

PREPARING FOR SURGERY

- Arrange to have a responsible adult over the age of 18 drive you home and stay with you for 24 hours after your procedure. **Failure to have a driver or caretaker for 24 hours will result in rescheduling your procedure.**
- Make childcare arrangements for your children on the day of the procedure.
- Have a pre-operative history and physical within 30 days of your procedure. Surgery will be canceled without an up-to-date history and physical. Try to have this done **at least one week prior** to your planned procedure. History and physicals should be faxed to Minnesota Valley at 612-416-1649.
- Complete all pre-procedure testing, including labs and EKG as instructed by your primary physician.
- You will receive a text message before surgery explaining when to come to the surgery center and when to stop eating and drinking. If you do not receive text messages, someone will call you with the information.
- If you are on medications to control diabetes, consult with your health care provider who manages those medications for specific instructions. You may need to skip oral diabetic medications the morning of surgery. If you are on insulin, you may need to decrease your dose on the day of surgery.
- If you are on blood thinners, speak with your health care provider who manages those medications to determine if it is safe for you to stop or if you need to be on a different blood thinner temporarily. If you are taking Coumadin (warfarin), you will need to have an INR drawn within 24 hours of your procedure. Your INR must be ≤ 1.5 .
- If you are on blood pressure medication, consult with your health care provider, who manages those medications for specific instructions.
- If you are on a nonsteroidal anti-inflammatory drug (NSAIDs) like aspirin, ibuprofen, Aleve, Celebrex, naproxen, etc consult your surgeon or primary care provider about recommendations for stopping these medications.
- You may receive either a letter or phone call from our business office to review your insurance benefits. If you have questions regarding insurance benefits, feel free to call 952-232-1110.
- Complete your health history questionnaire. Log onto our website at <https://minnesotavalleysurgerycenter.com>. Click on the link to the patient portal. Be sure to have your primary physician's address and phone number, your medications, allergies, and a list of previous surgical procedures. If you

need assistance, please call 952-232-1117 and leave a message with your name and date of the procedure.

- You will be reminded to go online and complete your health history questionnaire. If you have already completed your [One Medical Passport](#), please disregard this message.

EATING & DRINKING

- **Do not eat or drink anything after midnight, except water, which you may drink until 4 hours before your procedure.** Failure to follow these instructions may delay or cancel your procedure.
- **Do not eat or chew gum, tobacco, breath mints, hard candy etc after midnight.** Failure to follow these instructions may delay or cancel your procedure.
- If you were instructed to take any medications before surgery, you may take those with a small sip of water.
- You will receive a text message before surgery explaining when to come to the surgery center and when to stop eating and drinking. If you do not receive text messages, someone will call you with the information. **If you have any questions about the time of your arrival or when to stop eating and drinking**, please call us at 952-232-1110.

BEFORE SURGERY

- Prior to surgery, please purchase a bottle of Hibiclens at your local drug store or pharmacy.
- You will use this soap to shower once the **night before** surgery and once on the **morning of** surgery.
- Use your normal shampoo to wash your hair. Rinse your head well.
- Use your normal soap to wash your face and genital area. Rinse your body well with warm water.
- **DO NOT** shave around your surgery site.
- Pour some of the Hibiclens soap onto a washcloth.

- Move away from the shower stream to avoid rinsing off the Hibiclens too soon.
- Rub the Hibiclens gently over your body from your neck to your feet. Don't put the Hibiclens on your face or genital area.
- Focus on the surgical area of your body, cleansing for 5 minutes. Do not scrub or use a brush.
- Move back into the shower stream to rinse off the Hibiclens with warm water.
- Dry yourself off with a clean towel after your shower.
- Don't put on any lotion, cream, deodorant, makeup, powder, or perfume after your shower.
- **DO NOT USE IF YOU HAVE AN ALLERGY TO HIBICLENS OR CHLORHEXIDINE**

THE MORNING OF SURGERY

- Wear comfortable, freshly laundered clothing. You will be wearing the same clothing home, so it must fit over a dressing, cast, sling, brace, or any other medical equipment prescribed after surgery.
- Take any prescription medications you have been advised to take with a small sip of water.
- **Items to bring:** picture ID, insurance card, a form of payment, CPAP machine, inhalers, and any medical equipment dispensed to you by your surgeon such as a sling, immobilizer, etc. If you were asked to bring any additional testing results, please remember those as well.
- **Items not to bring:** jewelry (all must be removed before surgery) and valuables. **Minnesota Valley Surgery Center is not responsible for lost or stolen items.**
- A parent or legal guardian **must always remain in the facility** if the patient is a minor. Proper documentation regarding guardianship will be required if a parent is not available.
- A nurse will bring you to a pre-op room, have you sign consent forms, change into a gown, check your vital signs, and start an IV.
- You will meet with the anesthesiologist to discuss an anesthesia plan for your procedure.

