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Our Patient
Satisfaction Score is

95%

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Address and Directions

27 S. Cooks Bridge Road Suite L2 Lower Level
Jackson, New Jersey, 08527
Phone: 732-928-1099
Fax: 732-833-1690

Hours of Operation:

Monday-Friday
7:00am-5:00pm

[Driving Directions \(https://www.google.com/maps/place/27+S.+Cooks+Bridge+Road+Suite+L2+Lower+Level+Jackson+New+Jersey+08527\)](https://www.google.com/maps/place/27+S.+Cooks+Bridge+Road+Suite+L2+Lower+Level+Jackson+New+Jersey+08527)

Welcome To Jackson Surgical Center

Thank you for visiting our website!

Jackson Surgical Center is conveniently located in the Hackensack Meridian Health Village.

If you are one of our patients, I want to provide you a special welcome along with my personal commitment to provide you and your physician with excellence in both the clinical care and experience you have at our facility. Your health care team is comprised of highly trained, caring professionals who share my commitment.

Our center performs a broad range of outpatient surgical procedures. Our mission is to care for every patient and their family as if they were our own. Each patient, each family, each and every time.

This website is designed to familiarize you with our facility, answer any potential questions, and provide you with necessary information concerning what to expect before and after your procedure.

If you are a potential employee, we ask you to explore the entire website. If, after your review, you embrace our mission and philosophy we hope you will apply for employment, using this website.

Sincerely,

Brad Cupito
Administrator

SurgiCARES <https://jacksonsurgicalcenter.com/financial-information>
Financing

[Click the link below to learn more about the financing options offered at this facility. \(https://jacksonsurgicalcenter.com/financial-information\)](https://jacksonsurgicalcenter.com/financial-information)

We are an affiliate of United Surgical Partners International, partnered with local physicians, and accredited by The Joint Commission.
We are fully licensed by the state of New Jersey and are Medicare certified.

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Jackson Surgical Center Nondiscrimination Notice

Jackson Surgical Center complies with applicable Federal civil rights laws and does not discriminate on the basis of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression. Jackson Surgical Center does not exclude people or treat them differently because of age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression. Our health plans are also subject to the section 1557 nondiscrimination requirements and will be operated accordingly.

Jackson Surgical Center:

- Provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
 - qualified sign language interpreters, video remote interpreting or other aids for hearing impaired individuals
 - written information in multiple formats including large print, audio, accessible electronic formats, or other formats for visually impaired individuals
- Provides free language services to people whose primary language is not English, such as:
 - qualified interpreters or a language line
 - information written in other languages

If you need these services, contact Jackson Surgical Center's ADA Coordinator at 732-928-1099.

If you believe that Jackson Surgical Center has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

ADA Coordinator
Jackson Surgical Center
27 S. Cooks Bridge Road Suite L2 Lower Level
Jackson, New Jersey 08527
Phone: 732-928-1099
Fax: 732-833-1690
mnoseworthy@uspi.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Jackson Surgical Center's ADA Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> (<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>), or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html> (<http://www.hhs.gov/ocr/office/file/index.html>).

