

# A Patient's Guide: Preparing for Your Eye Surgery

A responsible adult shall accompany the patient to the surgery center for the duration of their procedure and recovery. We advise the patient to have assistance for 24 hours following surgery.

## Your Scheduled Appointment Times

A Pre-Surgery History & Physical Exam must be scheduled by you with your Primary Care Provider within 30 days before your surgery (NO telehealth/zoom visits accepted)

> \* Separate charges apply for Pre-Operative Clearance Exam and tests performed before and after your surgery. They are not included in your surgery cost.

Pre-Operative Clearance <u>Care Physician or PA-</u>	<u> </u>	Ultrasound Eye Measurement (A-scan) – for cataracts only*:
Date/Time:		Date/Time:
	Scheduled Surgery	Date:
Date:	<u>Doctor:</u>	
Tentative Check-	In Time:	
Dlagge chack in at The	Retina Surgery Center,	which is located next door to the
Pac	cific Northwest Retina E 2 <sup>th</sup> Avenue NE Suite D050	
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## **Pre-Operative Instructions**

#### **Before Surgery:**

- After scheduling surgery, you will receive a text message and/or email asking you to complete our pre-assessment survey through Patient Engagement. Please complete this as soon as possible.
- The surgery check-in time that has been given to you is tentative. Please call The Retina Surgery Center one day prior to your surgery to verify your check-in time at (425) 440-0180.
- Stop eating all solid foods or liquids you cannot see through starting at <u>MIDNIGHT</u> the night before surgery. You may have clear liquids up to 2 hours before your scheduled check-in time.
- CARDIAC DEVICE: If you have a pacemaker or internal defibrillator:
  - Notify your heart doctor that you are going to have surgery
  - Bring the following information to the Surgical Center:
    - The name and telephone number of your heart doctor
    - The identification card for your medical device

#### **What to Bring:**

- Driver License/photo ID
- Medical and pharmacy health insurance cards
- Credit/debit card to pay for possible copayments (see our surgery pre-collection policy)
- Any of the following that may apply:
  - A list of medications and doses
  - CPAP machine and notation of settings
  - o The identification card for any implanted medical device you may have
  - o The name and phone number of your heart doctor
- Leave all jewelry and other valuables at home.

#### **The Morning of Your Surgery:**

- You may brush your teeth and use mouthwash.
- Please take a shower. Hair and skin should be free of personal-care products such as hairspray, perfume, gels, aftershave, facial creams, make up, oils, lotions or hair conditioners.
- Do not wear contact lenses.
- Please wear a short-sleeved shirt and loose, comfortable clothing.
- <u>DO NOT</u> consume any food (no mint, no chewing gum) or liquids you cannot see through. You may have clear liquids up to 2 hours before your scheduled check-in time.
- Do take your usual prescribed medications, unless otherwise instructed. Do not take any vitamins or supplements until after surgery.

#### **Planning Your Discharge:**

- Please plan for your discharge needs with family and/or friends prior to your surgery. You should plan to be at the surgery center for up to 4 hours from the time you arrive. Please be aware that wait times are estimates and surgeries may take longer than expected.
- Due to limited seating in the waiting area, please try to have only one chaperone with you and no minors if possible. Additional seating is available in Building Lobby 3 and 4.
- You MUST have an adult chaperone to accompany you home from surgery. The person who accompanies you does not have to wait at the surgery center for the duration of your surgery but must be reachable at all times and within a 15-minute proximity. The receptionist will ask for the driver/chaperone's name and cell phone number.
- You <u>MAY NOT</u> drive yourself or travel home by public transportation. You may take a taxi service (Uber, Lyft etc.) only if you have an adult chaperone with you at all times.
- You will be sent home with an eye patch on the surgical eye and will not be able to drive to your next-day follow-up appointment. Please plan additional transportation accordingly. You do not need a chaperone for this appointment.

#### **Changes in Your Health:**

Please call The Retina Surgery Center at (425) 440-0180 if you experience any major change in your health before your surgery. Such changes may include a cold, flu/COVID symptoms, fever, infection, diarrhea or medication changes.

\*\*Your surgery may be cancelled or postponed if the preoperative instructions are not carefully followed\*\*



# <u>Pre-Operative</u> <u>Medication Instructions</u>

#### If you take a blood thinner or anticoagulant:

We recommend holding these medications prior to surgery for the following durations. Please contact your prescribing provider to discuss stopping these medications.

