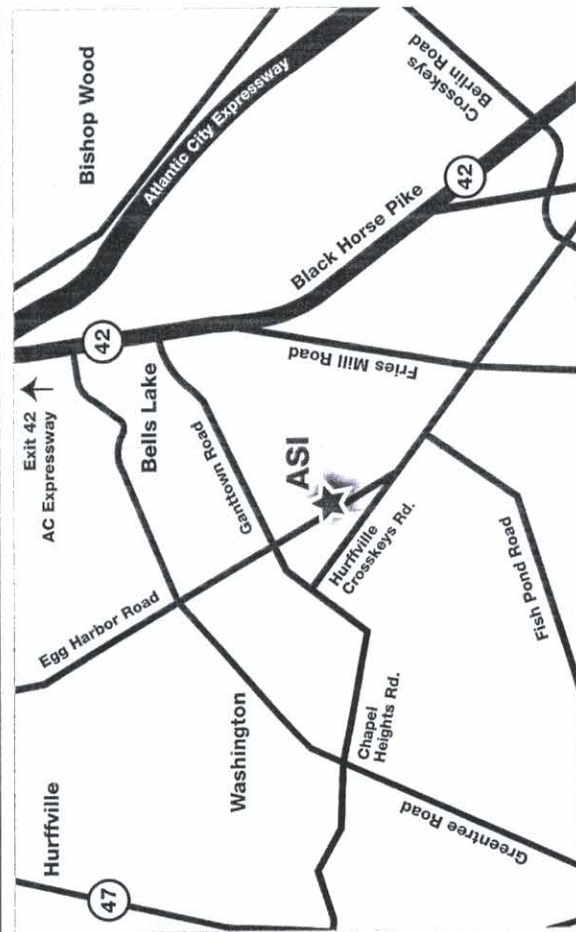


Advanced Surgical Institute 556 Egg Harbor Road, Sewell, NJ 08080



Conveniently located in Washington Township on Egg Harbor Road in Sewell, New Jersey.

Phone: 856-256-7620 • Fax: 856-256-7621
www.advancedsurgicalinstitute.org



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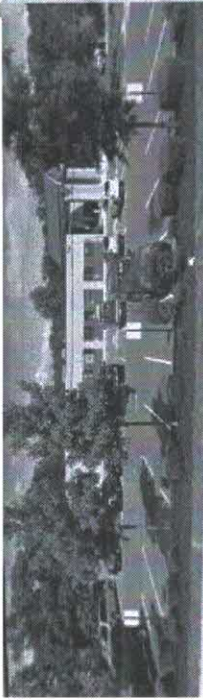
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Surgical Center