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Patients Bill of Rights

- 1.To have reasonable access to the medical resources at Jackson Surgical Center without regard to race, color, national origin, age, sex, disability or financial status.
- 2.To have access to information about advance directives that would allow you to make your own healthcare decisions for the future and to have your chosen representative exercise these rights for you if you are not able to do so.
- 3.To be assured that our provision of care for you will not be conditioned on your advance directives
- 4.To be informed of these rights, as evidenced by the patient's written acknowledgement, or by documentation by staff in the medical record, that the patient was offered a written copy of these rights and given a written or verbal explanation of these rights, in terms the patient could understand. The facility shall have a means to notify patients of any rules and regulations it has adopted governing patient conduct in the facility;
- 5.To be informed of services available in the facility, of the names and professional status of the personnel providing and/or responsible for the patient's care, and of fees and related charges, including the payment, fee, deposit, and refund policy of the facility and any charges for services not covered by sources of third-party payment or not covered by the facility's basic rate;
- 6.To be informed if the facility has authorized other health care and educational institutions to participate in the patient's treatment. The patient also shall have a right to know the identity and function of these institutions, and to refuse to allow their participation in the patient's treatment;
- 7.To receive from the patient's physician(s) or clinical practitioner(s), in terms that the patient understands, an explanation of his or her complete medical/health condition or diagnosis, recommended treatment, treatment options, including the option of no treatment, risk(s) of treatment, and expected result(s). If this information would be detrimental to the patient's health, or if the patient is not capable of understanding the information, the explanation shall be provided to the patient's next of kin or guardian. This release of information to the next of kin or Patient Rights guardian, along with the reason for not informing the patient directly, shall be documented in the patient's medical record;
- 8.To participate in the planning of the patient's care and treatment, and to refuse medication and treatment. Such refusal shall be documented in the patient's medical record;
- 9.To be included in experimental research only when the patient gives informed, written consent to such participation, or when a guardian gives such consent for an incompetent patient in accordance with law, rule and regulation. The patient may refuse to participate in experimental research, including the investigation of new drugs and medical devices;
- 10.To voice grievances or recommend changes in policies and services to facility personnel, the governing authority, and/or outside representatives of the patient's choice either individually or as a group, and free from restraint, interference, coercion, discrimination, or reprisal;
- 11.To be free from mental and physical abuse, free from exploitation, and free from use of restraints unless they are authorized by a physician for a limited period of time to protect the patient or others from injury. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel;
- 12.To confidential treatment of information about the patient.
 - i. Information in the patient's medical record shall not be released to anyone outside the facility without the patient's approval, unless another health care facility to which the patient was transferred requires the information, or unless the release of the information is required and permitted by law, a third-party payment contract, or a peer review, or unless the information is needed by the Department for statutorily authorized purposes.
 - ii. The facility may release data about the patient for studies containing aggregated statistics when the patient's identity is masked;

- 13.To be treated with courtesy, consideration, respect, and recognition of the patient's dignity, individuality, and right to privacy, including, but not limited to, auditory and visual privacy. The patient's privacy shall also be respected when facility personnel are discussing the patient;
- 14.To not be required to perform work for the facility unless the work is part of the patient's treatment and is performed voluntarily by the patient. Such work shall be in accordance with local, State, and Federal laws and rules;
- 15.To exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any patient;
- 16.To not be discriminated against because of age, race, religion, sex, nationality, or ability to pay, or deprived of any constitutional, civil, and/or legal rights solely because of receiving services from the facility; and
- 17.To expect and receive appropriate assessment, management and treatment of pain as an integral component of that person's care in accordance with N.J.A.C. 8:43E-6.
- 18.To be supported in accessing protective services when requested.
- 19.To have unrestricted communication unless restrictions are a part of your treatment. Any restrictions will be explained to you and will be reviewed as your treatment changes.

Patient Responsibilities:

- To give your doctor and the Jackson Surgery Center staff complete and accurate information about your condition and care, including the reporting of unexpected changes in your condition to your physician and nurse.
- To follow the orders and instructions given by your doctor and instructions given by the staff for your care, including keeping follow-up appointments after discharge.
- To report unexpected changes in your condition to your physician and nurse.
- To bring a current copy of your advance directives to be placed in your medical record prior to the time of your admission.
- To accept responsibility for refusing treatment.
- To show consideration for other patients by following all rules and regulations pertaining to smoking, visitors, noise and general conduct.
- To accept financial obligations associated with your care.
- To be considerate of staff members who are caring for you. A mutual spirit of respect and cooperation allows us to serve you best.
- To advise your nurse, physician, caregiver and/or the business office staff of any dissatisfaction you may have regarding your care.

The administrator shall provide all patients and/or their families upon request with the name, address and telephone number to the following offices where complaints may be logged:

Division of Health Facilities Evaluation and Licensing

New Jersey State Department of Health CN367 Trenton, New Jersey 08625-0367

(800) 792-9770 and State of New Jersey Office of Ombudsman for the Institutionalized Elderly

CN808 Trenton, New Jersey 08625-0808 (877) 582-6995

About Your Surgery

Click on the **Frequently Asked Questions** below to learn about your surgery.

The questions below may help you for before, during, and after your surgery.

Before Procedure

What to expect before your day of procedure.

• What tests are required prior to my procedure?

Any pre-operative tests will be determined by your physician or anesthesiologist and communicated to you prior to the date of your surgery.

