

# Patient Information Packet

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**THE CENTER**  
*for* **SPECIAL SURGERY**  
**TEXAS CENTER** *for* **ATHLETES**

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**THE CENTER for SPECIAL SURGERY**  
TEXAS CENTER for ATHLETES

21 Spurs Lane  
Suite SL-100  
San Antonio, Texas 78240  
Phone: 210-614-0187  
Fax: 210-692-7757  
E-mail: eday@tcaspecialsurgery.com

The Center for Special Surgery @ TCA offers a world class surgical experience in a convenient location. At The Center for Special Surgery you will find some of the finest, most well-respected physicians and staff in Central Texas. Our Surgery Center is a new, modern facility with no parking hassles, and you don't have to worry about the complicated maze of hospital buildings.

The particular types of procedures involved typically require more care than is usually available in your doctor's office but which do not require an extensive hospital stay. At The Center for Special Surgery we care for a wide variety of surgical needs.

The Center for Special Surgery is known for having state-of-the-art equipment as well as performing the very latest in procedures. All of our physicians are board-certified or board-eligible with training and skills that are second to none.

If outpatient surgery is in your future, the only place to consider is The Center for Special Surgery.

### Map



### Directions

#### From IH-10

- Take the Huebner exit
- Go West on Huebner
- Follow Huebner to Floyd Curl (Luby's at intersection) and turn left onto Floyd Curl
- Follow Floyd Curl to the back side of the Texas Center for Athletes and turn right onto Spurs Lane
- Enter parking lot on right
- Once in building take elevator to SL

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## The Center for Special Surgery @ TCA

### Pre-Surgery Information

The day before your surgery a nurse from the surgery center will attempt to call you at the number you provide to your physician's office nurse when you initially schedule your surgery. This phone call is made in an effort to obtain information about your medical/surgical history. Often patients are unavailable to receive this call for various reasons (ex. work, school, etc.). The nurse from the surgery center does not leave a call back number due to the hours of the surgery center, generally 6:00 am to 5 pm. Please review the checklist below the day before your surgery and follow the instructions to avoid any delays on the day of surgery. If you have any questions regarding your surgery please call your physician's office nurse.

**Nothing by mouth after midnight the night before surgery. No water, food, gum, cough drops, smoking, etc. When you arrive at the surgery center you will have had nothing to eat or drink since midnight of the evening before. If you fail to follow this instruction it is likely your surgery will be cancelled.**

*Note: If your case is scheduled to begin after 12 noon, check with your surgeon's office nurse for any change in the above time.*

No jewelry allowed in the Operating Room including body piercing/s. Please leave all jewelry at home.

Wear loose fitting comfortable clothing. What you arrive wearing is what you leave in. Tight clothing is uncomfortable after surgery and you need room in your clothing to fit around newly placed bandages, splints, casts, etc.

No contacts or glasses in OR. If you need glasses or contacts to see for driving, signing consents, etc. it is okay to wear them to the center but please bring a case to put them in. You will be required to remove them prior to surgery.

Dentures and hearing aids may be worn to the surgery center. You will be required to remove them prior to surgery.

Females between the ages of 12 and 50 years old will need to give a urine sample upon admission to the pre-op area

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## The Center for Special Surgery @ TCA

### Pre-Surgery Information (Continued)

Home medications – all patients taking prescription medications on a daily basis will be asked to fill out a “Home Medication List” form. Please bring a list of your home medications or bring in the medication bottle so that you can use this as a reference for the medication name and dose.

No children allowed in the Pre-op and Recovery area.

No more than two Adult visitors allowed in the Pre-op and Recovery Room.

You must have a legal identification card and insurance card to complete the registration process prior to surgery. If you do not have an identification card updated with your current address you are required to provide us with a current utility bill showing your correct address.

Bring your prescription insurance card. For your convenience, there is a pharmacy in the building that can fill your post operative prescriptions.

The surgery center business office will call you the day before your surgery to verify insurance. If you do not receive a call from the business office by noon please call the center between the hours of 12:30 pm – 4:30 pm at 210-614-0187 to verify insurance.

**Some** medications may be taken the morning of surgery. Please contact your physician if you have questions about these medications.

