

MARK YOUR CALENDAR



**SUMMIT
ORTHOPEDICS**

PREPARING FOR YOUR SURGERY

Minnetonka
Surgery Center

We look forward to partnering with you to support your goals toward a healthier, more active lifestyle. At Summit, you are the center of the care team—and we've brought together the essentials you need to know to be prepared for surgery.

Why these instructions are important: For your safety, failure to follow these guidelines may result in canceling your procedure. Please carefully review all the materials as soon as your surgery is scheduled.

Your team's patient coordinator will reach out to you with these appointment details.

If you need to reschedule either of your post-op appointments, please call (651) 968-5201.

MY SURGERY DETAILS

Name: _____

Date of surgery: _____

Surgeon: _____

Procedure: _____

FIRST POST-OP APPOINTMENT

Date: _____

Time: _____

Location: _____

FIRST THERAPY POST-OP APPOINTMENT

Date: _____

Time: _____

Location: _____

WHEN WILL I KNOW MY EXACT SURGERY TIME?

- » Our nursing staff will contact you one to two days before your procedure
- » If you haven't spoken to a nurse within a day of surgery, call us at **(651) 968-5755**
- » The nurse will verify arrival time, review your medical history, and answer any specific questions you may have

PLANNING FOR YOUR SURGERY

WHAT IF I HAVE QUESTIONS?

If you have questions before your call with the nurse, please feel free to reach out to your physician care team.

ALERT US IF THERE'S A CHANGE IN YOUR HEALTH

At any time leading up to surgery, contact your physician if you have a change in your condition—such as a cold, fever, or an important change in the condition for which you are having surgery.



INSURANCE COVERAGE

AS SOON AS SURGERY IS SCHEDULED

» ARRANGE FOR A RESPONSIBLE ADULT TO DRIVE YOU HOME AFTER SURGERY

If you plan to use public transportation, you still must have a responsible adult ride home with you.

Notes: _____

» HOME CARE AFTER SURGERY

Arrange for an adult to stay with you for 24 hours following your surgery.

Notes: _____

» ARRANGE CARE FOR YOUNG CHILDREN ON SURGERY DAY

We recommend small children stay at home with a loved one or sitter, rather than come with you on surgery day.

Notes: _____

CHECK WITH YOUR INSURANCE REGARDING:

- » Any precertification requirements
- » If the hospital where your surgery is scheduled is in your health plan's network

BILLING

You can expect to be billed independently for: anesthesia services, facility services, and your physician.

A representative from our business office will contact you with an estimate of your out-of-pocket expenses. When you arrive at your appointment, you will be asked to provide payment of your portion of the bill as discussed with the representative.

Your healthcare provider is referring you to a facility or service in which your healthcare provider has a financial or economic interest.

FINANCIAL ASSISTANCE

Providing access to necessary medical care, regardless of one's ability to pay, is important to us. We offer a charity care program to patients who cannot afford to pay their medical bills. Eligibility for the charity care program is based on a patient's individual and family income. Contact the surgery center for further information.

PAPERWORK

INSURANCE FORMS, DISABILITY FORMS, FAMILY AND MEDICAL LEAVE ACT (FMLA) FORMS, ETC.

- » Forms must be mailed or faxed to your team in advance
- » Do not bring them to the surgery center
- » Your team's contact information can be found on their business card
- » Allow one week for them to be completed

HISTORY & PHYSICAL EXAM

» SCHEDULE A HISTORY & PHYSICAL EXAM WITH YOUR PRIMARY CARE PHYSICIAN

This appointment must take place within 1 to 30 days of your scheduled surgery.

Date: _____

Time: _____

Location: _____

Exam Notes: _____

ABOUT THE HISTORY & PHYSICAL EXAM

- » Prior to your procedure, it's required to make sure you are healthy and cleared for surgery
- » Bring the form included in this packet
- » Ask the doctor to fax the results to (651) 730-3563
- » Get a copy of the form to bring with you on the day of surgery
- » Don't have a primary care physician? Let us know; we can help

All menstruating patients, including those under the age of 18, need a current pregnancy test completed by a medical professional within 7 days of your surgery date. Bring a copy of the pregnancy results with you on the day of surgery. Your surgery may need to be canceled if this is not completed.

MEDICATION INSTRUCTIONS

TALK WITH YOUR PRIMARY CARE DOCTOR

- » Blood thinners or anticoagulant medication

Notes: _____

- » Anti-inflammatory medication

Notes: _____

MEDICATIONS AFTER SURGERY

You will be given your prescription for pain medications on the day of the surgery.

Opioids should only be used as needed and as prescribed.

Prior authorizations: Some insurances require prior authorizations; we will do our best to get this done in a timely matter.

Prescription refills: We strongly encourage you to plan ahead and contact your physician team two days in advance of needing a refill.

DAY BEFORE SURGERY

24 HOURS PRIOR TO YOUR PROCEDURE

- » Take routine medications as directed by your physician with only a sip of water
- » Brush your teeth and rinse, but do not swallow the water
- » Take a bath or shower prior to coming to your surgical procedure
- » Remove makeup and nail polish. Acrylic nails do not need to be removed
- ✗ No smoking or nicotine use after midnight the day before surgery
- ✗ Do not consume any alcohol

FOOD AND DRINK INSTRUCTIONS

No food or drink after 11 p.m., including gum or mints.

NICOTINE PRODUCTS

Continued use of nicotine-containing products can greatly increase the risk of delayed wound healing, infection, and bones not aligning properly.

DAY OF SURGERY & YOUR SURGERY LOCATION

WHAT TO BRING

- » Insurance card
- » Photo ID
- » Copy of completed History & Physical exam results
- » Assistive devices (crutches/knee scooter/walker)
- » "As needed" medications
- » Hearing aid(s)
- » Glasses or contacts case/solution (if applicable)
- » **For minors:** Bring a photo ID of the parent or guardian accompanying the patient. Guardians must also bring the appropriate forms of guardianship
- » **X** Do not bring rings, jewelry, or valuables

WHAT TO WEAR

Wear loose-fitting, comfortable clothes. Do not wear jean shorts or jeans. Elastic waistbands preferred.



MINNETONKA SURGERY CENTER

15450 Highway 7
Suite 200
Minnetonka, MN 55345

We measure and compile the results of our patients' care and share that information with the community. We believe that transparency of results across healthcare allows patients to better understand what to expect, and to compare other doctors and facilities.

AFTER YOUR PROCEDURE

You will be taken to our recovery room for observation and monitoring. In most instances, a family member may wait with you. You will be given postoperative instructions, and a nurse will answer any questions you may have.

We want to hear about your experience!

WHY YOU MAY RECEIVE A PATIENT SURVEY FROM THE MINNETONKA SURGERY CENTER:

Hearing from you about your experience at Minnetonka Surgery Center will help us identify opportunities to improve the way we care for patients.

PATIENT SURVEY QUESTIONS

Please contact:

Quality/Risk Manager
(651) 968-5662

OPTIONS FOR COMPLETING YOUR PATIENT SURVEY:

You can conveniently complete your patient survey by mail with a postage-paid return envelope, or online if you provided your email address.

Thank you in advance for taking time to provide feedback!



MINNETONKA SURGERY CENTER

Phone (651) 968-5755 | Fax (651) 730-3563

APPOINTMENT SCHEDULING

Call: (651) 968-5201

Online: summitortho.com/schedule

THERAPY SCHEDULING

(651) 968-5600

BRACING DEPARTMENT SCHEDULING

(651) 968-5700

(Walker, Crutches, Cryo/cuff, Brace)

BILLING INQUIRES AT SUMMIT

(651) 968-5050