• Will I be contacted prior to my procedure by the facility?

Yes. You may receive up to three calls. You will be contacted a few days prior to surgery by a member of your health care team. This call will include a routine health assessment, instructions for the day of surgery, and answers to any questions you may have. You may also be contacted by someone in the facility's business office to address financial matters such as your responsibility for co-payments and deductibles. Finally, you may also be contacted by your anesthesiologist.

• What should I bring?

1. Please bring a photo identification and your insurance card(s). Our staff will need to verify and make copies when you check-in on the day of your surgery.
2. Be sure to bring any medications that you may need during your stay at the facility (e.g., inhaler or insulin).
3. Please bring a list of all drugs you are currently taking.
4. Please bring payment of any patient responsibility (e.g. co-payment or deductible)
5. Please do not bring rings, watches, or other valuables.

• Should I arrange a ride to the facility?

Yes. You will not be allowed to drive after surgery. Please arrange for an adult to drive you home and for someone to be with you when you arrive.

• What may I eat and drink before procedure?

Your physician or a pre-operative nurse will inform you of eating and drinking restrictions prior to surgery. It is very important that you follow the provided instructions. If you do not, your surgery may be delayed or cancelled.

• Should I take my routine medications on the day of procedure?

You will be given instructions regarding medications by your physician or a staff member. Also, as noted above, please be prepared to list all medications (including name and dose) you are taking and to bring any with you that may be needed during your stay (e.g., inhaler or insulin).

• What can I do to help ensure that I have the proper procedure on the correct site?

Your safety is our primary concern. Your entire health care team will follow rigorous guidelines regarding site identification and procedure confirmation. National Patient Safety Goals have been developed which require your involvement too. You will be asked numerous times to confirm both the procedure you are having and the surgical site. You should take a very active role in all discussions with your physician, your anesthesia provider and our staff regarding the identification of your procedure and the correct surgical site. In most cases, your surgeon will mark the site prior to your procedure.

• What can I do to help prevent a site infection?

Take a shower the night before and the morning of surgery. Follow these simple steps:

1. Wash your hair first with any shampoo.
2. Wash all of your body using a liquid antibacterial soap and a clean washcloth for each shower.
3. Rinse well to remove all soap.
4. Dry your body with a clean towel.
5. Do not use lotion, cream or powder.
6. Do not shave or clip the area where the surgery will be done unless your physician directs you to do so.
7. On the day of your procedure make sure you, your family and any other caregivers wash hands frequently while at the facility and at home following your surgery. Also, do not hesitate to ask members of your health care team at the facility if they have washed their hands!
8. After your procedure make sure you, your family and any other caregivers wash their hands frequently. Also, be sure you follow all instructions provided by your health care team regarding the care and cleaning of your surgical site as well as the administration of post-operative medications and bandages.

• Are there special considerations for a child having procedure?

We realize that surgery can be frightening for you and your child. The pre-operative call with the facility nurse is a great time to arrange a tour of the facility to ease any fears you both may be experiencing. If your child would like to have a stuffed animal or security blanket for added comfort, feel free to bring these items on the day of surgery. In the case of young children having surgery, it is best to have someone along with the driver to help care for the child on the trip home. If you experience any health changes between your most recent visit with your physician and the date of surgery, notify your physician immediately. Please report even minor changes, such as an elevated temperature, cough or cold. If you cannot reach your physician, please call the facility.

• What if I think I might be pregnant?

Please be sure to notify your physician, anesthesiologist and nurse prior to the date of surgery if you think you may be pregnant. The surgical procedure, anesthesia and medications may be harmful to a developing baby.

Day of Procedure

. What will happen when I first arrive at the facility?

When you arrive at the facility, you will be checked-in by a member of our staff. The admission process is usually very quick as we have obtained most of your information prior to your arrival. This final check allows us to verify all of your key information so we can better serve you.

. What should I wear?

For your comfort, we encourage you to wear clothing that can be easily removed and stored. Please avoid wearing any jewelry, piercings, nail polish and cosmetics, and leave contact lenses at home or bring your lens case with you.

. What should I do with my clothes and additional belongings?

A nurse will escort you into the pre-operative area where you will change your clothes. Your belongings will be safely stored until you are ready to go home. We recommend that you leave all valuables and additional accessories at home.

