

DEAR PATIENT,

*Thank you for choosing our doctors for your surgery.*

*Over time, and with years of experience, we have learned that a partnership with the patient and family offers the best outcome. For this reason, we have adopted this booklet as a guide for your surgical visit.*

*Your surgical process begins the moment you learn surgery is necessary. The entire process encompasses the day and weeks prior to surgery, the day of surgery, your hospital stay and discharge home, and your recovery period.*

*Please keep this booklet with you during your hospital stay. Regardless of your surgical category – Same Day Surgery, Outpatient Surgery, or In-Patient Surgery – it is critical you and your family review the enclosed materials promptly. You may discover something that needs to be addressed immediately.*

*As always, please ask for assistance at any time during your surgical experience. You have a wealth of resources in your health care team.*

*I understand that I am responsible for reading this booklet and understanding its contents.*

*Patient Signature*

*Date*

- I will bring this surgery guide to the hospital on the day of surgery.
  - I understand that I should have nothing to eat or drink after midnight the day before surgery. I will be directed as to which medications I should take the morning of surgery with a sip of water.
  - I will bring all my medications to the hospital with me.
  - If I am prescribed inhalers for my breathing, I will use them and bring them to the hospital. Medications to be taken on the morning of surgery with a few sips of water include:
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- Unless my surgeon tells me differently, I will STOP taking these medications prior to surgery:

**STOP 7 days before surgery:** Aspirin, NSAIDS (Motrin/Ibuprofen), Vitamin E, herbal medicines, diet pills.

**STOP:** Blood-thinning medications such as Coumadin, Plavix and Ticlid. I must contact the doctor who monitors these medications and get approval before I stop taking any doses. **If I stopped taking my Coumadin, I will ask my surgeon when I can start taking it again.**

- Patients with diabetes: I will not take diabetes medication (pills or insulin) on the morning of surgery. I understand that if my surgery is delayed, I will notify a member of my health care team that my blood sugar must be checked by 9 am.
- I will not chew gum or chew tobacco after 12 midnight the night before my surgery
- I will not smoke after 8:00 p.m. the evening prior to my surgery/procedure. If at all possible I will stop smoking a week prior, to decrease the risk of severe complications.
- Did I have a pain management discussion with my physician regarding oral medication, PCA pump and or chronic pain?
- Did I have a discussion about pre-treatment to prevent infection, blood clots, or heart problems?
- I will not wear jewelry, body piercing, makeup, nail polish, hairpins or contacts on the day of surgery. I am to leave valuables and money at home or with family members.
- If I have an advanced directive (living will or health care power of attorney), I will bring a copy with me.
- I understand that in my surgeon's absence, one of the other two doctors in the practice will be available. I can reach the on-call physician at (843) 853-7730, and the answering service will put me in touch with that doctor.

## PREPARING FOR SURGERY

When you need surgery, your physician will determine whether your procedure can be done on an outpatient or inpatient basis. Your surgery will be done at Roper Hospital or East Cooper Regional Center, and you can be assured of excellent care, regardless of the setting.

This notebook is offered to answer many of the questions you may have as you prepare for surgery. However, if you have any questions not addressed in this notebook, please feel free to ask Dr. Murphy, Dr. Rustin, or any member of your health care team.

## **Preoperative Appointments and Testing**

If you have received care at another facility, please bring a copy of your medical records and tests, or have them faxed to our office at (843)722-8766. Any x-rays and results from cardiology tests, such as stress tests and electrocardiograms are especially important. Any routine testing that needs to be done before your surgery, such as blood tests, chest x-rays or electrocardiograms, is generally co-coordinated by the hospital admitting department prior to your arrival.

## **Insurance Coverage**

Many insurance companies require pre-authorization for hospital admissions. Please make sure we have the most current and complete insurance information. Although our office contacts your insurance company prior to procedures or admissions, it is smart for you to contact them as well to confirm that all necessary paperwork has been completed prior to your admission.

Your surgeon and the Hospital will bill your insurance carrier for the charges associated with your surgery and hospital stay. Any balance not covered by your insurance company will be billed to you.

Please remember that you may receive bills from other doctors. These bills may include such things as anesthesiology,

Pathology, laboratory, or an assistant surgeon. If you have a question about a bill, please call the office that sent you the bill.

