Preparing for Surgery

Midwest Eye Care, P.C.

402 / 552-2020
Toll-Free 800 / 231-2020
www.midwesteyecare.com
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Introduction

We thank you for choosing Midwest Eye Care for your eye care needs. We know that patients place a tremendous amount of trust in their eye surgeons, and we appreciate that you have selected one of our doctors as your surgeon. This brochure will provide the information you will need for your surgery. We look forward to serving you.

Ownership Disclosure/Financial Interest
Midwest Eye Surgery Center, LLC, is owned by ophthalmologists who are also shareholders in Midwest Eye Care, PC. A listing of the surgery center owners is posted in the surgery center lobby. The surgery center is open Monday through Thursday and is used only for ophthalmology surgery. If you would like further information on the breadth of services offered by the surgery center, please contact our surgery center manager.

Scheduling Your Surgery
You will receive a telephone call from our scheduling office within one week after your decision to have surgery. A surgery scheduler will work with you to determine an appropriate date and time for your surgery. The scheduler may also review preoperative instructions with you and schedule your postoperative exam appointments.

Once you have selected a surgery date, please call your primary care physician (family physician or internal medicine physician) to schedule a preoperative history and physical examination and follow the specific timeline guidelines given by the scheduler. This physical will need to be performed prior to your surgery date. Please wait and schedule this history and physical appointment with your primary care physician once your surgery date is confirmed. If you are taking blood thinners such as Coumadin, Plavix, Aggrenox or aspirin, the surgery scheduler will provide you with information to discuss with your PCP as to whether you should stop taking these medications prior to surgery. If you have diabetes, please check with your PCP to see if any of your present medications may have an impact on surgery. You will also receive information from your surgery scheduler to discuss with your PCP in regards to your diabetic medications.

Patients undergoing a LASER surgical procedure DO NOT need to schedule a history and physical appointment.

Pre-operative Nurse Call
If you are having surgery at Midwest Eye Surgery Center, a pre-operative nurse may call you before your surgery. They will confirm that you have had your history and physical examination appointment, perform a health assessment and answer any questions that you may have regarding preparation for surgery.

If your surgery is at Methodist, Children’s, Mercy or Jennie Edmundson hospitals, you will receive a call from the hospital 24-48 hours before your surgery. If you are having surgery at Nebraska Medicine, a hospital nurse will not call you prior to surgery. You should call (402) 552-2493 or (800) 552-8802 at least 48 hours prior to your procedure. Their hours are 8:00 a.m. to 5:30 p.m. If you have questions, please call our surgery schedulers at (402) 552-2020 or (800) 231-2020.

Your surgery scheduler will give you guidelines regarding when you can eat or drink before surgery. This is very important; your surgery could be cancelled if you do not follow the guidelines given to you.
Day of Surgery

Preparing for Surgery
It is your responsibility to have a responsible adult, over the age of 18, present at discharge and able to drive you home after surgery. Your eye may be patched and the medication given during the procedure can make you drowsy for several hours after surgery. Plan on having someone assist you at home after surgery for the rest of the day. Call your doctor if you catch a cold, flu or other illness before surgery. If you feel ill, do not report for surgery without checking with your doctor.

After you check-in, a nurse will verify your identification (please bring a photo ID and insurance card/s), correct procedure being performed, and correct operative site. Do not be alarmed, this verification process will likely occur several times during the preoperative period. You will be escorted back to the preoperative area and asked to trade your shirt for a dressing gown. You should also wear a button-front shirt to surgery, because it will be difficult to pull a shirt over your head and patched eye after surgery. Patients will continue to wear their pants, so we suggest you wear loose-fitting pants that will be comfortable whether you are sitting or laying down. Family and/or significant others will be asked to wait in the lobby.

A nurse will then complete a pre-operative clinical review of your condition and overall health history. After registering your vital signs, the anesthetist may administer a mild sedative as needed to help you relax and your eye will be numbed for the procedure according to your physician's preference. In some cases, the surgeon may choose to utilize more anesthesia (called general anesthesia) so that you are asleep during the entire case.

