



Dear Patient,

The Eagan Orthopedic Surgery Center is a physician owned state-of-the-art outpatient surgery center that specializes in Orthopedic procedures.

We take great pride in being a physician-owned surgery center with the goal of making every patient visit a positive experience. Our physicians, nurses, healthcare professionals, and administration are all actively involved in the operational decision-making to ensure that you receive the utmost in quality care and personalized service.

We strive to maintain the highest standards for patient care. Anesthesia services are provided by Southdale Anesthesiologists, LLC. Our Anesthesiologists also practice at Fairview Southdale Hospital in Edina, Minnesota. The Eagan Orthopedic Surgery Center is licensed by the MN Department of Health and is Medicare-certified.

When receiving care at Eagan Orthopedic Surgery Center, we request that outstanding charges be paid within the first month after receiving the first billing statement. It is your responsibility to pay any amount not covered by your insurance company. This payment policy excludes procedures not medically necessary. These are due at the time of service. If you do not have insurance, or if you have difficulty meeting the above payment requirements, please contact our **Billing Office at 952-456-7382**.

- **Insurance:** We will be happy to bill your insurance carrier. It is your responsibility to know your network coverage and benefits prior to surgery. If you should have further questions, please contact your insurance carrier. Without this information, your claim will be delayed. We will verify all of this information on the date of surgery and will have asked you to review this. Your cooperation is appreciated to ensure you medical claims process correctly.
- **Workers Compensation:** We will need: the workers compensation carrier, the claim number, your date of injury, the workers compensation contact person and phone number.
- **Auto insurance or liability insurance:** We will be happy to submit the claim to the carrier the first time, provided we have all the necessary information. You will ultimately be responsible for all charges and follow-up on these claims. Even though a claim is submitted to your insurance, you will also receive statements.

In addition to receiving a bill from Eagan Orthopedic Surgery Center, you may receive bills from your surgeon's office and anesthesia providers in the event any have provided services related to your procedure. Please direct questions regarding a specific bill to the phone number listed on the bill. They will assist you with questions regarding payment and balances.

1. **Eagan Orthopedic Surgery Center** – This facility charge includes nursing staff, technical staff, equipment, supplies, medications, and other items that were used during your stay with us.
2. **Southdale Anesthesiologists, LLC.** - This professional charge is for the assessment, supervision and administration of anesthesia by a medical doctor AND a certified nurse anesthetist before, during and after your procedure.
3. **Twin Cities Orthopedics** – This professional charge is for the surgeon or provider that performed your procedure. This professional group practices at our facility.

***Remember:** As the insured patient or guarantor, it is your responsibility to verify that all 3 organizations are in your plan's network, and to verify coverage amounts. Please contact your insurance plan to verify coverage.

Through the teamwork of our physicians and staff, the Eagan Orthopedic Surgery Center will do everything possible to make your surgical experience a positive one!

We look forward to exceeding your expectations and providing you with an outstanding surgical experience!

- The Physicians and Staff of the Eagan Orthopedic Surgery Center



Preoperative History & Physical

Please fax to 952-456-7101

Patient Name: _____ Date of Birth: _____
 Surgeon: _____ Date of Surgery: _____
 Date of Exam: _____

PREOP DIAGNOSIS / REASON FOR SURGERY: _____

SURGERY / PROCEDURES INDICATED: _____

HISTORY OF PRESENT ILLNESS: _____

Has a member of your Family or a Partner (now or in the past) intimidated, hurt, manipulated or controlled you in any way?

Yes No Referral needed: Yes No

PAST HISTORY:

Surgical (including any anesthetic problems): _____

Medical: CAD HTN Valvular heart disease Dysrhythmia CHF Pulmonary disease
 Other: _____

MEDICATIONS (include herbals and vitamins):

Aspirin / NSAID use in last 10 days: Yes No Steroid use in last 10 days: Yes No

Plavix use in last 7 days: Yes No

Medications	Dose	Frequency	Medications	Dose	Frequency

ALLERGIES: _____ Latex Tape **INTOLERANCES:** _____

SOCIAL HISTORY: (tobacco, alcohol, or drug use): _____

Health Care Directive: Yes No

Nutrition Status: _____

Learning Barriers: _____

FAMILY HISTORY: _____

FH of anesthesia reactions Yes No (if Yes, comment): _____ FH of bleeding disorder Yes No

REVIEW OF SYSTEMS (any history or symptoms of the following):