## **The Day of Surgery: Dos and Don'ts**

**Eating and Drinking.** Do not eat or drink anything (including gum, mints or candy, and water or black coffee) after midnight the night before your surgery — even if your surgery will be performed under local anesthesia. When you brush your teeth, do not swallow any water.

**Smoking.** It is strongly recommended that you stop smoking. This will reduce your risk of respiratory, anesthesia and many other complications after your operation.

**Alcohol.** Drinking alcohol can greatly affect the outcome of your surgery. See the next page for more information.

**Medications.** Bring with you a list of all prescribed and over the counter medications you take, including dosage and strength. Check with your surgeon or anesthesiologist about which medications to take on your day of surgery. If you are advised to take your medication, swallow only the smallest amount of water and inform the anesthesiologist or the nurse on the day of surgery.

**Patients with Diabetes.** On the morning of surgery do not take your insulin or diabetic pill but bring it with you to the hospital. If your arrival time is after 9 am, or if you are not feeling well, immediately notify the check-in personnel that you are an insulin-dependent diabetic.

**Patients with Asthma.** You should bring your inhalers with you to the hospital. If needed, you may use your inhaler as directed your doctor.

**Nail polish, nail tips, wraps, gels, etc.** All nail polish should be removed before your arrival for surgery. We understand that tips, wraps and gels are expensive; however, we ask that these products be removed from at least one finger on each hand (preferably the index or middle finger). This finger will be used to accurately monitor your oxygen level during surgery.

**Clothing.** You will be most comfortable in loose-fitting, easily folded clothing and low-heeled shoes. Your family members will be responsible for your belongings when you go to the operating room. If you are staying overnight, leave your suitcase in the car until your room is ready.

**Valuables.** Jewelry (including body piercing), money, and credit cards should be left at home or with a family member.

**Hearing Aids.** If you rely on hearing aids, you should wear them to the hospital on the day of surgery so that you can hear and understand everything we need to communicate to you.

**Dentures.** You will be asked to remove all non-permanent dental work before surgery. Please bring a denture cup with you.

**Contact lenses.** Wear glasses when possible. If contact lenses must be worn, bring your lens case and solution. If glasses are worn, bring a case for them.

**Hair.** Wear your hair loose, avoiding the use of clips, pins or bands that bind hair. Do not use hair spray. A head cover will be provided on the way to the operating room to contain your hair.

**Wigs and hairpieces.** Before going to surgery, patients are asked to remove wigs and hairpieces and are given a head cover to wear.

**Makeup and Perfume.** Makeup and perfume should not be worn on the day of surgery.

**Creams, lotions and deodorants.** Creams and lotions should not be worn on the day of surgery. A light application of deodorant is permissible.

## **CAN ALCOHOL AFFECT MY SURGERY?**

If you are scheduled for surgery, it is important to be honest with Dr. Murphy or Rustin about your alcohol use. Your recovery from surgery may not proceed as planned if your doctors are not aware of your history of alcohol use.

Excessive alcohol use, defined as drinking more than three drinks per day, can affect the outcome of your surgery. Binge drinking (consuming large amounts of alcohol infrequently, such as on weekends) can also affect the outcome of your surgery.

**How does alcohol affect my surgery?**

If you drink more than 3 drinks a day, you could have a complication, called alcohol withdrawal, after surgery. Alcohol withdrawal is a set of symptoms that people have when they suddenly stop drinking after using alcohol for a long period of time. During withdrawal, a person's central nervous system "overreacts" and causes symptoms such as shakiness, sweating, hallucinations, and other more serious side effects.

Untreated alcohol withdrawal can cause potentially life-threatening complications after surgery, including tremors, seizures, hallucinations, delirium tremens, and even death. Untreated alcohol withdrawal often leads to a longer stay in the intensive care unit (ICU) and a longer hospital stay. Chronic heavy drinking also can interfere with several organ systems and biochemical controls in the body, causing serious, even life-threatening complications.

Alcohol withdrawal treatment before surgery can help provide these outcomes:

- Decreased incidence of post-operative seizures and delirium tremors
- Decreased use of restraining devices
- Decreased incidence of falling
- Reduced use of potent sedative medications
- Shorter stay in the hospital
- Less time on the mechanical ventilator
- Less chance of organ failure and biochemical complications

# Your Hospital Visit

## Arriving at the Hospital

You are to report to either in-patient admitting, or out-patient admitting, depending on your type of surgery. There are many signs in the hospital to direct you to either location.