. What happens after I check-in?

A nurse will conduct a pre-operative assessment that will include taking your vital signs and starting an IV if it is required for your procedure. The anesthesia provider will also speak with you in the pre-operative area to review all pre-operative information and discuss your anesthesia. Our staff will keep your family and friends informed of your progress. We understand the anxiety family and friends will have while you are having your procedure. We will make every effort to keep them informed of your progress and when they will be able to re-join you after the procedure.

. What can I do to help ensure that I have the proper procedure on the correct site?

Your safety is our primary concern. Your entire health care team will follow rigorous guidelines regarding site identification and procedure confirmation. National Patient Safety Goals have been developed which require your involvement too. You will be asked numerous times to confirm both the procedure you are having and the surgical site. You should take a very active role in all discussions with your physician, your anesthesia provider and our staff regarding the identification of your procedure and the correct surgical site. In most cases, your surgeon will mark the site prior to your procedure.

. What can I do to help prevent a site infection?

Take a shower the night before and the morning of surgery. Follow these simple steps:

1. Wash your hair first with any shampoo.
2. Wash all of your body using a liquid antibacterial soap and a clean washcloth for each shower.
3. Rinse well to remove all soap.
4. Dry your body with a clean towel.
5. Do not use lotion, cream, or powder.
6. Do not shave or clip the area where the surgery will be done unless your physician directs you to do so.
7. On the day of your procedure make sure you, your family and any other caregivers wash hands frequently while at the facility and at home following your surgery. Also, do not hesitate to ask members of your health care team at the facility if they have washed their hands!
8. After your procedure make sure you, your family and any other caregivers wash their hands frequently. Also, be sure you follow all instructions provided by your health care team regarding the care and cleaning of your surgical site as well as the administration of post-operative medications and bandages.

. Will I see my physician prior to procedure?

Most likely. The nature of most procedures will require that you and your physician confirm both the specific type of procedure you are having as well as the surgical site of that procedure.

. How long can my family stay with me prior to my procedure?

This will depend upon a number of factors. However, we believe that familiar faces can assist in reducing your anxiety about the procedure, so please do not hesitate to inform the nurse that you would like a friend or family member to sit with you.

. Can my child keep a special blanket or stuffed animal to ease his/her fears?

Absolutely. If your child would like to have a stuffed animal or security blanket for added comfort, feel free to bring these items on the day of surgery. Also, bring your child's bottle or "sippy cup" for after surgery if they cannot drink from a regular cup.

. When should I arrive?

You will receive instructions regarding arrival time during your pre-operative phone call. It is important that you arrive at the designated time.

. What if I think I might be pregnant?

Please be sure to notify your physician, anesthesiologist and nurse prior to the date of surgery if you think you may be pregnant. The surgical procedure, anesthesia and medications may be harmful to a developing baby.

. Can I smoke?

No. We advise against smoking on the day of your procedure. Smoking may interfere with the anesthesia and frequently produces nausea during the recovery period.

Anesthesia

. Are there different kinds of sedation or anesthesia?

Yes. There are five different categories of sedation and anesthesia: Conscious Sedation, General, Regional, Monitored Anesthesia Care and Local Anesthesia. Regardless of the type of sedation or anesthesia that you receive, special anesthetic agents and techniques are used to provide a safe and speedy recovery. If there are alternative choices available for your surgery, and often there are, your physician or anesthesia provider will discuss them with you before surgery.

. May I request the type of anesthesia I will receive?

Depending on the type of surgery, there may be anesthetic options. Your physician or anesthesia provider will discuss available options with you after reviewing your medical history.

. Will I receive any sedatives before procedure?

Together, you, your surgeon and your anesthesia provider will develop an anesthetic care plan. This plan may include preoperative sedation and other medications if necessary.

. What are the risks of anesthesia?

All surgical procedures and all anesthetics have risks. These risks are dependent upon many factors, including the type of surgery and the medical condition of the patient. Your anesthesiologist will assess you preoperatively and every precaution will be taken to minimize your risk. We routinely see minor symptoms such as nausea and vomiting, sore throat, dizziness, tiredness, headache, muscle aches and pain, most of which are easily treated. Please feel free to discuss any questions with your anesthesia provider.

. Will I be billed separately by the anesthesiologist?