- You will see your surgeon. This is an opportunity to ask any last-minute questions about medications, work forms, or recovery. You may receive sedation before your surgery that can affect your memory. If you wish to speak to your surgeon before receiving medication, please let the staff know. The surgeon will mark your surgical site as a safety precaution.
- You will be asked many times by different staff to identify yourself and the procedure being performed. This is a safety precaution.
- The operating room staff will take you back to the operating room when it is time for your case to begin. Your family, if present, will return to the lobby to wait.
- Surgeries are scheduled to begin and end at a tentative time. Reasons for delays going into surgery and the length of surgery depend on many factors. Please know that we are taking the amount of time each patient needs for their care, including you! Individual wait times may vary.

AFTER SURGERY

- Your surgeon will attempt to speak to your responsible adult to let them know how your surgery went. If they are unable to reach them, you may call your surgeon the following day for any questions.
- You will be moved to the recovery area. This is the post-anesthesia care unit (PACU). You will be monitored during your recovery. The nurses will monitor your breathing, blood pressure, heart rate, temperature, pain level, and need for medications.
- Some patients recover quicker, and some slower. The nurses will keep your family updated during this time.
- When you are alert and able to sit up, you will be offered a beverage and snack. If you have dietary restrictions, including allergies or gluten intolerance, we encourage you to bring your own snack from home.
- A nurse will review discharge instructions with your responsible adult and provide you with a copy of instructions, including any prescriptions your surgeon may have prescribed. Narcotic prescriptions must be taken to a pharmacy. They cannot be called in or faxed.
- You will be discharged home when you meet the discharge requirements: your pain is managed, your vital signs are stable, and you have a responsible adult to accompany you. You may be tired the entire day after

surgery. It is fine to go home and rest. You cannot drive while on narcotic pain medication and for 24 hours after having anesthesia.

AFTER SURGERY WHILE AT HOME

- Start with bland foods after surgery; nothing greasy, spicy, fatty, or fried.
- It is normal to have pain or discomfort after surgery as the anesthesia wears off. Notify your surgeon if your pain or discomfort is not relieved by all the measures described at discharge. Your surgeon's number is on the discharge sheet.
- Please read through your discharge packet the day following your surgery. Consult with your responsible adult regarding information shared with them during your discharge. We will text you the day after your surgery to check on you. If you do not receive texts, we will call you. Please call 952-232-1117 if you have questions about caring for yourself at home. Questions of a surgical nature or prescription medication questions should be directed to your surgeon.

TIPS FOR PREVENTING INFECTION AFTER SURGERY

- Avoid touching your incision.
- Before and after providing care of your incision area, wash your hands or use alcohol-based hand sanitizer.
- If you have any signs/symptoms of an infection such as redness, pain, fever or cloudy drainage, call your doctor immediately.
- Until the incision is completely healed, always use a different washcloth for the incision area than the one used on the rest of the body.
- Keep clean sheets on your bed and make sure the clothes that come in contact with your incision area are clean.
- Keep pets away from the incision area until healed.
- Smoking reduces your body's ability to heal and may contribute to infection. If you smoke, abstain from smoking for as long as possible after your surgery.

PATIENT BILL OF RIGHTS

Minnesota Valley Surgery Center adopts and affirms as policy the following rights of patients/clients who receive services from our facility. The facility will provide the patient, the patient's representative or surrogate verbal and written notice of such rights in advance of the procedure in accordance with 42 CFR § 416.50 Condition for Coverage- Patient Rights. The patient rights are as follows:

- Treatment without discrimination as to age, race, color, religion, sex, national origin, political belief, or handicap. It is our intention to treat each patient as a unique individual in a manner that recognizes their basic human rights.
- Considerate and respectful care including consideration of psychosocial, spiritual, and cultural variables that influence the perceptions of illness.
- Be free from any act of discrimination or reprisal against the patient merely because he or she has exercised their rights.
- Receive, upon request, the names of physicians directly participating in your care and of all personnel participating in your care.
- Obtain from the person responsible for your health care complete and current information concerning your diagnosis, treatment, and expected outlook in terms you can be reasonably expected to understand. When it is not medically advisable to give such information to you, the information shall be made available to an appropriate person in your behalf.
- The patient may wish to delegate his/her right to make informed decisions to another person, even though the patient is not incapacitated. To the extent permitted by State law, the ASC must respect such delegation.
- Receive information necessary to give informed consent prior to the start of any procedure and/or treatment, except for emergency situations. This information shall include as a minimum an explanation of the specific procedure or treatment itself, its value and significant risks, and an explanation of other appropriate treatment methods if any.
- The patient may elect to refuse treatment. In this event, the patient must be informed of the medical consequences of this action. In the case of a patient who is mentally incapable of making a rational decision, approval will be obtained from the guardian, next-of-kin, or other person legally entitled to give such approval. The facility will make every effort to inform the patient

of alternative facilities for treatment if we are unable to provide the necessary treatment.