• Aspirin: 7 days

• Clopidogrel (Plavix): 5-7 days

• Apixaban (Eliquis): 48 hours

• Rivaroxaban (Xarelto): 48 hours

• Dabigatran (Pradaxa): 48 hours

• Warfarin (Coumadin): INR between 1.0-2.5

#### If You Have Diabetes:

- Do not take oral diabetes medications the morning of surgery.
- If you take insulin:
  - o Take your usual dose of long-acting insulin the night prior to surgery.
  - If you take long-acting insulin in the morning, take HALF the usual dose the morning of surgery.
  - o Do not take your short-acting insulin the morning of surgery.
  - If you have an insulin pump, continue at your usual basal infusion rate.
     (Bring your insulin and your supplies with you).
- If you take any of these medications, hold for the following durations prior to surgery:
  - o GLP-1 Agonists
    - Semaglutide (Ozempic / Wegovy / Rybelsis): 7 days
    - Liraglutide (Victoza / Saxenda): 7 days
    - Dulaglutide (Trulicity): 7 days
    - Exanetide (Byetta / Bydureon): 7 days
  - SGLT-2 Inhibitors
    - Empagliflozin (Jardiance): 72 hours
    - Dapagliflozin (Farxiga): 72 hours
    - Empagliflozin/Metformin (Synjardy): 72 hours
    - Ertugliflozin (Steglatro): 96 hours

## **Pre-Operative Medication Instructions (continued)**

#### Two Days Before Surgery:

- Stop taking all non-steroidal, anti-inflammatory medications (NSAIDs) such as:
  - o Ibuprofen (Motrin, Advil)
  - Naproxen (Aleve)
  - Celecoxib (Celebrex)
  - Meloxicam (Mobic)
  - Diclofenac

#### On The Morning of Surgery:

- DO NOT take your diuretic (water pills) or potassium until after surgery.
- <u>DO NOT</u> take any digitalis medications such as Digitek, Digoxin or Lanoxin.
- DO NOT take any vitamins or supplements until after surgery.
- DO take your usual prescribed medications, unless noted above.
- DO take any inhalers and nebulizers as directed.

## **Questions? Contact us:**

Check-in/ Arrival:

The Retina Surgery Center Front Desk, (425) 440-0180, Mon – Fri, 6:30 am – 3:30 pm.

Pre-operative Instructions: (425) 732-3015 or (425) 732-3013, Mon – Fri, 7 am – 3:30 pm

Surgery Scheduling: (206) 215-3856 or (206) 812-9474

Billing Direct Line: (425) 296-3833

Matrix Anesthesia: (425) 407-1500 or (888) 900-3788

For questions about your procedure or recovery, call your surgeon at (206) 215-3850

Surgeon After-Hours Line: 1 (800) 331-3719



## **Anesthesia Care**

#### What is anesthesia?

Anesthesiology is the practice of medicine where special drugs are used to cause portions of or your entire body to be less sensitive to pain. Anesthesia will enable you to tolerate a surgical or invasive medical procedure comfortably. Today's anesthesia practices allow a greater degree of safety and comfort than ever before, enabling a smooth start to your healing and recuperation

#### Who provides anesthesia?

Anesthesia services at The Retina Surgery Center is provided by Matrix Anesthesia, a group of physician anesthesiologists specifically trained to provide all types of anesthesia care and to treat side effects of anesthesia and co-existing medical conditions. Some of our anesthesiologists have special interest and training in cardiac, pediatric, obstetric or neurosurgical anesthesia, and in the treatment of chronic pain.

For questions regarding your anesthesia charges, please contact Matrix Anesthesia, PS at (425) 407-1500.

#### What are the types of anesthesia?

Anesthetics are medicines that temporarily interrupt the transmission of painful nerve impulses to the spinal cord and brain.

General anesthetics work by producing a state of unconsciousness and inhibit the brain's perception of sensations.

Local anesthetics are applied to a specific area of the body to temporarily block painful impulses from being transmitted to the brain.

Sedatives are medicines given by mouth or intravenously that induce a relaxed and calm state that could include absence or hazy memories of the procedure.