Yes. You will receive a separate bill from your anesthesia provider if anesthesia was administered.

. Why must I refrain from eating and/or drinking prior to procedure?

It is important to refrain from eating and/or drinking prior to surgery in order to prevent the risks of aspirating gastric contents (complication related to vomiting) during your surgery. This complication may be very serious. Specific instructions based on national safety standards will be provided to you prior to your procedure. It is very important that you follow the provided instructions. If you do not, your surgery may be delayed or cancelled.

After Procedure

. What will happen if I am not able to go home?

Admissions to a hospital from a surgery center happen occasionally. In certain circumstances, your physician or anesthesiologist may determine that you need to be transferred to a hospital for additional post operative care.

. What if I am not feeling well once I get home?

If you are in serious pain, or exhibit warning symptoms described in your discharge instructions, please call your physician, go to the nearest emergency room or call 911.

. What can I eat when I get home?

Your surgeon may have specific recommendations for your post operative diet. We generally suggest that you eat lightly after surgery, and strongly encourage you to drink plenty of fluids. You should avoid alcoholic beverages.

. What can I do to help prevent a post operative infection?

In addition to following the recommendations below, follow your post operative instructions carefully and notify your physician if you have any signs or symptoms which concern you.

Take a shower the night before and the morning of surgery. Follow these simple steps:

1. Wash your hair first with any shampoo.
2. Wash all of your body using a liquid antibacterial soap and a clean washcloth for each shower.
3. Rinse well to remove all soap.
4. Dry your body with a clean towel.
5. Do not use lotion, cream or powder.
6. Do not shave or clip the area where the surgery will be done unless your physician directs you to do so.
7. On the day of your procedure make sure you, your family and any other caregivers wash hands frequently while at the facility and at home following your surgery. Also, do not hesitate to ask members of your health care team at the facility if they have washed their hands!
8. After your procedure make sure you, your family and any other caregivers wash their hands frequently. Also, be sure you follow all instructions provided by your health care team regarding the care and cleaning of your surgical site as well as the administration of post-operative medications and bandages.

. How will my pain be managed?

The management of your pain is of great importance to us. We will be assessing your level of pain from the time of admission until you receive our post operative call at home. During your stay at the facility, you will be repeatedly asked to rate your pain using a numerical scale (1-10), or for children, the "Faces Pain Scale" (shown below).

We will often use a combination of different modalities to help make you comfortable - choosing from oral medications, intravenous medications, nerve blocks, injection of local anesthetic during the surgery, etc. Prior to the surgery, the management of your pain should be discussed with both your anesthesiologist and surgeon. Please feel free to bring up any concerns or fears you may have. Remember that information on pain management gives you the appropriate expectations and hence a smoother, more comfortable recovery. It is important to follow instructions regarding your post operative pain medication closely. Many pain medications take 20 to 30 minutes to begin to work. For best results, the pain medication should be taken before the pain becomes too strong.

. Can my family be with me after procedure?

Yes. After surgery, you will be taken to a recovery area. A nurse will monitor your vital signs and make sure you are comfortable as the anesthesia begins to wear off. Once you are awake and alert, your family will be invited back to the recovery area. Special arrangements are made for children having surgery.

. May I drive home?

No. Patients will not be allowed to drive after a procedure and must make necessary transportation arrangements. If you plan to walk or take public transportation from our facility after a procedure, please make sure you are accompanied by a responsible adult.

. Should I continue my usual medications after procedure?

Most patients should continue their usual medications after surgery. Patients who have diabetes and those patients on blood thinners may require some adjustment of their medications. These instructions will be clarified with you before you leave the facility. If you have any questions, please call your surgeon or primary care physician.

. How long will I stay after my procedure?

The amount of recovery time varies from patient to patient. After your procedure, a nurse will monitor your vital signs and make sure you are alert and stable. You will be sent home as soon as your health care team feels it is safe to discharge you from the facility.

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Toll Free: (888) 985 - 2727 · Fax: (609) 567 - 8832

Patient No Show Agreement / Penalty

Welcome to Relievus. We are glad you have made an appointment for yourself or a family member.

