

# Directions to:

Midtown Surgery Center  
1919 E. 18th Street  
Denver, CO 80206  
303-322-3993

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## From the NORTH:

Approach Denver from the north by southbound I-25

- > From I-25, take I-70 East to Exit 275C, York.
- > Go south on York to 18th Avenue.
- > Turn right onto 18th Avenue (go about 4 blocks).
- > Turn right into Midtown parking lot just past High Street.

## From the WEST:

Approach Denver from the west by eastbound I-70

- > Take I-70 East to Exit 275C, York.
- > Go south on York to 18th Avenue.
- > Turn right onto 18th Avenue (go about 4 blocks).
- > Turn right into Midtown parking lot just past High Street.

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## From the SOUTH:

Approach Denver from the south by northbound I-25

- > From I-25, take Colorado Boulevard North at Exit 204.
- > Take this to 17th Avenue (3 blocks north of Colfax Avenue).
- > Turn left (West) onto 17th Avenue, staying in the right lane. At Josephine Street the road jogs right. Go straight through the light. You will now be on 18th Avenue.
- > Four blocks after Josephine Street - Midtown is on the right.

## From the EAST:

Approach Denver from the east by westbound I-70

- > From I-70, take Exit 276 - Colorado Boulevard South.
- > Take this to 17th Avenue (1st stoplight past City Park).
- > Turn right (West) onto 17th Avenue, staying in the right lane. At Josephine Street the road jogs right. Go straight through the light. You will now be on 18th Avenue.
- > Four blocks after Josephine Street - Midtown is on the right.



*Excellence in Motion*

1830 Franklin Street, Suite 450  
Denver, CO 80218  
Phone: 303-321-1333  
Toll-Free: 888-900-1333  
Fax: 303-321-0620

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Disorders of the Knee

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Please Note:

Your surgery  
time is subject to  
change. Please  
make yourself  
available all day.

Thank you!

# NO FOOD OR LIQUIDS

(Includes no water, candy gum, breath mints.....**NOTHING**)

# AFTER MIDNIGHT!

If you have **ANYTHING** by mouth after 11:59 p.m., we will have to

**CANCEL YOUR SURGERY!!**

**\*\*\*Morning of surgery\*\*IMPORTANT\*\*Morning of surgery\*\*\***

**Please brush teeth with toothpaste, rinse and spit. NO GARGLING**

**TAKE ONLY the following medications with ONE SIP of water:**



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## ASPIRIN/BLOOD THINNER PROTOCOL

FOR PATIENTS NORMALLY TAKING COUMADIN, WHO  
HAVE NOW BEEN ASKED TO SUBSTITUTE WITH LOVENOX IT IS REQUESTED  
THAT YOU DISCONTINUE THE LOVENOX A MINIMUM OF 24 HOURS PRIOR TO  
SURGERY, OR THERE IS A POSSIBILITY YOUR SURGERY WILL BE CANCELLED.

DO NOT TAKE ASPIRIN OR ASPIRIN RELATED PRODUCTS FOR TWO (2) WEEKS  
PRIOR TO YOUR SURGERY - BELOW IS A LIST FOR YOUR CONVENIENCE.

The taking of aspirin and/or aspirin related medications can prove  
harmful to your body's perioperative healing process. Aspirin  
chemically inhibits the ability of the body to form stable clots  
necessary to permit proper healing.

If you are currently taking any medication and are unsure as to  
whether it contains aspirin or has a similar effect as aspirin  
(preventing the formation of stable blood clots), please do not  
hesitate to contact your pharmacist for additional information.