Narcotics are medicines given intravenously or by mouth that decrease the intensity of pain.

Depending on the nature of your operation and medical condition, your anesthesiologist will formulate a plan with you that may include a combination of these techniques to optimize your care.

#### **Complications of anesthesia**

As with any type of medical care, there are risks associated with surgery and anesthesia. These risks vary with the type of procedure, anesthetic used, and your medical condition. Fortunately, our current technologies enable us to minimize the risk of any complications. Your anesthesiologist will discuss the risks, benefits and alternatives to the different anesthetic options with you as they pertain to you and your operation.

#### Consulting with your anesthesiologist

On the day of your surgery you will meet your anesthesiologist, who will review your medical record, clarify any questions about your medical history and perform a physical evaluation. You will then have the opportunity to discuss the plan for your care and have questions answered about the advantages, disadvantages and possible risks of your anesthetic.

The Consent for Surgery or Other Invasive Procedural Treatment Form you sign prior to your surgery includes the consent to the administration of anesthesia by an anesthesiologist and acknowledges your understanding and acceptance of the agreed upon anesthetic plan for your procedure.



## <u>Pacific Northwest Retina Clinic</u> <u>Locations</u>

#### **Bellevue Office**

1750 112<sup>th</sup> Avenue NE, Suite D050

Bellevue, WA 98004

#### Seattle Nordstrom Medical Tower

1229 Madison St, Suite 620

Seattle, WA 98104

#### **Mountlake Terrace Office**

6100 219th Street SW, Suite 280

Mountlake Terrace, WA 98043

#### **Kent Station Office**

321 Ramsay Way, Suite 107

Kent, WA 98032

#### **Burlington Office**

215 East George Hopper Road

Burlington, WA 98233

#### **Bellingham Office**

3105 Old Fairhaven Parkway, Suite C

Bellingham, WA 98225

#### Ellensburg

2205 W Dolarway Rd, Suite 2

Ellensburg, WA 98926



## <u>Accommodations</u>

For your convenience, when you need accommodation arrangements, here are nearby hotels.

Inquire with the hotel if they offer shuttle service to The Retina Surgery Center.

#### Hotel 116, a Coast Hotel - Bellevue

625 116<sup>th</sup> Avenue NE

(425) 455-9444

#### The Westin Bellevue

600 Bellevue Way NE

(425) 638-1000

#### **Courtyard Marriott Bellevue**

11010 NE 8<sup>th</sup> Street

(425) 454-5888

#### The Red Lion Bellevue

11211 Main Street

(425) 455-5240

#### **Bellevue Sheraton**

100 112<sup>th</sup> Avenue NE

(425) 455-3330

#### La Quinta Kirkland

10530 NE Northup Way

(425) 828-6585



#### **Patient Rights and Responsibilities**

This facility and medical staff have adopted the following list of patient rights and responsibilities. This list includes, but is not limited to:

#### **PATIENT RIGHTS**

- Impartial treatment without regard to race, color, sex, national origin, religion, sexual orientation, handicap or disability.
- To be treated with dignity and respect, to receive secure and safe care and to be protected from abuse, harassment and
  neglect and have knowledge of and access to protective services. To complain about their care and treatment without fear of
  retribution or denial of care.
- Knowledge of the name and professional status of those caring for you.
- To receive information from the surgeons about your diagnosis, treatment plan, prognosis, and any unanticipated outcomes, to the best of the physicians' knowledge. You have the right to be informed and agree to your care. You have the right to spiritual care and communication and if communication restrictions are necessary for your care and safety, we will document and explain the restrictions to you or your family.
- To participate actively in decisions regarding your medical care including being involved in resolving problems and
  unanticipated outcomes related to you your care. Families will have input in care decisions in accordance with legal directives
  and court orders. To the extent permitted by law, this includes the right to refuse treatment. If the patient is adjudged
  incompetent or the patient has designated a legal representative or a family member, the person appointed/designated shall
  fully participate in decisions regarding the patient's care.
- Full consideration of privacy concerning your medical care program. Case discussion, examination and treatment are confidential and should be conducted as discretely as possible.
- To be asked if you have an Advance Directive and if so, for it to be prominently placed in your chart.
- To be advised that should an unexpected life threatening event occur, you will receive resuscitative or other stabilizing
  measures and be transferred to an acute facility that will order additional treatment according to your wishes in your Advance
  Directive.
- Confidential treatment of all communications and records pertaining to care. Written permission shall be obtained before medical records can be made available to anyone not directly concerned with your care.
- Responsible responses to any reasonable request for service.
- To leave the facility even against medical advice and to change providers if another qualified provider is available.
- To expect reasonable continuity of care.
- To be advised if the physician proposes to engage in or perform experimentation affecting your care or treatment and the right to refuse to participate in this activity without hindering access to care.
- To be informed of the continuing health care requirements following discharge from the center.
- Examine and receive an explanation of a bill for service, regardless of source of payment.
- To report any comments or complaints concerning the quality of care provided to you and for the facility to provide a prompt resolution within fourteen (14) business days to your comment or complaint. In the event, after reasonable attempts have been made, that a resolution is not achieved within fourteen (14) business days, then you will be notified when you can expect a resolution.