Effective October 1, 2017 we will enforce a new Cancellation and No-Show Policy for Procedures. In order to provide you with high quality health care it is important for you to keep your scheduled appointment with the medical provider. Valuable time has been reserved for you or your family member. A missed appointment or late cancellation of an appointment results in lost time which could have been given to another person waiting to receive care. *Every day we get may calls for appointments. By cancelling your appointment as soon as possible, we can help other patients who are waiting to be seen.*

Our office will try to call 1-2 days ahead and remind you of your appointment; however, it is your responsibility to keep record of your appointment and to arrive on time. If you need to cancel or reschedule your appointment please call 24 hours in advance between the hours of 8:00A and 5:00P. Patients who cancel appointments with less than **24 hours' notice will be considered a No Show**. Every No-Show visit will be recorded in your chart. Multiple No-Show appointments within a **six-month period** can end your ability to make appointments for procedures/treatments, EMG and EEG testing.

We realize that an emergency may occur, and you may not be able to notify us. We will discuss that situation with you when it happens.

No-Show Fee: You will be charged a fee of \$100.00 for each no-show. You will still be able to receive medical services with our providers.

After Three (3) No-Shows: Your scheduling privileges will be suspended for six months and you will be treated for conservative care only, depending on provider availability. We cannot guarantee that you will be seen.

Thank you for working with us to ensure that services are provided to all our patients in the best possible way.

Acknowledgement of No-Show Agreement / Penalty

Signature: _____	Date: _____
Print Name: _____	Date of Birth: _____
If Patient is a Minor Print Name: _____	Date of Birth: _____



Toll Free: (888) 985 - 2727 · Fax: (609) 567 - 8832

Informed Consent for Pain Procedures

You have a pain problem that has not been relieved by routine treatments. A procedure, specifically an injection or operation, is now indicated for further evaluation or treatment of your pain. There is **NO guarantee** that a procedure will cure your pain, and in rare cases, **it could become WORSE**, even when the procedure is performed in a technically perfect manner. The degree and duration of pain relief varies from person to person, so after your procedure, we will reevaluate your progress, then determine if further treatment is necessary. Your physician will explain the details of the procedure listed below. Tell the physicians if you are taking any blood thinners such as **Plavix, Aspirin, Coumadin, Lovenox, or Heparin**, as these can cause excessive bleeding and a procedure should **NOT** be performed. Alternatives to the procedure include medications, physical therapy, acupuncture, surgery, etc. Benefits include increase likelihood of correct diagnosis and/or of decrease or elimination of pain.

Risks are

- **Increased pain and allergic reaction** from local anesthetics, iodine, contrast (X-Ray dye), materials containing latex, IV anesthetics and/or other medications.
- **Allergic reaction from steroid**; facial flushing, elevation in blood glucose, headache, increased appetite, weight gain, swelling, menstrual irregularities, hoarseness, numbness, infection, abnormal heartbeats, increased blood pressure, stroke, heart attack, insomnia, etc.
- **Infection** on skin, tissue, bones, joints, discs, nerves, ligaments, possibly blood stream (Sepsis), brain and spinal cord (Meningitis) may require hospitalization.
- **Bleeding** into epidural space (Epidural Hematoma) and into spinal canal (Spinal Hematoma) may require surgical interventions such as an evacuation of blood from epidural space or spinal canal and decompression surgery.
- **Nerve damage, nerve injury, tissue injury, tissue damage, temporary and permanent numbness and/or weakness, paralysis, spinal cord injury, urinary and/or fecal incontinence.**
- **Headache** ("Spinal headache") may require blood patch (injecting your own blood into epidural space) and hospitalization.
- **Death**
- **Stellate Ganglion Block**: In addition to the above complications, hoarseness, difficulty swallowing, seizure, air in lung requiring a chest tube in the hospital.
- **Trigger Point Injection, Peripheral Nerve block, Occipital Nerve Block**: In addition to the above complications, **air in lung (Pneumothorax)** requiring chest tube in hospital, local pain from tissue and/or nerve irritation, dimpling of depression in skin.
- **Joint Injection**: In addition to the above complications, **injection and fluid collection in the joint(s)** may require antibiotic treatment, fluid aspiration and surgical interventions.