Yes	No	Comments if Yes	Yes	No	Comments if Yes
<input type="checkbox"/>	<input type="checkbox"/>	General Appearance: _____	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes/Endocrine: _____
<input type="checkbox"/>	<input type="checkbox"/>	Skin: _____	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular: _____
<input type="checkbox"/>	<input type="checkbox"/>	Head: _____	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory: _____
<input type="checkbox"/>	<input type="checkbox"/>	Eyes: _____	<input type="checkbox"/>	<input type="checkbox"/>	GI/Hepatitis: _____
<input type="checkbox"/>	<input type="checkbox"/>	Ears: _____	<input type="checkbox"/>	<input type="checkbox"/>	Urinary: _____
<input type="checkbox"/>	<input type="checkbox"/>	Nose: _____	<input type="checkbox"/>	<input type="checkbox"/>	Neurological: _____
<input type="checkbox"/>	<input type="checkbox"/>	Mouth and Throat: _____	<input type="checkbox"/>	<input type="checkbox"/>	Hematologic: _____
<input type="checkbox"/>	<input type="checkbox"/>	Infectious Disease: _____	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal: _____
<input type="checkbox"/>	<input type="checkbox"/>	Psychological: _____	<input type="checkbox"/>	<input type="checkbox"/>	Genito-reproductive: _____

EAGAN ORTHOPEDIC SURGERY CENTER

Phone: (952) 456-7100

Preoperative History & Physical

Please fax to 952-456-7101

Patient Name: _____

PHYSICAL EXAM:

Height: _____ Weight: _____ BMI: _____ Blood Pressure: _____
Pulse: _____ Respirations: _____ LMP: _____ Women of child bearing age need a pregnancy test:
Results _____

	Normal	Abnormal - describe		Normal	Abnormal - describe
General Appearance	<input type="checkbox"/>	_____	Heart	<input type="checkbox"/>	_____
Skin	<input type="checkbox"/>	_____	Abdomen	<input type="checkbox"/>	_____
Head	<input type="checkbox"/>	_____	Genitourinary	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	_____	Vaginal	<input type="checkbox"/>	_____
Ears	<input type="checkbox"/>	_____	Rectal	<input type="checkbox"/>	_____
Nose	<input type="checkbox"/>	_____	Musculoskeletal	<input type="checkbox"/>	_____
Mouth and Throat	<input type="checkbox"/>	_____	Lymphatics	<input type="checkbox"/>	_____
Neck	<input type="checkbox"/>	_____	Blood Vessels	<input type="checkbox"/>	_____
Thorax	<input type="checkbox"/>	_____	Neurological	<input type="checkbox"/>	_____
Breasts	<input type="checkbox"/>	_____	Other Findings/Diagnosis:		_____
Lungs	<input type="checkbox"/>	_____			

LAB / RADIOLOGY RESULTS:

Hgb: _____ PLT: _____ INR: _____ BUN/Creat: _____
CXR: _____ (New or unstable cardiopulmonary disease)
Electrolytes: K + _____ (Digoxin or diuretic use, or renal disease)
If Diabetic, Glucose: _____
EKG: _____ (Enclosed copy) (Consider age guidelines: patients ≥ 60 or patients with hypertension, diabetes, peripheral vascular disease, chest pain, CAD if not done in last 6 months)
ECHO: _____ Stress Testing: _____
PFT: FEV1 _____ FVC _____
Other Test Results: _____

IMPRESSION / ACTIVE PROBLEMS:

- CAD: Severity/functional status: _____ Stable Needs prep evaluation
Most recent evaluation/intervention: _____
 - HTN: Well controlled Other _____
 - Valvular heart disease (or undefined murmur): Lesions/severity _____ Stable Needs prep evaluation
Last Echo: _____
 - Dysrhythmia Atrial Fibrillation/Flutter Rate controlled Other: _____
 History of ventricular dysrhythmia _____
 - CHF (or history of): Etiology: _____ Well compensated Other: _____
Last Echo: _____
 - Pulmonary disease: COPD: _____ Restrictive Stable Other: _____
Last PFT: _____
 - Sleep Apnea History of: _____
- Other pertinent diagnoses: _____

PLAN: Patient's active problems diagnostically and therapeutically optimized for planned procedure.
 Other _____

Provider Signature: _____ **Date:** _____ **Time:** _____

Print Provider Name: _____

Clinic Name and Number: _____

CONSENT FOR ANESTHESIA SERVICES

2700 Vikings Circle
Eagan, MN 55121

I understand that the type(s) of anesthetic technique to be used is determined by many factors including my physical condition, the type of procedure my doctor is to do, his or her preference, as well as my own desire. Sometimes an anesthesia technique may not succeed completely, and therefore another technique, including general anesthesia, may have to be used.