The Operating Room
You will be transported to the operating room on a rolling bed and positioned under the operating room microscope and light. Although the light will be bright, it won't be bothersome because of the combination of the sedative, the numbing drops in the operated eye and a paper drape over your non-operated eye. Music may be playing in the background, and you'll be able to hear the voices of the surgeon, nurses and anesthetist. The physician and the anesthetist will speak with you at times during the procedure to make sure you are comfortable, but they will ask you to refrain from speaking at other times to limit your head movement. For cataract surgery, you will be wheeled back to a recovery station in approximately thirty minutes. Corneal, glaucoma and retina procedures may require more time in the operating room.

Recovery
Immediately after surgery, a nurse will measure your vital signs. The nurse will provide you and your escort with instructions on medications, activity and when to report for your postoperative exam. After a nurse has ensured that you are stable and able to meet the discharge criteria, you will be discharged, typically within 20-60 minutes after surgery. Most patients having cataract surgery will be discharged within three hours of their scheduled arrival time; patients undergoing other types of surgery will have longer visits.
Lodging

Patients traveling from outside the immediate area can call one of our surgery schedulers at (800) 231-2020 for the most up-to-date discounted lodging information.

Financial Responsibility

For any surgical procedure or laser performed, Midwest Eye Care will file claims to your insurance company. You may have financial responsibility to as many as three different providers for your surgery or procedure. The three components are:

- **Surgeon**: Midwest Eye Care will bill for the professional services provided by your surgeon.
- **Facility**: Midwest Eye Surgery Center (MESC) or another local facility will bill for the operating room, surgical equipment, medical supplies and nursing care.
- **Anesthesia**: This bill will be for the anesthetist who provides and monitors the anesthesia before and during your surgical encounter.
  - If you undergo surgery at Midwest Eye Surgery Center, this charge will be reflected on your Midwest Eye Care bill along with the surgeon’s fee.
  - If you undergo surgery at an area hospital, you will receive a separate bill for anesthesia services.
  - If the laser procedure is performed outside of the operating room, there will not be an anesthesia bill.

Our financial counselor will assist you in identifying your deductible, co-pay, and co-insurance liability prior to your surgery. We will ask for payment of these amounts prior to surgery in the form of cash, check, MasterCard, or Visa. In the event of significant financial obligations due to high deductibles or no insurance coverage, we do participate in patient financial programs. Please ask our financial counselor for more information. Most surgeries and laser procedures have a 10-day or 90-day post-operative period that covers the cost of post-operative exams. However, the costs for tests, eyeglasses, eyeglass refractions, additional surgeries, lasers, and exams unrelated to the surgical procedure will be charged to the patient and/or insurance company.

If you have any questions regarding the billing process for surgery or laser procedures, please call us at (402) 552-2020, or toll free at (800) 231-2020.

Refractions

During the process to verify and remove your cataract, you will receive two ‘refraction’ charges that Medicare (and most other insurance plans) require the patient to personally pay. The following explains what a refraction is, why Medicare does not pay for it, and when you will be charged for it.
What is a refraction? A refraction is a test that measures a person's ability to see an object at a specific distance. Using a piece of equipment that contains small movable lenses, your doctor or his/her assistant will determine how well you see by asking a series of questions such as, “Is 1 better than 2?” Based on your feedback, the doctor or assistant is able to determine your eyeglass prescription and how well you can see with that prescription. The refraction fee is requested at the time of service.

**Most medical insurance plans, including Medicare, do NOT cover refractions.** Medicare considers the calculation of an eyeglass prescription to be a non-covered routine service. Medicare does not pay for most routine services, but instead tells doctors to bill patients for this service. However, in order to prove to Medicare that you need cataract surgery, we will have to perform the refraction to demonstrate that eyeglasses alone won’t improve your vision.