Procedure: _____

The incidence of serious complications listed above requiring treatment is low, but it may still occur. Your physician believes the benefits of the procedure outweigh its risks or it would not have been offered to you, and it is your decision and right to accept or decline to have the procedure done. **I have read or had read to me** the above information including the Pre-Procedure Patient Instruction page. I **UNDERSTAND** there are risks involved with spinal procedure, to include rare complications, which may not have been specifically mentioned above.

The risks have been explained to my satisfaction and I accept them and consent to any procedure which is performed by **a Relievus Medical Provider and its' associates including Physician Assistants and Nurse Practitioners in Relievus, LLC**. I herein authorize physicians, nurse practitioners and their associates in Relievus, LLC to perform this procedure. I also understand that one of the greatest risks involved with pain management procedures involves various medications taken, allergies and my general medical condition. I will inform the doctor of any blood thinning medication taken or any changes in other medications, allergies or medical condition prior to any procedure.

_____	_____	_____
Patient/Legal Guardian Print Name	Patient Signature	Date
_____	_____	_____
Witness Print Name	Witness Signature	Date

Medical Provider Declaration: I and/or my associate have explained the procedure and the pertinent contents of this document to the patient and have answered all the patient's questions. To the best of my knowledge, the patient has been adequately informed and the patient has considered to the above described procedure.

_____	_____	_____
Medical Provider's Name	Medical Provider's Signature	Date



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Pre-Procedure Patient Instructions for Pain Management
(Your procedure is done at an Ambulatory Surgical Center or Hospital)

- Come with an **empty stomach**.
- Do **NOT** eat or drink anything at least **8 hours prior** to your procedure. (No food, water, soda, coffee, tea, Gatorade).
- Do **NOT** chew gum or suck on any candy/mint.
- If you are taking “blood thinning” medications, we must have a letter from the prescribing physician giving permission for you to stop the medication for the appropriate time period. Do not stop your medication until you have discussed this with your prescribing doctor and have written permission.

Injectable Medications:

- Aggrastat (tirofiban) Stop **8 hours prior** to procedure.
- Angiomax (bivalirudin) Stop **14 days prior** to procedure.
- Arixtra (fondaparinux) Stop **7 days prior** to procedure.
- Heparin Stop **24 hours prior** to procedure.
- Integrilin (eptifibatide) Stop **8 hours prior** to procedure.
- Iprivask (desirudin) Stop **14 days prior** to procedure.
- Lovenox Stop **24 hours prior** to procedure.
- Novastan (argatroban) Stop **14 days prior** to procedure.
- Orgaran (danaparoid) Stop **7 days prior** to procedure.
- Refludan (lepirudin) Stop **14 days prior** to procedure.
- ReoPro (abciximan) Stop **2 days prior** to procedure.

Medications Taken by Mouth:

- Aspirin or aspirin containing medications (such as Excedrin) Stop **7 days prior** to procedure.
- Brilinta (tricagrelor) Stop **5 days prior** to procedure.
- Coumadin (warfarin) Stop **5 days prior** to procedure.
- Dicumerol/Dicumarol Stop **5 days prior** to procedure.
- Effient (prasugrel) Stop **7 days prior** to procedure.
- Eliquis (apixaban) Stop **3 days prior** to procedure.
- Elmiron Stop **5 days prior** to procedure.
- Exanta (elagatran/ximelagatran) Stop **14 days prior** to procedure.
- NSAIDs (Ibuprofen, Naproxen, Aleve, Diclofenac, Motrin, Advil, Mobic, Deuxis, Zorvolex, Zipsar, Vivlodex, Meloxicam, Voltaren, Arthrotec, Relafen, Indocin, Celebrex or similar anti-inflammatory medications etc.) Stop **3 – 5 days prior** to procedure.
- Persantine (dipyridmole) Stop **7 days prior** to procedure.
- Plavix (clopidogrel) Stop **7 days prior** to procedure.
- Pletal (cilostazol) Stop **7 days prior** to procedure.
- Pradaxa (dabigatran) Stop **2 days prior** to procedure.
- Xarelto (rivaroxaban) Stop **2 days prior** to procedure.
- Ticlid (ticlopidine) Stop **14 days prior** to procedure.
- Vitamin E Stop **3 days prior** to procedure.
- Do **NOT** take NSAIDs (Ibuprofen, Naproxen, Aleve, Diclofenac, Motrin, Advil, Mobic, Deuxis, Zorvolex, Zipsar, Vivlodex, Meloxicam, Voltaren, Arthrotec, Relafen, Indocin, Celebrex or similar anti-inflammatory medications etc.) **3-5 days prior** to your procedure (Acetaminophen = Tylenol is acceptable).
- Do **NOT** take Vitamin E, Fish Oil, Garlic, Ginki, Ginseng **5 days prior** to the procedure.