4-Way Cold Tabs  
Actron  
Advil Caps and Tabs  
Aleve  
Alka Seltzer Plus Night-Time Cold Medicine  
Alka Seltzer Plus Cold Medicine  
Alka Seltzer Extra Strength  
Alka Seltzer (Flavored)  
Alka Seltzer Antacid/Pain Reliever  
Anacin Analgesic Caps & Tabs  
Anacin Maximum Strength Tabs  
Anacin Arthritis Pain Formula  
Anaprox  
Ansaid  
Ascriptin w/Codeine Tabs  
Axotal  
B-A-C #3 Tabs  
Bayer Aspirin Tabs & Caps  
Bayer Maximum Aspirin Tabs & Caps  
Bayer 8 Hour Time Release Aspirin  
Bufferin Analgesic Tabs  
Bufferin Arthritis Strength Tabs  
Carisoprodol Compound Tabs  
Cataflam  
Celebrex

Clinoril	N-saids
Damason-P	Norgesic Forte Tabs
Darvon with ASA	Norgesic Tabs
Darvon-N with ASA	Nalfon
Daypro	Nabumetone
Dia-Gesic Improved	Naprelan
Diclofenic Sodium Potassium	Naproxen
Disalcid	Naproxen Sodium
Dolobid	Naproxyn
Dolobid #3 Tabs	Nuprin Tabs
Easprin	Orphengisc w/Caff & Aspirin
Ecotrin	Orudis
Ecotrin Max Strength Tabs	Oxycodone w/Aspirin tabs
Empirin with Codeine	Oruvail
Equagesic Tabs	Oxaprozin
Etodolac	Percodan Tabs & Demi Tabs
Feldene	Persistins
Fenoprofen	Piroxicam
Fiogesic Tabs	Regular strength tabs
Fiorinal Tabs & Caps	Relafen
Fiorinal with Codeine Caps	Robaxisal Tabs
Geiprin Tabs	Roxiprin Tabs
Ibuprofen Tabs	Rulen Tabs
Indocin	Salflex
Indomethacin	Salicylate's
Ketoprofen	Soma Compound Tabs w/Codeine
Lodine	Soma Compound Tabs
Lortab ASA Tabs	Sulindac
Medipren Tabs & Caps	Supac
Midol 200	Synalgos DC Tabs
Motrin	Talwin
Motrin 200	Talwin Compound
Motrin Tabs	Tolmetin
Mobic	Tolectin
Meloxicam	Tolectin DS or 600
	Trilisate
	Vanquish Analgesic Caps

You may take Tylenol, Anacin 3 or Datril as they do not contain aspirin.

Attention Men: Please discontinue any erectile dysfunction medications 1 week prior to surgery.



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## Herbal Supplement Instructions

IF YOU ARE TAKING ANY OF THESE HERBAL SUPPLEMENTS (LISTED BELOW), WE ASK THAT YOU **STOP TAKING THEM 2 WEEKS PRIOR TO YOUR SURGERY.**

- ECHINACEA
  - EPHEDRA
  - GARLIC
- THIS DOES NOT MEAN GARLIC IN YOUR FOOD.**
- GINKGO
  - GINSENG
  - KAVA
  - ST. JOHN'S WART
  - TURMERIC
  - VALERIAN
  - FLAX SEED OIL, VITAMIN E AND FISH OIL
  - MARIJUANA
  - ANY TYPE OF DIET PILLS (METABOLIFE, HERBALIFE, ETC)

IT WAS RECENTLY REPORTED THAT THESE HERBAL SUPPLEMENTS MIGHT CAUSE HARM DURING AND/OR AFTER SURGERY.

THANK YOU FOR YOUR COOPERATION AND ALLOWING US TO KEEP PROVIDING YOU WITH THE BEST CARE.

## A Dangerous Mix

By Ian K. Smith, M.D.

Doctors have never quite figured out what to say about herbal supplements. While alternative medications have become increasingly popular--Americans will spend some \$5 billion this year on natural remedies for everything from arthritis to the common cold--most physicians assumed that even if they didn't know exactly what these remedies did, they were, at worst, harmless. But more and more, doctors are starting to recognize that many natural supplements have medicinal qualities that can complement--or conflict with--the treatments and medications they prescribe.

**The American Society of Anesthesiologists is the latest physicians' group to sound a warning about the potential side effects of alternative medications. Concerned by evidence that some supplements can interfere with anesthesia, the group has issued a recommendation that patients stop taking all natural remedies at least two weeks before surgery--giving the body plenty of time to clear them from the system.**

The anesthesiologists' warning is based on the latest of several findings that are raising doctors' awareness of the risks associated with natural supplements. Take, for instance, ginkgo biloba, used by almost 11 million Americans to improve memory and increase blood circulation. Doctors now believe ginkgo may reduce the number of platelets in the blood and can prevent blood from clotting properly. Taking ginkgo at the same time one is taking blood-thinning medications, like Coumadin or even aspirin, could make a patient dangerously vulnerable to bleeding.