## In the Operating Room

You are the most important person in the operating room, and your care, comfort and satisfaction are our priority. Many people are concerned about undergoing surgery, so your surgical nurse will answer any questions and will be there with you throughout the procedure.

You will be asked questions to verify your name, the surgical procedure and the site of the operation. Patient identification is verified by your name and date of birth. You will then state the surgery you are to have, followed by confirming the marked surgical site. This is all done to ensure there is no confusion about you or your procedure.

You may notice a lot of activity in the operating room. The lights may seem bright and the temperature cool. Please notify a nurse or surgical personnel if you are uncomfortable.

## Anesthesia

In the operating room, your surgeon may administer your anesthetic, if you are having a procedure performed under local anesthesia only. Otherwise, the anesthesiologist will constantly monitor your vital signs, including your heart rate and rhythm, blood pressure, and amount of oxygen in your blood. The type of anesthesia you receive will depend on the surgery you are having and your state of health. The anesthesiologist will discuss options with you prior to going to the operating room. The following is a brief description of the possible options:

*General Anesthesia.* This is the most common type of anesthesia performed for surgery. You

will be made unconscious during your surgery with the use of intravenous medications. When your surgery is finished, the medications are stopped, and you will begin to awaken from the anesthesia.

*Regional Anesthesia.* This type of anesthesia is somewhat similar to what you may experience at the dentist's office. With regional anesthesia, only the area of the body on which surgery is being performed is numbed. With this type of anesthesia, medications will be given to you intravenously to make you drowsy and comfortable during surgery.

*Monitored Anesthesia Care.* During this type of anesthetic, the doctor gives you medications intravenously to make you drowsy and comfortable while monitoring your vital signs. He also provides "local" anesthesia to the site of surgery.

*Local Anesthesia.* Occasionally, Drs. Murphy and Rustin may prefer to perform a procedure in the operating room that requires only local anesthesia. This involves numbing only a specific area and will be administered by your surgeon.

## After Your Surgery

You will be taken to the recovery area, or, if medically necessary, to the Intensive Care Unit (ICU) when your surgery is complete. During that time, your surgeon will talk with your family members. To maintain patient privacy and enhance recovery, it is the responsibility of the nursing staff to monitor patient visitation.

Your recovery time will depend upon the type of procedure you have undergone and the anesthesia used. Depending on the time of completion of a surgery, it is not uncommon for patients to stay overnight in the recovery area. Some patients need more or less time to recover. However long your recovery period may be, please be assured that you will be receiving the best care and personal attention from everyone involved.

You may have visitors before surgery and after recovery. Your family will be able to visit you once you have been transferred to a hospital room. Visitors are permitted in the recovery area based on the needs of other patients in the recovery area, as well as your needs. If you have a special visiting request or unusual situation, please speak to the information desk receptionist.

Remember, the receptionist at the family lounge is the link between you and your family. To keep that link, your family must inform the receptionist if they are leaving the waiting area, and check in upon their return.

## **Pain Management**

Effective pain management is an important part of your care. Every effort is made to minimize your pain; however, it is normal to experience some discomfort following surgery. You will have a system for pain relief after surgery – either a patient-controlled pump or a wound catheter and a pain patch. This will make you feel comfortable and will help you do your exercises and ambulate after surgery. Once you are taking liquids easily, you will be given oral pain medication, which works just as well as the pump. The pills work best when used regularly, so ask for another dose before the pain gets too severe. Communication of unresolved pain is necessary to make you as comfortable as possible.

## **Planning for Your Hospital Discharge**

Getting you well enough to leave the hospital is our goal. Together we will make your discharge comfortable and timely for you and your family. There are caregivers at the Hospital who specialize in assuring your transition home is as easy as possible.

## **Going Home**

Because we care about your safety and comfort, we urge you to follow these instructions regarding your recovery:

- A friend or relative must accompany you when you leave the hospital. Have a responsible adult stay with you for at least 24 hours after discharge. Your surgery may be cancelled if no one is available to stay with you.
  - Take deep breaths to keep your lungs clear
  - Don't drive or operate machinery until instructed to do so by your surgeon. As a general rule, you will be able to drive when you are completely off pain medicine and are able to come to a complete stop emergently.
  - Do not drink alcoholic beverages while on narcotic pain medicine.