### Your Surgery Schedule

**You have been scheduled for outpatient surgery at The Center for Special Surgery @ TCA**

**Doctor:** \_\_\_\_\_

**Procedure:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Time of Arrival:** \_\_\_\_\_

**ARRANGE FOR A RIDE HOME AND  
AN ADULT COMPANION FOR 24  
HOURS**

*Anesthesia and medications will slow your reflexes and may make you feel drowsy. Driving would be dangerous and you **MUST** arrange for a ride home.*

***DO NOT** use public transportation (i.e. buses, taxis, etc.) .*

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## **REQUIRED Reading PRIOR To Date of Service**

We will be asking for the signed perforated section at the end of this document where patient will confirm that this document was reviewed prior to date of surgery.

### **Physician Ownership Disclosure**

The partners listed below make up the partnership of The Center for Special Surgery. An interest in this facility enables them to have a voice in the Administration and Medical Policy of this health care institution. This involvement helps to ensure the finest quality surgical care for their patients.

**Dr. Marque Allen**

**Dr. Ralph "Bud" Curtis**

**Dr. Ellen Lin**

**Dr. Jaime R. Garza**

**Dr. David P. Green**

**Dr. John Ingari**

**Dr. Karen Johnston Jones**

**Dr. Susan M. King**

**Dr. William C. Pederson**

**Dr. Brian Perry**

**Dr. Stace' Rust**

**Dr. David Schmidt**

**Dr. Steven Schuleman**

**Dr. Richard Steffen**

**Dr. Charles A. Syms**

Some of the physicians also perform surgery at other surgical facilities in Bexar County. If you have a preference of where your ambulatory procedure is performed, please let us know. Special emphasis is place on patient feedback so that we can treat you professionally and courteously at all times.

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## REQUIRED Reading PRIOR To Date of Service

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### Patient Rights and Responsibilities

#### You have the right...

1. To have The Center for Special Surgery @ TCA respond to your requests and needs for treatment or service provided that the space is available, and to receive the care that reflects your interests and that has been determined by your physician, and respects your advance directives or your rights to formulate advance directives.
2. To be informed of the right to care that is respectful, recognizes dignity and is private to the extent possible.
3. To have patient information treated confidentially, based on applicable laws and regulations.
4. To be involved in making decisions regarding your care, including assessment and management of pain.
5. To be given information in the language you understand or to have information interpreted.
6. To give informed consent, that is, to make decisions in collaboration with your physician that involve your health care. Consent may be given by the patient or the patient's legal representative. In order to give consent, the patient will be provided information to include:
  - A. An explanation of recommended treatments or procedures in terms that are understandable.
  - B. An explanation of the risks and benefits of treatment, including the chance of success, mortality risk and serious side-effects.
  - C. An explanation of the alternatives and the risks and benefits of such.
  - D. An explanation of the likely consequences if no treatment is pursued.
  - E. An explanation of the recuperative period, including anticipated problems and anticipated length of recuperation.
  - F. An explanation that the patient or his/her legal representative is free to withdraw consent and discontinue participation in treatment.
  - G. A disclosure statement that the patient's physician is participating in teaching, research, experimental or education projects relating to the patient's case.
7. To an explanation of admission procedures, which shall include disclosure upon admission, of the facility's policy statement on patient rights, which shall include:
  - A. The right to participate in all decisions involving care or treatment, consistent with state and federal statutes.
  - B. The right to refuse any drug, test, treatment, procedure or treatment consistent with the state and federal statutes, including likely medical consequences of such refusal.
  - C. The right to receive considerate and respectful care in a clean and safe environment, free of unnecessary restraint.
  - D. The right to be informed of the facility's rules and regulations applicable to the patient.
  - E. The right to be informed of the facility's grievance procedure. The Administrator may be reached by calling 858-7066.
  - F. The right to file a grievance with the appropriate state agency \*, accrediting body\*\*, or CMS (Medicare)\*\*\*.

