with you.**
- **Crutches/Braces:** Crutches, crutch training and braces are not available at the Surgery Center. Your doctor will provide you with these items in advance when needed.
- **Your Surgical Appointment:** Scheduled surgery times are subject to change. Therefore, **we ask that you please keep the entire day of your surgery open for any possible changes.** You will be contacted one to three days prior to your procedure to confirm your surgery time. If you have specific needs around your appointment time (child care, ride availability, etc.), please let your medical team know when you are scheduling your procedure. Every attempt will be made to accommodate your request.

## DAY OF SURGERY

- **Arrival:** Please arrive promptly for your appointment. Upon your arrival our reception team will get you registered and notify our patient care team of your arrival. Please call 414-805-9500 if you have any difficulty meeting your scheduled arrival time.
- **Bathing in the morning:** Bathe or shower at home before surgery but do not apply lotion, cosmetics, or deodorant. Artificial nails and nail polish must be removed before surgery.
- **Clothing and other personal items:** We suggest you wear loose, comfortable clothing and comfortable shoes (no high heels). Choose clothing that will be easy to put on after surgery and will easily go over any surgical dressing. If you wear glasses or contact lenses, please bring a case for their safekeeping. Containers for removable bridgework and dentures will be provided. All jewelry, including body piercings, must be removed. Please leave all valuables at home as we do not have lockers available.

- **Consents:** You will be asked to sign a consent form. If you are under 18, a parent or legal guardian must accompany you and sign the consent form.
- **Anesthesia:** Your doctor will inform you if you will require an anesthesia provider to assist with your care at the Surgery Center. The anesthesia provider will determine the type of anesthesia best suited for your specific needs and will discuss the anesthesia, side effects and recovery time with you prior to surgery.
- **Recovery:** Froedtert Surgery Center is committed to your comfort and recovery. A registered nurse will be working one-on-one with you to manage your immediate post-surgical experience. They will check on you frequently to ensure that all of your needs are being met. These checks will include things like vital signs and pain assessments. When you and your nurse have determined that you are ready, the person that accompanied you will be able to join you in your recovery room. Instructions for your care will then be provided to both of you. **Plan on being in the recovery room for one to two hours depending on the type of anesthesia you received.**

## AFTER SURGERY - AT HOME

- After you return home, be sure to follow the instructions the nurse gave you regarding diet, medication and rest.
  - **If you had anesthesia:** It is not unusual to feel sleepy or a little dizzy for up to 24 hours after your surgery. **Do not make important personal or business decisions, drive or operate heavy machinery.**
  - **Eating and drinking:** It is best to start with liquids and light foods (jello or soup) and switch to a normal diet as tolerated. Do not drink alcoholic beverages or drive for 24 hours after anesthesia or while taking pain medication.
- A nurse from the Surgery Center will attempt to call you the next business day after your surgery to check on your recovery and answer any questions you might have.
- Our goal is to provide exceptional care. We strive to provide you with care that is compassionate and personalized, while being sensitive to your needs. Your feedback is important to us. You may receive a survey in the mail which is **ONLY** for the care you received at the Surgery Center. We hope you take the time to complete it.
- If you have questions regarding your procedure, contact your surgeon directly at their office.
- In case of an emergency, go to the nearest Emergency Room or call 911.

# PAYMENT POLICIES AND INSURANCE PROCEDURES

- **Insurance:** Our Business Office staff will file your medical claim with your primary and secondary insurance company on your behalf.

Please bring your insurance card(s) with you to ensure proper billing. You will be asked to sign a Facility Fee Agreement so that your insurance company's payment will come directly to the Surgery Center.

Froedtert Surgery Center facility fee does not include:

- laboratory charges (if a specimen is sent to an outside laboratory)
- prescription medication
- crutches, canes or other walking devices
- fees for professional services such as your surgeon, anesthesiologist, radiologist or pathologist\*

\*Medical staff is not employed by the Surgery Center. You will be billed separately for their services and different billing policies may apply.

*We encourage you to contact your insurance company to verify coverage and any out of pocket expenses relating to your procedure.*

- **Patient self-pay portion:** If your insurance company does not pay the entire charge, you will receive a bill from us. Full payment of the remaining balance is due upon receipt of our statement.
- **\*Pre-payment of the facility fee:** You may be required to pre-pay if your procedure is NOT covered by your insurance policy, or if you have a large unmet deductible and/or coinsurance or co-pays. Payment for these services can be in the form of a personal check, cash or credit cards. We accept MasterCard and Visa. If you have not discussed pre-payment with a representative of our Billing Department, please call 800-304-5547.