- At home DO NOT stay in bed. This will put you at high risk for life-threatening complications and will prolong your recovery. Take “walks” like when you were in the hospital.
- You should take a shower every day. It is fine to get your wound(s) wet. Tap it dry.
- Avoid eating large meals. It is preferable to have multiple small meals throughout the day.
- Follow a low residue diet for at least 5 days after your surgery (see details on this diet below)
- There are no restrictions on your mobility. It is fine to go up and down stairs. You can't injure yourself and nothing will “come undone”. Avoid weight lifting more than 20 lbs. for 6 weeks.
- Streaks of blood may be seen in the stool after surgery. This is normal and expected.

**In Case of Illness. If you develop a cold, cough, sore throat, fever or any other illness within two days of surgery, your surgeon needs to be notified. Call our office at (843) 853-7730.**

## Guide to Herbal Medications & Dietary Supplements

Stop all herbals SEVEN days prior to surgery. Inform your surgeon if you have been taking any herbal preparations or dietary supplements. They may cause problems if taken before surgery.

Supplement	Complication
Bromelain	Increased risk for bleeding, excessive menstrual bleeding
Chondroitin	Irregular heartbeat, increased risk for bleeding
Chromium	Enhanced effectiveness of both insulin and oral sulfonylurea agents, hypoglycemia
Cysteine	Interaction with ACE inhibitors, nitroglycerin, or isosorbide can result in abnormally low blood pressure
Echinacea	Immunosuppression, poor wound healing
Ephedra	Increased heart rate and blood pressure
Garlic	Increased risk for bleeding
Ginkgo	Increased risk for bleeding
Ginseng	Increased risk for bleeding, hypoglycemia
Glucosamine	Reduced effectiveness of insulin, hypoglycemia
5-Hydroxytryptophan	Interaction with antidepressants or tramadol (Ultram) can result in life-threatening "Serotonin Syndrome"
Kava	Increased risk of sedation
Omega-3 Fatty Acids	Increased risk for bleeding, hemorrhagic stroke
Phenylalanine	Reduced effectiveness of both baclofen (for muscle spasms) and levodopa (for Parkinsons Disease)
S-Adenosylmethionine	Interaction with antidepressants can result in an irregular or accelerated heartbeat
St. John's Wort	Multiple herbal and drug interactions
Valerian	Increased risk for sedation
Vanadium	Increased risk for bleeding
Vitamin A	Increased risk for bleeding, liver damage
Vitamin C	Dehydration, increased blood levels of Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)
Vitamin D	Toxic reaction if taking Digoxin
Vitamin E	Increased risk for bleeding, reduced effectiveness of beta-blockers taken for high blood pressure
Zinc	Reduced effectiveness of Non-Steroidal Anti-Inflammatory Drugs (NSAIDS), possible lupus-like condition when combined with hydralazine for treating high blood pressure

## LOW RESIDUE DIET

Following your surgery, at home continue a low residue diet for 7 more days.