Consequently, you will receive a refraction charge as part of your pre-operative exam. Approximately one month after cataract surgery, the eye doctor or the doctor’s assistant will perform another refraction to determine the strength of the glasses you need after cataract surgery. Medicare will expect you to pay for both of these refraction charges.

**Deductible, Co-Insurance and Co-payment**
In addition to non-covered services, you may also be billed for your Medicare deductible and 20% of the amount approved by Medicare. The 20% co-insurance is often paid by your supplemental insurance policy.

If you have any questions regarding Medicare and other insurance policies, please do not hesitate to ask. We will do our best to assist you.

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**Keep yourself connected with 24/7 electronic access to your office medical records**

*Register for the patient portal in order to:*
- Request appointments.
- Refill prescriptions.
- View your medical records.

Visit www.midwesteyecare.com for more information
General Information about Midwest Eye Surgery Center

If you need assistance or advice from your ophthalmologist before or after your visit to the surgery center, please call (402) 552-2020 or (800) 231-2020. These phone numbers are answered 24 hours per day, 7 days per week. If you have a medical emergency, please call ‘911’ or go to the nearest hospital emergency room. If your emergency is related to your eye, the emergency room personnel can contact your eye doctor.

The doctors who perform surgery at Midwest Eye Surgery Center must re-apply for privileges every two years. In addition to confirming the surgeon’s licensure status and adherence to Nebraska continuing education requirements, the surgeon’s application is also reviewed by the Quality Committee Chairman and the Medical Director.

The management of Midwest Eye Surgery Center reviews its fee schedule annually to ensure the surgery center fees are appropriate. The surgery center’s reimbursement rates are primarily dictated by Medicare, Medicaid and insurance companies. Patients demonstrating significant financial need will be evaluated in accordance with Midwest Eye Care’s charity care policy. Each year between 1% – 2% of the surgery center’s cases are provided to indigent patients at no cost to the patients.

Midwest Eye Surgery Center is accredited by Medicare and AAAHC (Accreditation Association for Ambulatory Health Care). AAAHC accreditation is a voluntary process through which a surgery center is able to measure the quality of its services and performance against nationally recognized standards. The process involves self-assessment by the organization as well as a thorough review by expert surveyors. The surgery center was first accredited by the AAAHC in 2002 and was re-accredited in 2005, 2008, 2011 and 2014.

Contact Information for Complaints or Grievances

You can obtain more information on Midwest Eye Surgery Center and the procedures performed by visiting our website at www.midwesteyecare.com. Click on “Learn More” in the Surgery Center box on the right side of the page.

Thank you for choosing Midwest Eye Care's physicians for your care. If you have any questions, suggestions, complaints or grievances regarding Midwest Eye Surgery Center please contact:

Jan Vermillion, RN, BSN
ASC Manager
4353 Dodge Street
Omaha, NE 68131
(402) 552-2020

Jay Slagle, CPA, MSHA
Administrator
(402) 552-2020

STATE LEVEL:
Investigations Line
DHHS Division of Public Health
(402) 471-0316

FEDERAL LEVEL:
Phone Number: 1-800-Medicare (1-800-633-4227)
Office of Medicare Beneficiary Ombudsman:
www.medicare.gov (look under the tab “Claims and Appeals”)
Midwest Eye Surgery Center Patient’s Rights and Responsibilities

Our Patients may expect to:

- Receive complete information about their diagnosis, evaluation, treatment and prognosis in understandable language.
- Give written permission/consent prior to the start of any treatment.
- Know the identity and professional status of all employees involved in their care.
- Be addressed in a courteous, respectful manner and to have limited physical exposure.
- Have family or significant others informed of their progress throughout their visit.
- Receive a reasonable response to requests and needs or services that are within the facility's capacity and applicable laws and regulations.
- Have adequate and appropriate pain control within the limits of medical standards and national guidelines.