# PATIENT RIGHTS AND RESPONSIBILITIES

## Patient Rights:

As a patient or their legal authorized representative you are entitled to certain rights:

1. You will not be discriminated, excluded, or treated differently on the basis of race, color, national origin, ethnicity, age, disability, sex, religion, creed, political beliefs, sexual orientation, marital status, gender identity or expression, veteran or military status, for filing of a prior civil rights complaint, or any other basis prohibited by law.
2. You will be treated with respect and awareness of your individuality and personal needs. This includes the need for privacy, effective pain management, and psychosocial, spiritual, and cultural differences in an environment that promotes emotional and physical safety.
3. You have the right to be free from all forms of abuse and harassment, including the right to be free from restraints and seclusion, in any form, when used as a means of coercion, discipline, convenience for staff, or retaliation.
4. You will be provided foreign language, visual or hearing impaired, and sign language interpreter services to support effective communication.
5. Your medical record, including all computerized medical information, is kept confidential according to the requirements of state and federal laws. You, or any person authorized by law, shall have access to your medical record and/or receive a copy upon request.
6. You may know who has overall responsibility for your care.
7. You, or any person authorized by law, will receive information about the your illness, course of treatment, and prognosis for recovery, in terms you can understand, from the appropriate person at the Surgery Center.
8. You have the opportunity to make healthcare decisions in collaboration with your health team members. You may also assign representatives to be involved in your care and designate your visitors.
9. Except in emergencies, consent for treatment will be obtained from you, or those legally authorized to act for you, before participating in research and before any diagnostic and/or surgical procedures are performed.
10. You may refuse treatment to the extent permitted by law and will be informed of the medical consequences of the refusal.
11. Except in emergencies, you may not be transferred to another facility without being given a full explanation for the transfer, without coverage for continuing care, and without acceptance by the receiving institution.

12. You may look at your bill and receive an explanation as needed. You may receive, upon request, information relating to financial assistance.
13. You have the right and are encouraged to voice your concerns regarding treatment or care.
14. You may make Advance Directives and appoint an authorized representative to make healthcare decisions on your behalf, as permitted by Wisconsin law and Surgery Center policy.
15. You have the right to know if there has been an unexpected occurrence affecting your plan of care.
16. You have the right to exercise these rights without being subjected to discrimination or punitive action.

### **Patient Responsibilities:**

As a patient or their legal authorized representative you are responsible for:

1. Knowing your health insurance coverage and related policies concerning required pre-approvals, co-pays, covered services, hospitals, physicians and providers covered by your insurance plan.
2. Providing complete and accurate information about your health, including present condition, past illnesses, hospitalizations, medications, natural products and vitamin use, and any other matters that pertain to your health.
3. Following the treatment plan recommended by the primary provider involved in your care.
4. You are responsible for your actions if you refuse treatment, leave the facility against the advice of your provider, and/or do not follow your provider's instructions relating to your care.
5. Asking questions if you do not clearly understand the information regarding your procedure and recovery.
6. Notifying your physician, provider, or nurse of any problems or concerns about your prescribed treatment or medication.
7. Providing an adult to transport you home after surgery and an adult to be responsible for you at home for the first 24 hours after surgery.
8. Providing copies of any Living Will, Power of Attorney, or other Advance Directives that you would like followed by Froedtert Surgery Center.



9. Observing Surgery Center policies, rules, and regulations including rules on visitors, noise control, and smoking. All are expected to be respectful of other patients, visitors, staff, and property.
10. Cooperating with the Surgery Center when making appropriate arrangements for payment of charges for care and treatment, including providing all required information and signing all necessary documents.

**Concerns may be directed to:**

**Froedtert Surgery Center**

840 N. 87th Street  
Milwaukee, WI 53226  
414-805-9532 or 414-805-9564

**Division of Quality Assurance**

P.O. Box 2969  
Madison, WI 53701  
608-266-8481

**Office of the Medicare Beneficiary Ombudsman**

<https://www.cms.gov/center/special-topic/ombudsman/medicare-beneficiary-ombudsman-home>

## **ADVANCE DIRECTIVES**

You have the right to make decisions about your healthcare. This includes the right to accept or refuse medical or surgical treatment. You also have the right to plan and direct the types of healthcare you may receive in the future if you become unable to express your wishes. You can do this by making an Advance Directive document.

Advance Directives are documents that include Power of Attorney for Health Care and Living Will. These documents legally tell in writing either who you would wish to make your healthcare decisions for you, in the event that you are unable to do so, or provide guidance to your physicians regarding how you would wish your healthcare be decided, in the event that you have a terminal condition or are in a persistent vegetative state.