#### **PATIENT RESPONSIBILITIES**

- To provide accurate and complete information concerning your present complaints, past medical history and other matters relating to your health.
- To make it known whether you clearly comprehend the course of treatment and what is expected of you.
- For following the treatment plan established by the physician, including the instructions of nurses and other health care professional as they carry out the physicians' orders.
- To keep your appointments and notifying the facility if unable to do so.
- To provide a responsible adult to drive you home from the facility and stay with you for 24 hours after surgery.
- For assuring that the financial obligations of your care is fulfilled as promptly as possible.
- For being considerate of the rights of other patients and facility personnel.

#### **FEEDBACK**

Our goal is to provide the best surgical experience possible while in our Ambulatory Surgery Center. Patients, clients, families or visitors have the right to express complaints or concerns about any aspects of their care or experience with our ASC without fear of discrimination or reprisal. Please be assured that expressing a complaint or concern will not compromise your care and will be addressed according to our policy. Concerns may be directed to any facility staff or the ASC Manager, or you may mail your comments to us. If you feel it is necessary, complaints may also be shared with: WASHINGTON STATE DEPARTMENT of HEALTH, HSQA COMPLAINT INTAKE, P.O. BOX 47857, OLYMPIA, WA 98504-7857, 360-236-4700, 1-800-633-6828, 360-236-2626(fax) HSQAComplaintIntake@doh.wa.gov or OFFICE OF THE MEDICARE BENEFICIARY OMBUDSMAN, 1-800-MEDICARE (1-800-633-4227), www.medicare.gov/claims-and-appeals/medicare-rights/get-help/ombudsman.html.

#### STATEMENT OF PHYSICIAN FINANCIAL INTERESTS OR OWNERSHIP

A. Samuel Barloon, MD Charles D. Birnbach, MD

Yicheng Chen, MD Steve H. Kim, MD Todd R. Klesert, MD Robert W. Nash, MD David A. Saperstein, MD Cindy Mi, MD Tony Huynh, MD

Your physician has an ownership interest in Pacific Northwest Retina which includes the surgery center at which you are having your procedure. As with all your care, you may request to have your procedure performed at another facility where your surgeon has privileges to practice.





1750 112th Ave NE, Ste. D050, Bellevue, WA 98004

Phone: 206-215-3850 Fax: 206-215-3870

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### SURGERY PRE-COLLECTION POLICY

Pacific Northwest Retina, PLLC (PNR) and The Retina Surgery Center, LLC (TRSC) have a surgery pre-collection policy for charges associated with your procedure. Please review and contact our office with any questions prior to your scheduled procedure. Billing Office direct line is 425-296-3833.

#### **Services Covered by This Policy**

- Facility fees. These are the charges for surgeries performed at the Retina Surgery Center and cover the cost
  of the facility, staff, and equipment; and
- Professional fees. This is the fee paid to your surgeon. It will be billed even if the surgery is done at a hospital. (in this situation the hospital will charge its own facility fee). Clinic laser procedures fall under this category.