Our Patients’ Bill of Rights

MESC personnel strive to ensure that each patient is treated in a dignified, respectful and courteous manner. As our patient you have the right to:

- Respectful and safe care by competent personnel;
- Receive services regardless of race, religion, color, gender, sexual preference, age, marital status, disability, national origin or source of payment. MESC is not required to provide uncompensated care or free care and treatment unless otherwise required by law;
- Be provided a copy of patient rights and responsibilities prior to the admission process;
- Be informed in advance about care and treatment and related risks;
- Personal privacy and confidentiality of medical records;
- Access information contained in his/her medical record within a reasonable time when requested; including the right to request an amendment to, and obtain information on disclosures of his or her health information, in accordance with law and regulation;
- Be advised in advance of the estimated fees related to your care and payment accommodations;
- Select your own source of prescriptions, supplies or other provider for extended care needs;
- Make informed decisions regarding care and treatment to receive information necessary to make those decisions;
- Refuse care and treatment, change providers and to be informed of the medical consequences of refusing such;
- Formulate advance directives and to receive information from MESC regarding the facility advance directives policy;
- Voice complaints and grievances concerning your care or treatment without discrimination or reprisal and have those complaints and grievances addressed;
- Be free from abuse, neglect and exploitation;
- Receive treatment in a smoke free and safe environment;
- Be informed MESC may have fellows (surgeons in training) practicing under the supervision of MESC surgeons;
- Effective communication;
- The center providing interpretive and translation services;
• MESC involving the patient's family in care, treatment, or services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation;
• MESC providing the patient, or surrogate decision-maker, with the information about the outcomes of care, treatment, or services that the patient needs in order to participate in current and future health care decisions;
• MESC informing the patient, or surrogate decision-maker, about unanticipated outcomes of care, treatment;
• To see posted written notice of the patient rights in a place or places within the ASC likely to be noticed by patients (or their representative, if applicable) waiting for treatment. The written poster will include name, and telephone number of the state agency to whom the patient can report complaints, as well as the web site for the Office of the Medicare Beneficiary Ombudsman and if a state court has not adjudged a patient incompetent, any legal representative designated by the patient, in accordance with the state law, may exercise the patients' rights to the extent allowed by state law;

Patient Responsibilities

Patients have the responsibility to their surgeon and the staff at Midwest Eye Surgery Center (MESC) to:

• Provide complete and accurate information about their past illnesses, medications, allergies and current health status.
• Visit their primary health care physician prior to their surgery for a current assessment of their general health.
• Provide a responsible adult to transport him/her home from MESC.
• Follow the pre-operative and post-operative instructions they receive from the staff of MESC.
• Cooperate with the treatments and nursing care provided once they understand the purpose.
• Assure that the financial obligations for care are fulfilled as promptly as possible.

Advanced Directives

As a Medicare and Medicaid-certified Ambulatory Surgery Center we are required by Federal law to provide information on advance health care directives to our patients, staff and community.

It is important for you to understand, unlike in an acute care hospital setting, our surgery center facility does not routinely perform "high risk" procedures. The scope of care at our facility is limited to elective outpatient surgical procedures. Therefore, it is our policy, regardless of the contents of any advance directive or instructions from a health care surrogate or attorney, that if an adverse event occurs during your treatment at this facility, we will initiate resuscitative or other stabilizing measures and transfer you to an acute care hospital for further evaluation. The receiving hospital will implement further treatment or withdrawal of treatment measures already begun in accordance with your wishes, advance directive or health care power of attorney.

If you have any advance directive forms that you want placed in your medical record, please bring them with you at the time of your appointment so we can have a copy on file. If you need assistance in obtaining or filling out appropriate forms, please contact us at (402) 552-2020.
Frequently Asked Questions After Eye Surgery

Thank you for choosing Midwest Eye Surgery Center (MESC) for your eye surgery. Here are answers to the most frequently asked questions after eye surgery:

Medications:
Take ALL of your prescription medications prescribed by your primary care doctor. If you take a medication to thin blood, please contact your MESC physician for directions.