All forms of anesthesia involve some risks and no guarantee or promises can be made concerning the results of my procedure or treatment. **ALTHOUGH RARE, SEVERE UNEXPECTED COMPLICATION CAN OCCUR WITH EACH TYPE OF ANESTHESIA, INCLUDING THE POSSIBILITY OF INFECTION, BLEEDING, DRUG REACTIONS, BLOOD CLOTS, LOSS OF SENSATION, LOSS OF VISION, LOSS OF LIMB FUNCTION, PARALYSIS, NERVE DAMAGE, STROKE, BRAIN DAMAGE, BLINDNESS, SEIZURES, SHOCK, HEART ATTACK OR DEATH.** I understand that these risks apply to **ALL** forms of anesthesia and that additional or specific risks have been identified below as they may apply to a specific type of anesthesia.

General Anesthesia	Expected Result	Total unconscious state, possible placement of tube in the windpipe.
	Technique	Drug injected into the bloodstream, breathed into the lungs, or by other routes.
	Risks (include but not limited to)	Mouth or throat pain, hoarseness, injury to mouth or teeth, awareness under anesthesia, injury to blood vessels, vomiting, aspiration, pneumonia, scratches of the eye, nausea, damage to the vocal cords and or surrounding nerves
Spinal Anesthesia	Expected Result	Temporary decreased or loss of feeling and/or movement to lower part of the body.
	Technique	Drug injected through a needle/catheter placed either directly into the fluid of the spinal canal or immediately outside it.
	Risks (include but not limited to)	Headache, backache, buzzing in the ears, convulsions, infection, persistent weakness, numbness, residual pain, injury to blood vessels, "total spinal", nausea
Nerve Block	Expected Result	Temporary loss of feeling and/or movement of a specific limb or area.
	Technique	Drug injected near nerves providing loss of sensation to the area of the operation.
	Risks (include but not limited to)	Infection, convulsions, weakness, persistent numbness, weakness, pain, injury to blood vessels, failed block, nausea
Intravenous Regional Anesthesia	Expected Result	Temporary loss of feeling and/or movement of a limb.
	Technique	Drug injected into veins of arm or leg while using a tourniquet.
	Risks (include but not limited to)	Infection, convulsions, persistent numbness, residual pain, injury to blood vessels, nausea.
Monitored Anesthesia Care	Expected Result	Reduced anxiety and pain, recall of operating room events is possible and acceptable, pain is usually controlled with numbing medicine
	Technique	Drug injected into the bloodstream, breathed into the lungs, or by other routes, producing a semi-conscious state.
	Risks (include but not limited to)	An unconscious state, awareness, depressed breathing, injury to blood vessels, aspiration, nausea.

Anesthesia services will either be administered by an Anesthesiologist alone, or more typically through an anesthesia care team, which includes Certified Registered Nurse Anesthetists under the supervision of an Anesthesiologist. All anesthesia providers are credentialed to provide anesthesia services at the health facility.

I understand the importance of providing my health care providers with a complete medical history, including the need to disclose any medication that I am taking, both prescription and over the counter. I also understand that my use of herbal remedies, alcohol or any type of illegal drug may give rise to serious complication and must also be disclosed. I further understand that I should also disclose any complication that arose from past anesthetics. **If I have any questions about my options or risk, I am expected to ask the Anesthesiologist.**

Pre-Surgery Checklist (30 days prior to surgery)

- Please call your insurance company to confirm your financial responsibilities for the surgery.
- Schedule an appointment for your history and physical with your primary care physician, within 30 days of your surgery. Please have it faxed *at least 3 days* prior to your scheduled surgery date.

MEDICATIONS: Discuss all medications/supplements you currently take with your family physician. IF YOU CURRENTLY TAKE ANY ANTICOAGULATION MEDICATION (BLOOD THINNERS) OR ASPIRIN, TALK TO THE PRESCRIBING DOCTOR about dosing before and after your surgery.

- Complete your online pre-surgical medical history. **This is to be done in addition to your preoperative physical.**

Please go to surgery center's website listed on the front cover.

Click "Click Here for your Pre-Operative Assessment".

Check the box to accept Terms of Use and click "Register" or "Sign-In".

