

## Procedure Information Sheet

**Admit / Procedure Date:**

**Hospital / Surgical Center:** Olympia Medical Center

**Address:** 5900 West Olympic Boulevard., Los Angeles, CA 90036  
(323) 932-5248

**Procedure Time:** You will receive a call one business day before your procedure providing you the estimated procedure start time. If you do not receive this phone call, please call our office at (424) 279-8222.

**Arrival Time:** One Hour Prior to Procedure Time

**Instructions:** Do not eat or drink anything after midnight before your procedure

**Bowel Preparation:** Depending on your procedure, you will have one of the following:

1. Full Bowel Preparation
2. Enema Bowel Preparation
3. No Preparation

If you are unaware as to your bowel preparation, please contact us such that we may review it with you.

**Shaving:** Please do not shave in anticipation of your procedure. Studies have demonstrated that shaving done at home increases the risk of wound infections. We will shave the site of surgery, if necessary, prior to the procedure.

**Pharmacy:** If you have a specific pharmacy you will be using, you can request that we put the prescriptions in before your procedure, such that you have them ready once you arrive home. If you would prefer to have the medications pre-ordered, please let us know.

**Transportation:** You will not be able to drive yourself home after your procedure. Please arrange for transportation accordingly. Due to liability concerns, you will not be released to the care of a taxi as a mode of transportation.

**Informed Consent**

1. I hereby authorize Allen Kamrava, M.D. and/or such assistants and associates as may be selected by him to perform the following procedure(s)/treatment(s) upon myself/the patient.

Procedure(s)/Treatment(s)

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2. I understand that this procedure(s)/treatment(s) appear(s) indicated by the diagnostic and/or clinical observations performed. I have been informed of the following:

- A description of the proposed procedure/treatment
- The indications for the proposed procedure/treatment
- Material risks and benefits for the patient related to the treatment based on the available clinical information and dependent upon the professional custom and standard.
- The likelihood of achieving goals of the procedure.
- Treatment alternatives, including the material risks and benefits
- The probable consequences of declining the recommended or alternative therapies
- Who will provide the procedure/treatment
- When indicated, any limitations on the confidentiality of information learned from or about the patient

I understand the information provided and give this consent voluntarily.

3. I authorize the administration of blood and blood products to myself/the patient as may be considered necessary or advisable in connection with the above described procedure(s)/treatment(s) both during the procedure and for the remaining period of hospitalization of myself/the patient. I have been informed of the potential benefits, risks or alternatives to receiving blood and blood products.

4. I authorize the administration to myself/the patient of anesthetics determined to be necessary or advisable by the physician responsible for administering or for supervising the administration of anesthetics. I acknowledge that I have been fully advised about, and understand, the nature and purpose of the anesthesia, the possible risks and complications and possible alternative anesthesia methods.

5. I have informed the licensed health care provider that to my knowledge I have allergies to the following substances and drugs: (If none, leave blank or write "NKDA")
  
6. I acknowledge that I have received no warranties or guarantees with respect to the benefits to be realized or consequences of the aforementioned procedure(s)/treatment(s).
  
7. I consent to the photographing or televising of the procedure(s)/treatment(s) to be performed, including appropriate portions of my/the patient's body, for medical, scientific or educational purposes, provided my/his/her identity is not revealed by the pictures or by descriptive texts accompanying them.
  
8. For the purpose of advancing medical education, I consent to the admittance of observers to the room in which the procedure(s)/treatment(s) is performed. Such observers may be health care professionals, students, clinical device specialists or others as may be identified by my physician/health care provider.
  
9. I consent to the disposal by Medical Center authorities of any tissues or body parts which may be removed.
  
10. I acknowledge that I have read and fully understand this document and that if I have questions I have had the opportunity to have them answered by the physician/health care provider.

## Patient Rights

YOU HAVE THE RIGHT TO RECEIVE THE FOLLOWING INFORMATION IN ADVANCE OF THE DATE OF YOUR PROCEDURE.

### PATIENT BILL OF RIGHTS:

EVERY PATIENT HAS THE RIGHT TO BE TREATED AS AN INDIVIDUAL WITH HIS/HER RIGHTS RESPECTED. Allen Kamrava, M.D. M.B.A AND MEDICAL STAFF HAVE ADOPTED THE FOLLOWING LIST OF PATIENT RIGHTS.