Drops/Ointment/Shield: You will be using eye drops following surgery.
You will be given instructions after surgery and/or at your first post-op appointment. Please follow this guideline for administration of your eye drops or ointment. You will be given a protective shield to wear over the operative eye and night.

Diet:
Return to your regular diet.

Return to work:
Your doctor will make the final decision on when you may return to work.

Activity: Your doctor will make final decision when driving may resume.
No lifting (20 lbs. or less) or straining for one week. Stay out of dusty environments for 2 weeks. It is fine to watch TV, read, or use the computer. Travel is permitted after discussion with your doctor.

Hygiene:
Wash hands prior to administration of eye drops or ointment. AVOID RUBBING the operative eye FOR ONE MONTH! You may shower/wash hair after 1st post op appointment. Do NOT get water in the eye for 2 weeks.

Makeup:
No eye makeup for ONE week. You may notice mattering of eyelids/lashes. If necessary gently remove from eyelids with a clean, moist washcloth. DO NOT RUB YOUR EYE

Post-op Pain:
It is normal to experience mild irritation, scratchy sensation, or mild ache for several days after surgery. Tylenol or Extra Strength Tylenol (1-2 tablets) for any pain or discomfort. No Aspirin for pain control. SEVERE or progressively worsening pain, nausea/vomiting are NOT expected. IF these symptoms occur, call 402-552-2020.
Vision: If you have decreased vision or loss of vision, call 402-552-2020.
Your vision should be about the same or gradually getting better every day. Each eye is unique and heals differently. Your doctor will discuss your potential visual outcomes in the clinic.

Sports: Some exercise may be acceptable. Ask your doctor for specific questions.
No swimming for ONE MONTH. No GOLF for ONE week. Resume sex life in one week. No gardening, or lawn care for 2 weeks.

Artificial Tears:
Please check with your physician before using artificial tears following surgery.

Pets:
Keep all pets away from the face. If pets have slept with you, please change the pillow case.

Sleeping/CPAP/Oxygen:
Sleep in a position of comfort. Please clean the CPAP strap/Oxygen tubing prior to use after surgery.

New Glasses: A new prescription for glasses will be given after the final refraction, usually around ONE month. In the interim, one lens of your current glasses may be removed to improve vision.

Glare or Halo: Your eye will be sensitive to light.
Some people experience Glare or Halo after surgery. Dark eyeglasses may be worn during the daytime, especially outdoors, to avoid any discomfort that you may have from bright light and to prevent any injury to the eye.

Things to Remember:
At Midwest Eye Care, we've got you covered with a physician on-call to provide 24/7 coverage. Call if you are experiencing any problems or have further questions.

Phone: 402-552-2020
Toll-Free: 800-231-2020
Hand Hygiene – CLEAN HANDS HELP PREVENT INFECTION

INDICATIONS FOR HAND HYGIENE AT HOME:
1. Whenever hands are VISIBLY dirty or contaminated
2. After using the restroom
3. After contact with pets
4. Upon arriving home after a shopping trip, church, or excursion
5. Prior to eating or handling food
6. Prior to handling or taking of any medication,
   THIS INCLUDES EYE DROPS or OINTMENTS
7. Anytime when in doubt, wash your hands

Hand hygiene can be accomplished with soap and water or alcohol-based hand rub.
If hand are visibly soiled, soap and water wash should always be used.