Complete the registration and medical history screens, click Finish to submit your Medical passport to our facility.

If you need help with this process, please use the help link on the left side of the screens.

If you do not have access to a computer, the internet and/or need additional assistance, please call (952)456-7351 to talk to a pre-registration staff member.

Pre-Surgery Checklist (7 days prior to surgery)

- Verify your ride to and from the surgery center. You will NOT be allowed to use a cab, walk or drive yourself home. Your driver must be at least 18 years of age. We request that a responsible adult stay at the surgery center for the entirety of your procedure. If they are unable to stay, they must be **IMMEDIATELY** available after your surgery is completed. They will be receiving your discharge instructions.
- For your safety, identify who will be the caregiver staying with you for 24 hours after surgery.
- If you develop a sore throat, fever, cold or infection please call the surgery center.

Pre-Surgery Checklist (24 hours prior to surgery)

- The night before your surgery, complete your first shower, using Hibiclens antibacterial soap. Please see provided literature for instructions on obtaining and using Hibiclens soap.
- Please remove any nail polish or artificial nails.
- Follow instructions for stopping all food, drink and tobacco products, provided by the preoperative nurse phone call (the surgery center will call 48-72 hours prior to your surgery date). You can write this information on the cover of this folder under the IMPORTANT section.

Pre-Surgery Checklist (day of surgery)

- Prior to arrival, complete your second shower, using Hibiclens antibacterial soap.
- If you wear contact lenses or glasses, bring your case.
- Please follow the plan for medication dosing as instructed by your primary care physician.
- Wear your hearing aids, if applicable.
- Bring your inhaler, if applicable.
- Wear large, loose fitting clothing that you can easily take off and put on before and after your surgery. You may need to cover large bandages, slings or a cast. Be sure your clothing will accommodate your surgical dressing.
- Bring your I.D. and Insurance Card(s). Please leave all other valuables at home (Jewelry, purses, etc..)
- If you are being seen at Crosstown Surgery Center or Eagan Orthopedic Surgery Center, prepare to drop your prescriptions off at a pharmacy on the way home. The Crosstown Surgery Center and Eagan Orthopedic Surgery Center locations do not have an on-site pharmacy.
- Bring CPAP machine, if applicable.
- Bring any durable medical equipment (crutches, boots, slings, etc.) that you may have received at your clinic appointment.
- Bring this folder to surgery appointment.

SURGERY INFORMATION

- Crosstown Surgery Center**
4010 W. 65th St. Suite 300, Edina, MN 55435
P: (952) 456-7300 • F: (952) 456-7399
CrosstownSurgeryCenter.com
- Two Twelve Surgery Center**
111 Hundertmark Rd. Suite 340, Chaska, MN 55318
P: (952) 456-7900 • F: (952) 456-7901
TwoTwelveSurgeryCenter.com
- Eagan Orthopedic Surgery Center**
2700 Vikings Circle, Suite 300, Eagan, MN 55121
P: (952) 456-7100 • F: (952) 456-7101
EaganOrthopedicSurgeryCenter.com
- West Health Surgery Center**
2855 Campus Dr. Suite 200, Plymouth, MN 55441
P: (763) 302-2200 • F: (763) 302-2801
WestHealthSurgeryCenter.com

SURGERY INFORMATION

Patient: _____

Surgeon: _____

Procedure: _____

IMPORTANT

IMPORTANT DATES AND TIMES

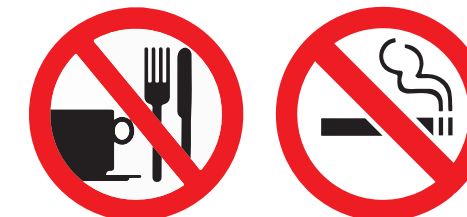
Date of Surgery: _____

Estimated Arrival Time: _____

***Actual Arrival Time:** _____

Date of Post-Op Appointment: _____

***Please Note:** The surgery center will call 2-3 days prior to your surgery date to give exact arrival time.



Do not eat solid foods or consume dairy products past: _____

Do not consume water past: _____

Please refrain from using alcohol or tobacco products 24 hours prior to your surgery.

Failure to comply with appropriate arrival times and all provided instructions may result in a delay or cancellation of your surgery.