### PATIENT RIGHTS:

1. To receive treatment without discrimination as to race, color, religion, sex, national origin, disability, or source of payment.
2. To be treated with respect, consideration, and dignity in receiving care, treatment, procedures, surgery, and/or other services.
3. To be provided privacy and security of self and belongings during the delivery of patient care services.
4. To receive information from his/her physician about his/her illness, his/her course of treatment and his/her prospects for recovery in terms that he/she can understand.
5. To receive as much information about any proposed treatment or procedures as he/she may need in order to give informed consent prior to the start of any procedure or treatment.
6. When it is medically inadvisable to give such information to a patient, the information is provided to a person designated by the patient, or to a legally authorized person.
7. To make decisions regarding the health care that is recommended by the physician. Accordingly, the patient may accept or refuse any recommended medical treatment. If the treatment is refused, the patient has the right to be told what effect this may have on their health, and the reason shall be reported to the physician and documented in the medical record.
8. To be free from mental and physical abuse, free from exploitation, and free from use of restraints. Drugs and other medications shall not be used for discipline of patients or for convenience of facility personnel.
9. Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination, and treatment are confidential and shall be conducted discretely.
10. Confidential treatment of all communications and records shall be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care. The facility has established policies to govern access and duplication of patient records.

11. To leave the facility even against the advice of his/her physician.
12. Reasonable continuity of care and to know in advance the time and location of appointment, as well as the physician providing the care.
13. Be informed by his/her physician or a delegate of his/her physician of the continuing health care requirements following his/her discharge from the facility.
14. To know the identity and professional status of individuals providing services to them, and to know the name of the physician who is primarily responsible for coordination of his/her care.
15. To know which facility rules and policies apply to his/her conduct while a patient.
16. To have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient. All personnel shall observe these patient's rights.
17. To be informed of any research or experimental treatment or drugs and to refuse participation without compromise to the patient's usual care. The patient's written consent for participation in research shall be obtained and retained in his/her patient record.
18. To examine and receive an explanation of his/her bill regardless of source of payment.
19. To appropriate assessment and management of pain.

### If you need a Translator:

If you will need a translator, please let us know and one will be provided for you. If you have someone who can translate confidential, medical and financial information for you please make arrangements to have them accompany you on the day of your procedure.

### Rights and Respect for Property and Person

#### ***The patient has the right to:***

- Exercise his or her rights without being subjected to discrimination or reprisal.
- Voice grievance regarding treatment or care that is, or fails to be, furnished.
- Be fully informed about a treatment or procedure and the expected outcome before it is performed.
- Confidentiality or personal medical information.

### Privacy and Safety

#### ***The patient has the right to:***

- Personal privacy
- Receive care in a safe setting
- Be free from all forms of abuse or harassment

### Advance Directives

An "Advanced Directive" is a general term that refers to your oral and written instructions about your future medical care, in the event that you become unable to speak for yourself. Each state regulates the use of advanced directives differently. There are two types of advance directives: a living will and a medical power of attorney. If you would like more information regarding advance directives in CA, visit: [http://ag.ca.gov/consumers/general/adv\\_hc\\_dir\\_ohp](http://ag.ca.gov/consumers/general/adv_hc_dir_ohp)

### Submission & Investigation of Grievances

Persons who have a concern or grievance against Allen Kamrava, M.D. but not limited to, decisions regarding admission, treatment, discharge, denial of services, quality of services, courtesy of personnel or any other issues are encouraged to contact your state representative to file a formal complaint:

California Department of Public Health  
PO Box 997377, MS 3000  
Sacramento, CA 95899-7377

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Signature of Patient or Legal Representative

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

# Olympia Medical Center Guide to Surgery Services

*"We are determined that from the moment you enter the hospital, you will receive the best patient care"*

Director, Surgical Services,  
Lyudmila Weiss

We understand how serious having surgery is for our patients. The physicians, nurses and staff at Olympia Medical Center are focused on making sure the hospital environment and experience is the best possible for you, your family and friends.

As a patient at Olympia Medical Center we want you to know you have the right to:

- 1) Considerate and respectful care
- 2) Have your pain managed well
- 3) Receive care in a safe setting
- 4) Reasonable responses to any appropriate requests made for service
- 5) Have your family kept informed about the progress of your procedure.

## **THE DAY BEFORE YOUR SURGERY**

A registered nurse from the Surgery Department will call you to confirm the date and time of your surgery, inform you about what to expect on the day of your procedure and answer any questions you may have.

## **SOME IMPORTANT REMINDERS**

- It is vital that you DO NOT eat or drink anything 8 hours before your procedure, unless directed by your doctor. This includes chewing gum and hard candy. The process of digestion along with anesthesia can put your life at risk during your procedure.
- Your doctor will give you instructions that you will need to follow, including how to take your prescribed medications during this time of fasting.

## **PERSONAL BELONGINGS**

- We recommend wearing loose and comfortable clothing.
- Please leave all jewelry and valuables at home. DO NOT wear cosmetics, nail polish, lotion, perfume, or cologne on the day of your surgery.
- You may need to remove contact lenses, eye glasses, hearing aids, non-permanent bridges or dentures before your procedure.

- We will ask your family or friends to take possession of items removed prior to surgery.