- If you are not sure, please feel free to ask us or call your local pharmacist.
- **Please continue to take** your blood pressure pills, seizure medications, asthma medications, thyroid medication, pain medications as prescribed/scheduled with a sip of water.
- You should have an **ESCORT** to drive you home due to the nature of the procedure. **THIS IS MANDATORY!** THE DRIVER MUST MEET you in the car. Procedures will be cancelled if you do not have a driver.
- You might require pre-procedure blood work if your procedure is a Discography, Disc Decompression or Spinal Cord Stimulator insertion.
- If you are allergic to **Latex**, please tell the physician immediately.
- If you are allergic to **Shell-Fish, Iodine Contrast, IVP Dye or CT Scan Contrast**, please tell the physician immediately.
- Please arrive **30 minutes before** your appointment time. This allows us time to complete the necessary paperwork and nursing assessments prior to the procedure.
- Wear loose fitting clothing the day of your procedure.
- Do not apply powder or cream over the area where the procedure is to be performed.

For more information, visit our website www.relievus.com or call the office at (888) 985-2727.

Female Patients

- If you are pregnant or trying to get pregnant, you **MUST** inform us immediately.
- **Urine pregnancy test** will be done prior to the procedure.

Diabetic Patients

- If you are Diabetic, you need to let us know and we will schedule your procedure early in the morning.
- Take ½ of your long acting insulin the morning of your procedure only.
- DO NOT take any oral diabetic medications.
- Please, check your glucose (finger stick) at home on the procedural day.

The above instruction was given to me and/or my guardian(s) at least 72 hours prior to the procedure. I have read or had read to me the above information including the surgical consent. I have followed the above instruction.

Patient or Legal Guardian’s Name: _____

Patient’s Signature: _____

Date: _____



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Home Care Instruction After Pain Procedure

Insertion Site Care

- Ice packs, if needed for the first 24 hours. Warm moist heating pads after that.
- May alternate ICE & HEAT every 10 minutes after 24 hours.

Activity

- Take it easy today! REST for 24 hours. Then, increase activity as tolerated.
- If you have weakness or numbness anywhere caused by the pain block, limit activity until sensation returns to normal.
- You may take a shower the next day and remove the band-aids.
- Avoid tub baths, whirlpools and swimming pools for the next 2-3 days.
- **If you received sedation via IV or you took any oral sedative medication (Valium, Xanax, Ativan, or Klonopin), DO NOT drive any vehicle, DO NOT operate any equipment for the next 24 hours and DO NOT make any important decisions for the next 24 hours.**

Diet & Med

- Drink plenty of fluids and resume normal diet as tolerated.
- Resume your medications as instructed including pain medication.
- Resume "Blood Thinners" Plavix, Coumadin, ASA, etc. as scheduled.
- You may take extra Tylenol and/or Motrin (Ibuprofen) if pain at the injection site.

What to Expect After the Procedure

- You may experience increased pain for 24 hours to 5 days after the injections, or a stiff, full, tight feeling. This is normal. Use ice and heat as needed.
- You may have bruising at the injection site. If so, apply ice.

Notify Your Doctor if Any of the Following Occur at (888) 985-2727

- Any skin rashes, hives, shortness of breath, or wheezing.
- An increase in your level of pain unrelieved by regular means.
- Persistent nausea or vomiting.
- Persistent headache which worsens upon sitting or standing.
- Chills/Fever (temperature greater than 101° F).
- To help us check the results of your pain block, please note if and when your pain returns. Also, record the time you begin taking any pain medications.
- Any other questions/concerns call the doctor's office at **(888) 985-2727**.

Follow Up

- You should have a follow up appointment within 2-3 weeks. Please call the office at **(888) 985-2727** for a follow up appointment.
- Please try to remember quality of pain relief (0% ~ 100% pain relief) and the duration (3 hours, 1 day, 14 days, etc.)

Patient/Legal Guardian Signature

Date