Hand Hygiene Technique with Alcohol-based hand rub

Hand Hygiene Technique with Alcohol-Based Formulation

1a. Apply a palmful of the product in a cupped hand and cover all surfaces.
1b. Rub hands palm to palm
2. right palm over left dorsum with interlaced fingers and vice versa
3. palm to palm with fingers interlaced
4. backs of fingers to opposing palms with fingers interlocked
5. rotational rubbing of left thumb clasped in right palm and vice versa
6. rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
7. rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
8. rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
9. rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
10. rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

Modified according to EN1500

Hand Hygiene Technique with Soap & Water

Handwashing Technique with Soap and Water

0. Wet hands with water
1. apply enough soap to cover all hand surfaces
2. rub hands palm to palm
3. right palm over left dorsum with interlaced fingers and vice versa
4. palm to palm with fingers interlaced
5. backs of fingers to opposing palms with fingers interlocked
6. rotational rubbing of left thumb clasped in right palm and vice versa
7. rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
8. rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
9. rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa
10. rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

Modified according to EN1500

Diagrams adapted from WHO Guidelines on Hand Hygiene in Health Care
http://whqlibdoc.who.int/hq/2005/WHO_EIP_SPO_QPS_05.2.pdf

Modified according to EN1500
Eye Drops and Eye Ointment Application

HOW TO APPLY EYE DROPS:
1. Wash your hands.
2. Stand in front of a mirror and with your index finger; gently pull your lower eyelid down to form a small pocket for the eye drops.
3. Tilt your head back and look up.
4. Holding the dispenser between thumb and index finger, rest your hand against your nose and gently squeeze the recommended number of drops into the pocket you have formed. Do not touch the dropper tip to hands, eye, or any surface since this may contaminate the solution.
5. Remove your index finger from your lower lid. Allow your eye to gently close for a few minutes.
7. Wash your hands again.
8. If using more than one drop in the same eye, wait at least 5 minutes before instilling the next drop following above instructions.

HOW TO APPLY STERILE OINTMENT:
1. Wash your hands.
2. Stand in front of a mirror and with your index finger; gently pull your lower eyelid down to form a small pocket for the eye ointment.
3. Holding the tube between thumb and index finger, rest your hand against your nose and gently apply a small strip of ointment into the pocket you have formed. Avoid contacting the tube tip with hands, eyelids, or any surface.
4. Blink eye gently; then close for 1 to 2 minutes.
5. Wipe off excess medication from around eyes. Recap tube.
6. Wash your hands.
Our Offices

4353 Dodge Street
Stand-alone light brick building on the southeast corner of 44th and Dodge.

7202 Giles Road, Ste 3
Located on the NW corner of 72nd & Giles.

13500 California Street
Located in the Bank of the West Business Park, one block north of Dodge between 132nd and 137th Street.

18111 Q Street
Located on SW corner of 180th and Q Street.

*Surgery Center*
Lower level of Midwest Eye Care Office Building.
Enter from 44th Street (west side).

715 Harmony, Ste 300
Located in the Edwards Professional (715) Building in the back of the Mercy Hospital Campus.

2012 Cornhusker Road, Ste 400
1/2 blk W of Kennedy Freeway (Hwy 75) at the Cornhusker exit.
Midwest Eye Surgery Center
Bottom level of Midwest Eye Care, P.C.
4353 Dodge Street
Omaha, NE 68131
Main 402-552-2020
Day of Surgery: 402-552-6065

Omaha Surgical Center
8051 West Center Road
Omaha, NE 68124
Main 402-391-3333

Nebraska Medicine
Durham Outpatient Center
4400 Emile Street
Omaha, NE 68198
Main 402-559-4000
Valet Parking Available at Front Entrance of Methodist Outpatient Surgery Center

Jennie Edmundson Hospital
933 Pierce Street
Council Bluffs, IA 51503
Main 712-396-6000
Day of Surgery 712-396-7451

Methodist Hospital
8303 Dodge Street
Omaha, NE 68114
Main 402-354-4000
Day of Surgery 402-354-4200

Children’s Hospital & Medical Center
8200 Mercy Drive
Omaha, NE 68114
Main 402-955-5400
Day of Surgery 402-955-4777

CHI Health
Mercy Hospital
800 Mercy Drive
Council Bluffs, IA 51503
Main 712-328-5000
Day of Surgery 402-717-2720

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