#### **Services NOT Covered by This Policy**

The anesthesia services for surgeries performed at The Retina Surgery Center. You will receive a separate bill from Matrix Anesthesia and will have to comply with their financial policy for these services. If you have questions regarding your anesthesia bill, please contact Matrix Anesthesia, PS at (888) 900-3788 or (425) 407-1500 Patient Line

#### **Policy**

When you are scheduled for surgery or a laser procedure, a benefit determination estimate is prepared by a billing representative to identify your total out-of-pocket expenses (OPE). The OPE may include the deductible, copayment, and/or co-insurance amounts determined by your medical insurance payer. If you do not have insurance, the OPE will reflect the self-pay balance, not including the anesthesia services. You will receive a copy of the estimate by mail no later than one week prior to surgery. If your surgery is scheduled within two weeks a billing representative will attempt to contact you by phone to review the estimate with you, answer any questions, and collect the payment. Please note, when the surgery is scheduled within 3 business days from the date of the procedure, the out-of-pocket estimate may be reviewed with the patient during surgery check-in. You are responsible for payment of the entire estimated out-of-pocket balance up to three days prior to surgery.

Methods of payment are debit/credit card, check, or money order/cashier checks made payable to:

Pacific Northwest Retina. Please note that we do not accept CareCredit.

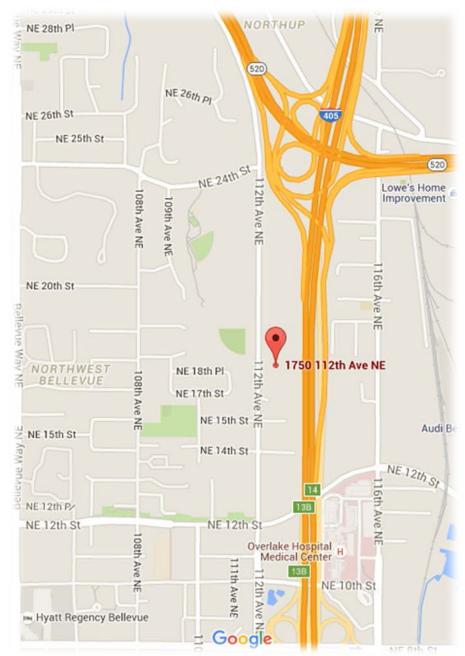
Any checks mailed must be received by our office no later than three days prior to surgery.

Mailing address: 1750 112th Ave NE, Ste. D050, Bellevue, WA 98004

#### **Alternative Payment Options**

- Up-to 3-month payment plan may be granted when a minimum of a 50% down payment requirement is met. A
   5% financing fee will be applied to the financed portion. All payment plan arrangements require a credit card on-file and must be set up prior to surgery.
- Upon agreement to a payment plan a copy of the payment plan and payment plan checklist must be signed and returned to the billing office in order for the payment plan to be valid.
- Retina Surgery Center surgeries: an alternative is to perform your surgery in a local hospital. Some hospitals have facility fee cost-assistance programs for those with a demonstrable financial need. Your surgery can be rescheduled at the local hospital. Please be advised that the hospital facility fees are much higher than the facility fees for the surgeries performed at an ambulatory surgery center. Your Pacific Northwest Retina physician's professional fees will remain separately billed and subject to this surgery pre-collection policy.

When payment arrangements are not made in advance of your surgery, it may lead to cancellation of your surgery date.



# The Retina Surgery Center

at Hidden Valley Office Park 1750 112th Ave NE Suite D 050-B Bellevue, Washington 98004

## <u>Driving Directions</u> From the South

- •Take I-405 North
- Take NE 4th Exit, stay in far right lane for NE 8th St
- •Follow exit to NE 8th St West and cross freeway bridge
- At first light, turn right onto 112th Ave
   NE
- Drive North on 112th, past NE 15th St, and turn right into the Hidden Valley
   Office Park driveway
- •Follow down the hill and veer to the left (We are the 2nd building on the left, next to Bld. #4)

#### From the North

- Take I-405 South
- Take the NE 8th St WEST exit 13B
- Exit onto NE 8th and get in the right lane
- At first light, turn right onto 112th Ave
- Drive north on 112th Ave, past 15th St, and turn right into the Hidden Valley Office Park driveway
- Follow down the hill and veer to the left (We are the 2nd building on the left, next to Bld. #4)

#### From Highway 520

- Take 520 East (from Seattle) or West (from Redmond) to the 405 Exits
- Take 1-405 South (towards Bellevue) and follow the Southbound directions above