<b>FOODS RECOMMENDED</b>	<b>FOODS TO AVOID</b>
<p><b>BREADS &amp; GRAINS up to 6 servings each day</b></p> <p>Refined breads, toast, rolls, biscuits, muffins, crackers, pancakes, and waffles</p> <p>Enriched white or light rye bread or rolls</p> <p>Saltines, Melba Toast, Rusk crackers, Zwieback</p> <p>Refined ready-to-eat cereals such as puffed rice and puffed wheat</p> <p>Cooked refined wheat, corn or rice cereal</p> <p>Strained oatmeal, grits and farina</p> <p>Refined cold cereals made from corn, rice or oats (Rice Krispies, Cornflakes, Cheerios, puffed rice and puffed wheat)</p> <p>White rice and refined pasta</p> <p>Macaroni, noodles, white rice</p>	<p><b>BREADS &amp; GRAINS TO AVOID</b></p> <p>Any bread product made with whole-grain flour or graham flour, bran, seeds, nuts, coconut, or raw or dried fruit, cornbread, and graham crackers</p> <p>Any whole-grain, bran, or granola cereal, oatmeal, any cereal with seeds, nuts, coconut or dried fruit</p> <p>Bran, barley, brown and wild rice</p>
<p><b>VEGETABLES up to 3 servings each day</b></p> <p>Most tender <b>cooked</b> and canned vegetables without seeds such as carrots, asparagus tips, beets, green or wax beans, pumpkin, spinach, squash (acorn) without seeds, potato (no skin), pureed or cooked strained lima beans, peas (no skin).</p> <p>Strained vegetable juice</p>	<p><b>VEGETABLES TO AVOID</b></p> <p>Raw vegetables and vegetables with seeds, sauerkraut, winter squash, and peas</p>
<p><b>FRUIT up to 2 servings each day</b></p> <p>Most canned or cooked fruits, fruit cocktail, avocado, canned applesauce, apricots, Royal Anne cherries, peaches, pears, (all without skin and seeds), pureed plums and ripe bananas and avocados</p> <p>Strained fruit juice</p>	<p><b>FRUIT TO AVOID</b></p> <p>Raw or dried fruit, all berries</p> <p>Prune juice</p>
<p><b>MILK &amp; DAIRY up to 2 servings each day</b></p> <p>Milk, mild cheese, cottage cheese (as tolerated)</p> <p>Yogurt (no berries)</p>	<p><b>MILK &amp; DAIRY TO AVOID</b></p> <p>Highly flavored cheeses</p>
<p><b>MEAT &amp; MEAT SUBSTITUTES up to 2 servings or total of 6 oz daily</b></p> <p>Ground or well-cooked, tender beef, lamb, ham, veal, pork, poultry, fish, shellfish, and organ meats</p> <p>Eggs</p> <p>Smooth peanut butter</p>	<p><b>MEAT &amp; MEAT SUBSTITUTES TO AVOID</b></p> <p>Tough fibrous meats with marinate meats in juice or gristle, shellfish with tough connective tissue</p> <p>Meat prepared with whole-grain ingredients, seeds, or nuts</p> <p>Fried meats and eggs</p>

	<p>Dry beans, legumes, peas, and lentils</p> <p>Chunky peanut butter</p> <p>Raw clams and oysters</p>
<p><b>FATS &amp; SNACKS (use sparingly)</b></p> <p>Margarine, butter, vegetable oils, lard, mayonnaise, cream substitutes, crisp bacon, plain gravies, and salad dressing</p> <p>Bouillon, broth, or strained cream soups (no corn) made with allowed ingredients</p> <p>Plain cakes and cookies, pie made without nuts and fruit (allowed fruits only)</p> <p>Plain sherbet, sorbet, pudding, fruit ice, gelatin, tapioca, angel food or sponge cake, custard, frozen fruit pops, jelly, plain hard candy, marshmallows, frozen yogurt, and ice cream</p>	<p><b>FATS &amp; SNACKS TO AVOID</b></p> <p>Any made with whole-grain flour, bran, seeds, nuts, coconut, or dried fruit</p> <p>Nuts, seeds, and popcorn</p> <p>Pastries, pies, potato chips</p> <p>Pepper, chili pepper and other hot sauces.</p> <p>Chocolate, raisins, seeds, seed spices, pickles, olives, nuts, mustard, spicy mustard and catsup, relish, horseradish, vinegar, rich gravies</p> <p>Highly spiced salad dressings</p> <p>Jam or marmalade with nuts and seeds</p>
<p><b>MISC.</b></p> <p>Salt, soy sauce, catsup</p> <p>Mild spices in moderation, white sauce</p> <p>Sugar, honey, jelly, syrup</p> <p>Lemon juice, vinegar, vanilla and other flavoring extracts</p> <p>Decaffeinated coffee, herb tea, caffeine-free carbonated beverages, fruit drink</p>	<p><b>MISC. TO AVOID</b></p> <p>Beverages containing caffeine should be used sparingly as caffeine is a stomach irritant)</p>

## PARTNERS FOR SAFETY

*This is a guide for you and your family to help us ensure your health and safety while in the hospital. Taking an active role in your care will influence how well your surgery goes.*

### Be involved in your HealthCare.

- Take part in all decisions about your treatment.
- Share any special needs that you have
- Ask a trusted family member or friend to be your advocate while you are too ill or stressed to participate yourself.
- Have a card with your family members' contact information by your bedside, as well as in your chart.