HIBICLENS ANTIBACTERIAL SOAP

Obtaining Hibiclens Antibacterial Soap

If you need to obtain Hibiclens, it is available for pick up at the following locations:

- Crosstown Surgery Center: 4010 W. 65th St. Edina, MN 55435, Third Floor (no cost).
- Twin Cities Orthopedics – Edina: 4010 W. 65th St. Edina, MN 55435, Second Floor (no cost).
- Two Twelve Surgery Center: 111 Hundertmark Rd., Suite 340, Chaska, MN 55318, Third Floor (no cost).
- Eagan Orthopedic Surgery Center: 2700 Vikings Circle, Suite 300, Eagan, MN 55121, Third Floor (no cost).
- For purchase, at your local drug store or pharmacy.

Guide for using Hibiclens Antibacterial Soap

- You will complete two showers using Hibiclens. You will take one shower the night before your surgery and one the morning of surgery.
- If you plan to wash your hair, do so with your regular shampoo. Then rinse hair and body thoroughly to remove any shampoo residue.
- Avoid getting Hibiclens in your eyes, nose, ears, mouth or genital areas.
- Apply Hibiclens soap to a wet washcloth; gently cleanse your body from the neck down. Focus on the area of your body that you will have surgery, cleansing for 5 minutes.
- Do not scrub your skin or use a brush.
- Do not shave any hair from your body.
- Dry your body with a clean towel.
- Do not apply any lotions, powders, perfumes or hair products after washing.
- Wear clean clothing and sleep in clean bedding.

FAQs

(frequently asked questions)

about “Surgical Site Infections”

What is a Surgical Site Infection (SSI)?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery.

Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

Can SSIs be treated?

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things that hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What can I do to help prevent SSIs?

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.

- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

After your surgery:

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub.

If you do not see your providers clean their hands, please ask them to do so.

- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.

What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

If you have additional questions, please ask your doctor or nurse.

Co-sponsored by:





J. Chris Coetzee, MD

Potential Surgical Complications

Surgery has the potential to improve the lives of many patients. However, there are risks that are involved with ANY surgical procedure. For patients contemplating surgery, it is important to understand the risks and potential surgical complications associated with your particular procedure.

Below are potential surgical complications for review.

Failure to Resolve ALL Symptoms

Some pain may still be present even after a successful foot or ankle surgery. It is important to appreciate that there are MANY different potential sources of pain in the foot and ankle.

Asymmetric Gait (leading to pain elsewhere)

While recovering from foot surgery, patients often walk with an asymmetric gait leading to pain in other parts of the body often times the back and hip or knee on the opposite side. This compensation in gait may lead to irritation of tendons, muscles, and ligaments, which can become painful.

Nerve Injury / Neuritis

Numbness over the incision is a common occurrence following surgery and will likely resolve overtime. The risk of nerve injuries varies depending on specific procedures. Nerve injuries can result from a nerve being stretched while retracting the soft-tissues during surgery or if a nerve becomes entangled in scar tissue that forms in response to post-operative bleeding. This type of nerve irritation can cause symptoms, such as numbness and/or a burning sensation along the course of the nerve.

Complex Regional Pain Syndrome (CRPS)

CRPS is best described in terms of an injury to a nerve, soft tissue or bone that does not follow the normal healing path. When CRPS occurs, the nervous system becomes overactive causing an intense burning or aching pain.

Deep Vein Thrombosis / DVT (Blood Clot)/ Pulmonary Embolism (PE)

A DVT is a blood clot in the lower leg veins that help carry blood back to the heart. It is a relatively uncommon, but potentially serious complication of foot surgery.

A pulmonary embolism occurs when a blood clot breaks off and goes to the lungs. This is a very serious condition and can be potentially fatal. Your surgeon may anti-coagulate your blood if you have a major risk factor for developing a PE.

Infection

Serious deep infection following foot surgery does not happen commonly. About 1/100 or less patients experience this complication following a surgical procedure. People with diabetes, smokers, and those who have had a previous infection in the area, are at a higher risk of developing an infection.

Wound Healing Problems

Wound healing problems include scarring and wound breakdown that can lead to infection. People with diabetes, smokers, and those who have had previous surgery are at a higher risk of having a problem with wound healing.

Delayed Union / Non-Union

Many foot and ankle operations involve fusing joints (arthrodesis) or attempting to get fractures to heal. If a joint has not fused or a fracture has not adequately healed in the time that healing would be expected, then the area is said to be a delayed union.

Vascular Injury

Bleeding is not very common during surgery due to the use of a tourniquet. Vascular injuries that can occur following surgery include loss of blood supply to a distal extremity (like a toe).