Similarly, St. John's wort, a popular supplement taken to treat anxiety, depression and sleep disorders, is believed to prolong or increase the effects of some narcotic drugs and anesthetic agents. Ginseng, an herb taken to boost vitality, has been associated with high blood pressure and rapid beating of the heart--conditions that could be deadly in the operating room.

Part of the problem is that herbal supplements and mainstream medicine come from two very different worlds and operate in different regulatory environments. The marketing of prescription and over-the-counter drugs is strictly regulated by the Food and Drug Administration, which requires scientific proof of safety and efficacy. Herbal remedies, by contrast, are largely exempt from FDA supervision. Companies can sell herbal preparations without guaranteeing that what's on the label is inside the bottle.

These uncertainties don't mean that you should never take a supplement. But they make it even more important that you discuss whatever you are taking with your physician--something not enough patients do. A recent study showed that although 60 million Americans have taken alternative medicines, only a third of them reported it to their doctors.

This is a bad idea. A drug your doctor prescribes could be perfectly safe and effective, but if you are taking a similar-acting supplement, there is a real danger of cross-reaction. Don't be afraid to bring your herbal supplements to your doctor's office. Your physician may spot a potential conflict on the label or know of another drug--or even another supplement--that works just as well.

Dr. Ian appears on WNBC-TV in New York City. E-mail him at [ianmedical@aol.com](mailto:ianmedical@aol.com) For more on herbals, try [altmed.od.NIH.gov](http://altmed.od.NIH.gov)

- **Find this article at:**
- <http://www.time.com/time/magazine/article/0,9171,998150,00.html>



# SURGICAL ASSISTANT NOTIFICATION FORM



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Please be informed that a surgical assistant "S.A." or a Physician Assistant "P.A." may be required for the proper performance of the operation you need. Surgical assistants and Physician Assistants are professional members of the health care team, and are qualified by academic and clinical education to provide assistance to your surgeon during surgery.

If your doctor feels that an assistant is necessary for your procedure, he will use one (some procedures require two assistants), even if your insurance company does not recognize this as a medical necessity. The insurance company will be billed first by the surgical assistant. If your insurance company denies the assistant surgeon, (per our agreement with these assistants) the maximum you are required to pay (per assistant) is \$200 for the first hour and \$25 for each additional 15 minutes. If your insurance company pays for the surgical assistant-the above agreement does not apply.

**Note:** Most insurance companies consider assistant surgeons as "out of network providers" or will not even contract with an assistant surgeon.

**Once you receive a bill from the outside surgical assist company please direct any questions to their billing department. Again - the assistant surgeon company is aware of the above agreement and will correct your bill accordingly. Please do not contact our billing department regarding an outside surgical assistant. Below is a list of assistants we use:**

Surgical Assist Name	Billing Phone#
Roman Bachayev	303-940-1613
Alan Duffy	720-748-2888
Andrew Waggoner	303-317-4194
Bob Fox	720-748-2888
Bryan Carter	321-725-0131
Chief Griffin	281-346-3480
Eric Griffith	720-382-0585
Gerald Crenshaw	303-317-4194
Debra Rittinger	720-748-2888
Rob Sherwood	573-474-9302
Mark Mauries	303-317-4194
Joe Harris	720-283-0960
Tony Fabre	281-346-3480
Rodney Gravenor	619-573-0375
Scott Comeaux	281-346-3480
Diane Gusti	281-346-3480

Surgical Assist Name	Billing Phone #
Jose Villasenor	303-940-1613
Karen Drozda	303-388-0891
Ken Gallegos	720-283-0960
Antranik Kosyan	303-317-4194
Chris Shama	720-283-0960
Vong Zhou "Peter"	303-317-4194
Mikhail Malamud	303-940-1613
Paul Beal	303-317-4194
Mark Hinton	720-748-2888
Chris Irons	720-732-0739

**I have read the preceding information and acknowledge being notified.**

Patient signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Today's date: \_\_\_\_\_



# US Anesthesia Partners of Colorado Preparation for Surgery

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## The Day Before Surgery

- Your anesthesia provider may try to call you the night before your surgery. They may call from a number you do not recognize, so please try to answer the phone number you listed as your primary contact number.