### **WHAT SHOULD I BRING WITH ME?**

(CHECK LIST)

- A list of your current medications, including dosage information.
- Insurance cards
- Photo identification
- Any co-payment, deductible or other necessary payment that may be due before your procedure.  
*Olympia Medical Center accepts all major credit cards, check or cash.*
- Advanced Directive or Power of Attorney forms if you have any.

### **TRANSPORTATION TO AND FROM THE HOSPITAL**

You may receive medications for your procedure, which impairs your ability to drive for as long as 24 hours. For your safety and the safety of others in our community, please arrange for someone to take you to and from the hospital. Your procedure will be cancelled if you do not have a ride home.

### **ARRIVAL TIME**

Your surgeon will inform you of the time you should arrive at the hospital. It may be at least two hours prior to the start of your procedure.

### **PARKING**

Visitor parking is located at the parking garage at 5975 West Olympic Boulevard. Valet parking is available at the hospital at 5900 West Olympic Boulevard.

Validations will be given to patients coming to the hospital for same day procedures, day of admission to the hospital, and day of discharge. The hospital provides one validation per patient per day; if you must leave and return there will be a fee for subsequent parking.

**Cars parked on Olympic Boulevard after 3 p.m. are towed by the City of Los Angeles.**

### **VISITORS AND FAMILY**

Visitors and family are required to check in at the Concierge desk at the main entrance. For your safety and the safety of others, visitor passes are required at all times while on the hospital campus. Please let us know who to contact in order to provide updates during surgery.

We recommend children under the age of 10 be left at home with a caretaker or family member on the day of surgery.

### **ADMISSION**

On the day of your surgery please enter the main entrance of the hospital next to the Emergency Services Department. Once inside the building, the Concierge will escort you to the Admitting Department.

**During the registration process:**

- You will be asked various questions including your demographic information.
- You will be asked to sign a Consent to Treat.

**PREPARING YOU FOR YOUR SURGERY**

A qualified registered nurse will conduct an extensive health assessment. You will also be assessed for your potential for pain and you will be instructed on how to manage your pain after surgery. Your anesthesiologist will meet you prior to surgery and answer your questions. During this time, your family will be escorted to the surgery waiting room.

We recognize how important family and friends are at a time like this. As time permits, family members will be invited to join you once preparation for surgery is completed. The pre-operative suite can accommodate one person at a time.

**DURING SURGERY**

We will make every effort to anticipate and ease any fears you may have on the day of your surgery. A member of the surgery department will call or visit your family or friends with updates.

You will be escorted to the pre-operative suites by an attendant. There you will meet your anesthesiologist, who will be able to answer any questions you may have at that time. Your family or friends will be shown to the lounge area. We will update them on the progress of your procedure.

**ADMISSION TO THE POST SURGICAL CARE UNIT (RECOVERY ROOM)**

After surgery you will wake up in the Recovery Room. A registered nurse will be at your side to explain what is happening, reassure you and make sure you are comfortable. If you need pain medicine, notify your nurse immediately. It is easier for your healthcare team to prevent pain than to catch up with it once it starts. Please note: family members are not allowed in the Recovery Room because this is a sterile area.

If you are being admitted to the hospital after surgery, you will be taken from the Recovery Room to our post-operative surgical nursing unit.

**LEAVING THE HOSPITAL**

If you are going home after surgery, you will be taken from Recovery to the outpatient waiting area where you will be prepared for your return home. We will inform your family or friends when you are ready for visitors.

Your family may remain with you until your doctor determines that you can go home. A small snack and drink will be available for you prior to leaving the hospital.

You and your family will be given instructions and information for follow-up care. If you have any questions about your recovery, please ask your doctor or nurse.

**AT HOME AGAIN**

Please call your surgeon's office for a follow-up appointment.

If you have a question or concern after you have left the hospital, please call your doctor. If it is a life threatening emergency, call 911 immediately.

Once you have been discharged, you may receive a survey in the mail. We hope you will *strongly agree* that we have provided you with excellent service. Your completed survey is our way of knowing that we met our goal of providing you with the best patient care.

If at any time during your stay at Olympia Medical Center you do not feel you are receiving excellent service we want to know. Please inform your nurse or you may call the Surgery Department at 323-932-5389.

**IMPORTANT TELEPHONE NUMBERS**

Pre-operative Coordinator: 323-932-5248  
Between 9 a.m. - 5:30 p.m.  
Monday through Friday.

Patient Relations: 323-932-5094  
Between 8 a.m. - 5:00 p.m.  
Monday through Friday.

For Billing questions: 323-932-5058  
Between the hours of 10 a.m. - 4:30 p.m.  
Monday through Friday.

***Love, compassion, and tenderness...***

*is the oldest medicine in the world, and a cornerstone in Olympia Medical Center's Surgical Services where concern and expertise extends beyond the patient to family members and loved ones. Individuality, dignity, and respect are the focus of our team as we work together to achieve the highest quality of life possible for each individual.*