Directions

- SAVE
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- SEND TO YOUR PHONE
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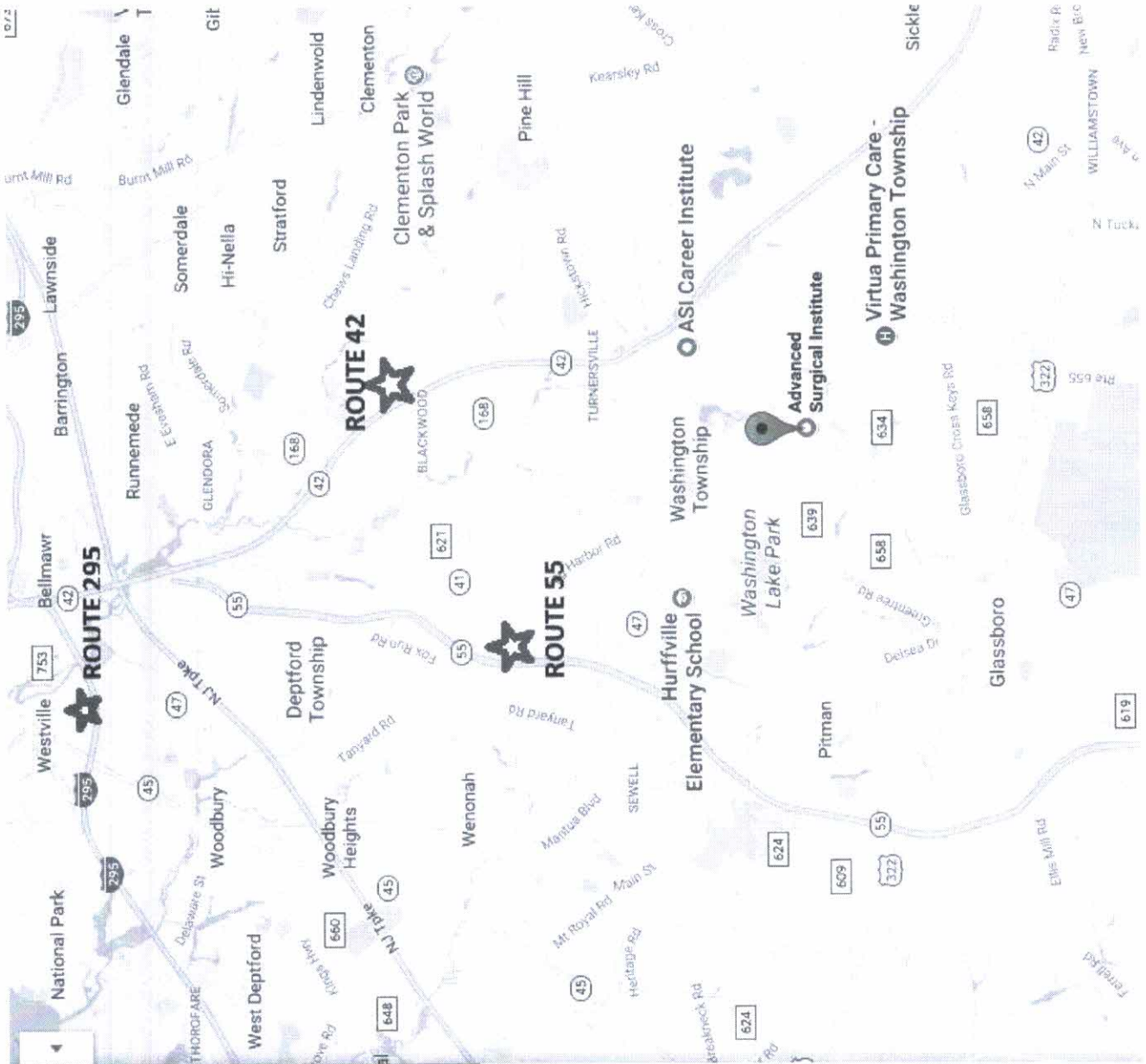
(856) 256-7620

Open now: 6:30AM - 5PM

Suggest an edit

Add a label

Popular times Tuesdays





at the time you schedule surgery

1

You will need to have a history and physical done within 30 days of surgery. Ask your surgeon whether he or she will complete the form, or whether your general practitioner will, and whether you need to do anything to help.

- Ask whether you need to have any lab work done and when you should schedule it.
- Notify any member of the surgery center staff of any allergies / reaction to medication and sensitivity to latex.
- Although it is not mandatory, you can call to setup an appointment to meet with the anesthesiologist prior to the day of your surgical procedure to discuss the best anesthetic for your procedure.
- Bring any information regarding any anesthesia complications with you or your family members - difficult intubation, high temperature post op, difficult waking up, prolonged hospital stays or prolonged time on a ventilator.



one week ahead

2

Arrange for a responsible adult to accompany you home and stay with you for the first 24 hours. You will not be allowed to drive home by yourself.

- Register online for your surgery by going to our website www.advancedsurgicalinstitute.org and click on PATIENT REGISTRATION. This will bring up One Medical Passport for you to complete your registration process online.
- If there is any change in your physical condition—even a scratchy throat—call your surgeon's office and let him or her know.



the day before

3

The surgery center will call to confirm your appointment. If you have any last-minute questions, please don't hesitate to ask.

- **Do not drink or eat anything after midnight of the night before your surgery—including gum, candy, mints, or a glass of water—unless you get specific instructions otherwise from your surgeon or the surgery center.**



the day of surgery

4

Dress in light, loose clothing. Button shirts are preferable to pullovers and are essential if you are having shoulder surgery. Loose, drawstring pants are ideal. Do not wear makeup, nail polish, jewelry, hair spray, or perfume of any kind.

- Arrive 1 hour before your scheduled operation, unless directed otherwise.
- Bring:
 - All your current medications including herbal supplements.
 - An eyeglass case if you wear glasses.
 - Your crutches, if you are having foot, knee, or ankle surgery.
 - Your insurance forms (unless you already mailed them).
 - Your insurance ID card(s).
- Do not bring:
 - Valuables. You should bring your ID and insurance cards, but leave your wallet, cash or credit cards, jewelry, and the like at home.
 - Small children. Anyone who comes with you should be attending to you. If you are accompanying a child patient, you need your full attention for that child and must not be distracted by caring for other children.
 - Contact lenses. If you must wear them because you don't have glasses, bring the case with you so you can store them during the operation.



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: _____



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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