## Types of Anesthesia

- You will have time to speak with your anesthesia provider at the surgical facility on your day of surgery. We encourage you to provide input into our plan for your care. **If you have a specific question and would like to speak with an anesthesia provider prior to the day of surgery, please do not hesitate to call our office and we will connect you with someone.**
- After carefully considering the type of surgery, your overall health, medical history, lab results and your concerns and preferences, your anesthesia provider will talk to you about the type of anesthesia that is both the safest and best suited for you. Because the goal of anesthesia is to keep you safe and comfortable, sometimes there may not be an option for the anesthesia type you receive.
- These are the main types of anesthesia (for more information you can visit [www.asahq.org](http://www.asahq.org)):
  - **General anesthesia** provides a total loss of consciousness, meaning you will be fully asleep. You will not be aware of any pain or feeling during your surgery. This type of anesthesia uses a combination of IV medicine (given through a tube in your vein) and gases (that you breathe through a mask or breathing tube).
  - **Regional anesthesia** blocks pain to a specific area of your body. Your anesthesia provider will inject medication near a nerve and you may also get other medications through an IV to help you relax. A peripheral nerve block blocks a nerve or group of nerves and is common for surgeries on hands, feet, arms, legs or the face. Epidural or spinal anesthesia is given through an injection to block pain for a large area of the body such as the abdomen, hips or legs.
  - **MAC (Monitored Anesthesia Care or Conscious Sedation)** uses IV medication to help you relax and decrease pain. You will not be completely asleep, but you may sleep and will be very groggy.
- Your anesthesia provider will not leave your side during surgery. They will be right next to you to monitor you and your vital signs and make sure you remain safe and comfortable.

## What to Expect Before Surgery

- You will be asked to change into a hospital gown. No personal clothing or personal items will be allowed into the OR.
- The pre-operative nurse will review your history, medications and allergies and take your vital signs. An IV (a tube in your vein for medications and fluids) will be placed. If applicable, blood lab work or other tests may be conducted. Women of childbearing age may be screened for pregnancy.
- A support person may accompany you into the pre-operative area until it is time for surgery, at which time they will be directed to the waiting room.

## Additional Questions

- It is very important to us that you have a good experience with your anesthesia. After your surgery, you may receive a text or email asking you to complete a short survey. We value your feedback and use the data that we receive to make sure we continue to provide great care of our patients.
- **Billing:** Please note that anesthesia services are billed separately from the rest of your surgery. We do participate with most major insurance plans. Depending on your insurance you may have some out-of-pocket expenses. You can call our Billing Department at 303-377-7638 if you have questions or would like to make pre-payment arrangements.

Thank you for allowing us to be a part of your care.

US Anesthesia Partners of Colorado

<https://www.usap.com/locations/usap-colorado/about-us>

303-785-4700





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## **SURGERY SCHEDULING DEPOSIT/CANCELLATION NOTICE**

The decision to proceed with a surgical procedure is often a difficult one. At Western Orthopaedics we respect your need for certainty regarding your decision to schedule the procedure. The administrative work involved in booking a procedure is extensive. Just as you would like to be certain of your choice, we also need to know that your decision is well thought out and secure.

We have a \$250.00 cancellation/rescheduling fee for those that schedule surgery and then cancel/reschedule. We will collect your credit card information and load it in a secure vault. Your card will not be charged unless you cancel or reschedule your surgery. We will charge the card at the time of cancelling or rescheduling.

This must be agreed to before we can book your case AND **faxed to 303-253-7406.**

*I have read and agree to the late cancellation fee policy:*

**PRINTED NAME:**

\_\_\_\_\_

**SIGNATURE:**

\_\_\_\_\_

**DATE:** \_\_\_\_\_

**MR#:** \_\_\_\_\_