Advance Directives express your personal wishes and are based upon your beliefs and values. When you complete an Advance Directive, you will consider issues about life-sustaining procedures such as ventilation, feeding tubes, or other procedures you wish or may not wish, in the event you are in a terminal condition or persistent vegetative state. Advance Directives do not include decision-making for mental health issues or treatment.

Froedtert Surgery Center respects and upholds your rights under state law to make healthcare decisions, including the right to accept or refuse medical or surgical treatment and the right to formulate Advance Directives.

Froedtert Surgery Center will not condition the provision of healthcare or otherwise discriminate against you based on whether or not you have executed an Advance Directive.

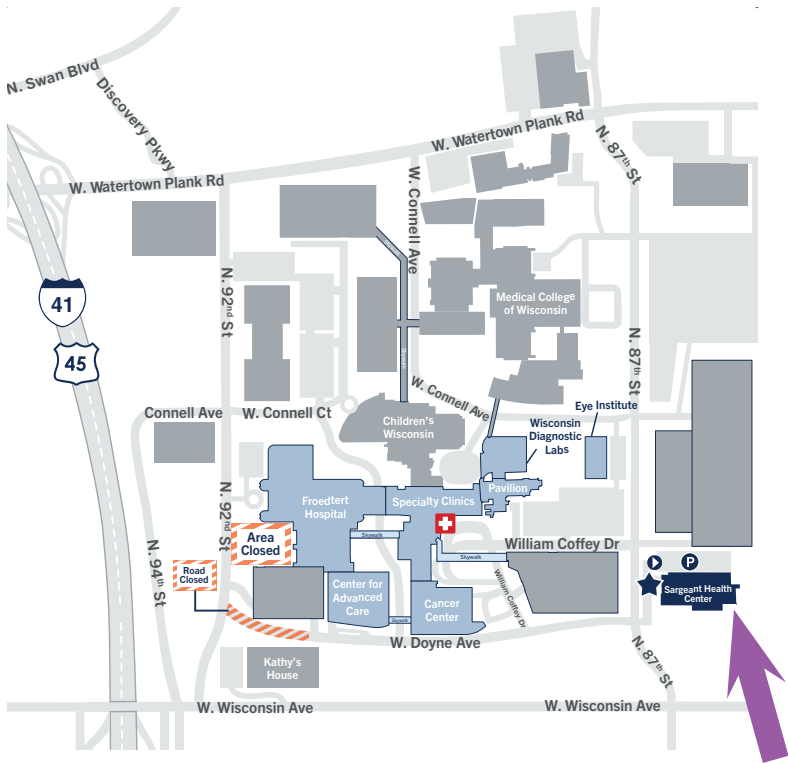
Froedtert Surgery Center has adopted a policy on Advance Directives. The following requirements from that policy are applicable to both Powers of Attorney for Health Care and Living Wills.

- A Power of Attorney for Health Care or a Living Will must be physically produced at the Surgery Center in order to be given effect.
- Legible photocopies or electronic facsimile copies of an original Power of Attorney for Health Care or of an original Living Will are presumed to be as valid as the original.
- A Power of Attorney for Health Care or Living Will that appears to have been voluntarily executed and witnessed, in accordance with its terms and applicable requirements of Wisconsin law, will be presumed valid.
- The provisions of a valid Power of Attorney for Health Care supersede any directly conflicting provisions of a Living Will.
- In the event of any inconsistency between Surgery Center policy and Wisconsin law, Wisconsin law will control.

There are two ways to make formal Advance Directives in Wisconsin. You can complete either a Living Will and/or Power of Attorney for Health Care document. These forms are available at Froedtert Hospital Medical Records Department or can be obtained from the Wisconsin Department of Health Services. You do not need a lawyer to complete these forms. However, the State of Wisconsin requires two persons to witness your signature on the forms. If you complete the forms at home, Witnesses must be at least 18 years of age, not related to you by blood, marriage or adoption, and not directly financially responsible for your health care. Witnesses may not be persons who know they are entitled to or have a claim on any portion of your estate. A witness cannot be a health care provider who is serving you at the time the document is signed, an employee of the health care provider, other than a chaplain or a social worker, or an employee (other than a chaplain or social worker) of an inpatient health care facility in which you are a patient.

**We hope this information is helpful in answering your questions. Please do not hesitate to call us with additional questions at 414-805-9500.**





**Froedtert & MEDICAL COLLEGE of WISCONSIN**



**Froedtert Surgery Center**

840 N. 87th Street  
Milwaukee, WI 53226

414-805-9500

**Hours of Operation:**

Monday - Friday  
6 a.m. - 4:30 p.m.

*froedtert.com*