- The facility will provide the patient or, as appropriate the patient's representative or surrogate with written information concerning its policies on advance directives, including a description of applicable State health and safety laws and, if requested, official State advance directive forms, if such exist. Access to health care at this facility will not be conditioned upon the existence of an advance directive.
- You may appoint a patient representative or surrogate to make health decisions on your behalf to the extent permitted by law.
- Privacy to the extent consistent with adequate medical care. Case discussions, consultation, examination, and treatment are confidential and should be conducted discreetly.
- Privacy and confidentiality of all records pertaining to your treatment, except as otherwise provided by law or third-party payment contract.
- A reasonable response to your request for services customarily rendered by the facility and consistent with your treatment.
- Expect reasonable continuity of care and to be informed, by the person responsible for your health care, of possible continuing health care requirements following discharge, if any.
- The identity, upon request, of all health care personnel and health care institutions authorized to assist in your treatment.
- Refuse to participate in research or be advised if your personal physician and/or facility propose to engage in or perform human experimentation affecting his/her care or treatment. Refusal to participate or discontinuation of participation will not compromise the patient's right to access care, treatment, or services
- Upon patient request, examine and receive a detailed explanation of your bill including an itemized bill for services received, regardless of sources of payment.
- Know the facility's rules and regulations that apply to your conduct as a patient.
- Be advised of the facility grievance process. The investigation of all grievances made by a patient, the patient's representative or surrogate regarding treatment of care that is (or fails to be) furnished. Notification of the grievance process includes: who to contact to file a grievance, and that the patient, the patient's representative or surrogate will be provided with a written notice of the grievance determination that contains the name of the

contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance, and the grievance completion date.

- Complaint or criticisms will not serve to compromise future access to care at this facility. Staff will gladly advise you of procedures for registering complaints or to voice grievances including but not limited to grievances regarding treatment or care that is (or fails to be) furnished.
- Access and copy information in the medical record at any time during or after the course of treatment. If a patient is incompetent, the record will be made available to his/her representative and/or surrogate.
- Expect to be cared for in a safe setting regarding patient environmental safety, infection control, security, and freedom from abuse or harassment.
- Receive care without the use of restraints unless medically reasonable issues have been accessed and pose a greater health risk without restraints.
- Participate in the development, implementation, and revision of his/her care plan.
- To Change providers if other qualified providers are available.

Complaints

We welcome suggestions and complaints, as well as appreciation. Your feedback is important to help us improve patient care and our environment. You may express your concern or complaint at any time to a staff member, department supervisor or administrator. The administrator reviews all complaints and attempts to rectify any issue within 48 hours of receipt. You will receive a written notice within 7 days that will describe notice of our decision, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion.

Complaints may also be directed to the following:

- **Yadessa Tola, Administrator:** 1000 140th Street West, Suite 102, Burnsville, MN 55337 Tel: 952-232-1110 E-mail: ytola@mnmvsc.com
- **State Agency:** Minnesota Department of Health-Office of Health Facility Complaints
<https://www.health.state.mn.us/facilities/regulation/ohfc/index.html>

- For more information about the complaint process, contact the Office of Health Facility Complaints E-mail: health.ohfc-complaints@state.mn.us. 651-201-4201 or 800-369-7994.
- **Office of Ombudsman:** <https://mn.gov/omhdd/contact/ombudsman-offices.jsp> PO Box 64971 St. Paul, MN 55164-0971, 651-431-2555 or 800-657-3591, TDD/TTY call 711
- **Medicare:** <https://www.medicare.gov/claims-appeals/how-to-file-a-complaint-grievance> Medicare Contact Center Operations PO Box 1270 Lawrence, KS 66044 1-800-633-4227
- **Accreditation Association for Ambulatory Health Care:** <https://www.aaahc.org/> 5250 Old Orchard Road, Suite 200 Skokie, IL 60077 Tel: 847.853.6060 Fax: 847.853.9028 E-mail: complaints@aaahc.org