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## REQUIRED Reading PRIOR To Date of Service

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### Patient Rights and Responsibilities (Continued)

8. To know name, professional status and experience of the staff providing care or treatment.
9. To be informed prior to the initiation of general billing procedures.
  - A. Prior to the initiation of non-emergency treatment, upon request, the patient has the right to be informed of routine, usual and customary charges or estimated charges for service based on an average patient with diagnosis similar to the tentative admission diagnosis of the patient.
  - B. If you have questions, please call 858-7083 for medical cost information between the hours of 8:00 a.m. and 5:00 p.m. on weekdays.
  - C. Based upon insurance information provided by the patient, the facility shall provide assistance as needed with estimates of co-payments, deductibles or other charges that must be paid by the patient. Such assistance may be obtained weekdays between 8:00 a.m. and 5:00 p.m. by calling the facility business office manager.
  - D. The facility may include a disclaimer with the disclosure of any charges. Such disclaimer may include further variables, which may alter any disclosed charge. Any charges prohibited by law or third party payor contract will include a no charge disclaimer in the disclosure.
10. To be provided with information regarding teaching, research, educational or experimental projects related to your care. You have the right to refuse to participate in such projects.
11. To have your medical records maintained in confidence and in accordance with the medical staff bylaws, rules and regulations. You have the right to have access to your medical record by contacting the facility at 858-7063.

\*Texas Department of State Health Services – Facility Licensing Group – (888) 973-0022

\*\*Accreditation Association for Ambulatory Health Care – (847) 853-6060

\*\*\* Medicare Beneficiary Ombudsman - <http://www.cms.hhs.gov/center/ombudsman.asp>

#### You have the responsibility...

1. To provide the facility with accurate and complete information about your present complaints and your past health history.
2. To be considerate of other patients, physicians and facility personnel. To show respect for the belongings of others and facility property.
3. To discuss your health problems with only those involved in your care.
4. To request your records through the facility.
5. To inquire as to the name and purpose of any personnel caring for you.
6. To say whether or not you understand a contemplated course of treatment and your obligations in the administration of the treatment.
7. To cooperate with any research or experimental project in which you consent to participate.
8. To inform the staff that translation is required.
9. To provide the facility with the necessary information for insurance processing and to be prompt in payment of facility bills.
10. To be cooperative during recommended treatment.

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## REQUIRED Reading PRIOR To Date of Service

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### Advance Directives

The presence of an Advance Directive in a medical record indicates the patient's preference for continued medical care and should be noted. In order to determine if a patient has a Living Will or Advance Directive, the patient is questioned during the admission process. The Surgery Center will not honor do not resuscitate orders of an advance directive. The parent (s) or guardian (s) of a minor child will at all times be included in the decision-making process regarding the course of treatment for the patient. In the event of a patient transfer or transfer of medical records from this facility to another, The Advance Directive should be part of the record sent.

The two most common forms of **advance directives** are the Texas Directive to Physicians and the Texas Medical Power of Attorney.

- **Texas Directive to Physicians and Family or Surrogates** (formerly called Living Will): a written statement of wishes regarding the use, withholding or withdrawal of life-prolonging treatment, nutrition and hydration if a person has a terminal condition and is incapable of making decisions for himself at that time. The directive can prohibit OR authorize the use of life-prolonging treatments when a person's condition is terminal or irreversible. For example, the document may state that the signer's life should not be artificially prolonged by extraordinary measures when there is no reasonable expectation of recovery from extreme physical or mental disability. However, the document can request that every effort be made to prolong life by extraordinary measures. Under "additional requests," the individual can add personal instructions, such as "I want to receive as much pain medication as necessary to ensure my comfort," or "I do not want a food tube inserted." Generally, this directive only goes into effect if the person is no longer able to make his own decisions.
- **Texas Medical Power of Attorney** (formerly called durable power of attorney for healthcare): allows the individual (principal) to assign someone (agent) to make decisions about his medical care in the event that he becomes incapable of making informed decisions. It also allows the principal to provide the agent, family members and healthcare providers with written instructions regarding the kind of treatments that should or should not be given. Even with the Medical Power of Attorney in place, the individual will continue to make his own medical decisions as long as he is capable of doing so and can communicate those decisions. The agent's authority starts only when the attending physician certifies in writing that the individual no longer has the capacity to make those decisions. Further, a power of attorney can be changed or revoked at any time and does not give the agent authority to override the decision-making of the principal.

Copies of the Texas Advance Directive forms will be made available upon request from the surgery center.

I am a patient whom is scheduled to undergo a surgical procedure at The Center for Special Surgery @ TCA. I am confirming that I have reviewed the information in this patient brochure regarding: Physician Ownership, Patient Rights and Responsibilities and Advance Directives.

Patient Signature

Date Information Reviewed