**Speak up if you have any questions or concerns.**

- You have a right to question anyone who is involved with your care.
- Write down questions to ask for the next time the doctor visits.

### **Ask what doctor is in charge of your care while you are in the hospital.**

- You may have several doctors handling different aspects of your care, but one should be coordinating or in charge of your care.
- Learn whether your physicians are board-certified in their specialty. All else being equal, board certification indicates that your doctor has demonstrated a certain level of competence. This is especially important if you are having a complicated or unusual procedure.

### **Identify yourself.**

- Wear your name band at all times.
- Get to know your nurses, phlebotomists, and other hospital personnel, and make sure they address you by name.
- Know what procedures you are to have and make sure healthcare workers tell you what they plan to do before consenting to a procedure.
  
- Don't hesitate to inform the healthcare professional if you think he or she has confused you with another person.

### **Remind health care workers who have direct contact to wash their hands.**

Hand washing is an important way to prevent the spread of infection in hospitals.

### **When you are admitted to the hospital, bring a list of all the medications you are taking.**

- *NOTE: Include all over-the-counter medications, home remedies, and herbal medications including tea, vitamins and weight gain or loss products such as shakes, pills or bars. Sometimes they can be dangerous when you take them with other medications.*
- Let the doctor and nurse know of any allergies and type of reaction or side effects you have.

### **Know the medications you are taking in the hospital.**

- Know what medications you are taking, why you are taking them, what they look like, what time you take them, and their potential side effects.
- If they look different, ask why!
- Question if you feel the medication is not for you.
- Make sure your armband is checked before any medication is given to you.

### **When you are discharged home, ask you doctor and nurses to explain the plan of care for you to follow at home.**

- Make sure you understand your medications and what activity and eating plan you are to follow.
- Request a pharmacy consultation to go over your medications prior to your discharge.

## YOUR RIGHTS AND RESPONSIBILITIES

*We are committed to providing you with respectful care as we meet your health care needs. For this reason, we want you to have a summary of your rights as a patient.*

### PATIENT'S RIGHTS

You have a right to considerate and respectful care. You have the right to participate in the development and implementation of your plan of care. You will not be denied access to care due to race, creed, color, national origin, sex, age, sexual orientation, or disability. You have the right to information about your diagnosis, condition, and treatment in terms that you can understand. You have the right to refuse treatment to the extent permitted by law and to be informed of the possible consequences of the refusal. You are entitled to be free from all forms of abuse or harassment. You have the right to make or have a representative of your choice make informed decisions about your care. You have the right to formulate advance directives and have them followed.

You have the right to have your family or representative of your choice, and your own physician notified of your admission to the hospital. You have the right to appropriate assessment and management of pain. You are entitled to be free from any forms of restraint or seclusion as a means of convenience, discipline, coercion, or retaliation. Seclusion and restraint for behavior management can only be used in emergency situations. You are entitled to information about rules and regulations affecting your care or conduct.

You have the right to know the names and professional titles of your caregivers. Dr. Rustin and Drs. Murphy participate in the training of new physicians. For this reason, resident physicians, student nurses, and other supervised health care providers in training may become involved in your care and treatment. You have the right to ask if any of your health care providers are in training. You can request a change of provider or second opinion if you choose. You have the right to

personal privacy and to receive care in a safe environment. You have the right to a prompt and reasonable response to any request for services within our capacity. You have the right to express concerns or grievances regarding your care to the hospital staff or the Ombudsman office. The confidentiality of your clinical and personal records will be maintained. You have the right to see your medical record within the limits of the law. You have the right to an explanation of all items on your bill. You have the right to be provided with information about your continuing health care needs and planning for care after you leave the hospital, and, as appropriate, after an appointment with your physician or other caregiver.

### PATIENT'S RESPONSIBILITIES

This is a summary of your responsibilities as a patient.

It is your responsibility to provide accurate and complete information about all matters pertaining to your health, including medications and past or present medical problems. You are responsible for following the instructions and advice of your health care team. If you refuse treatment or do not follow their instructions or advice, you must accept the consequences of your actions. It is your responsibility to notify a member of your health care team if you do not understand information about your care and treatment. You are responsible for reporting changes in your condition or symptoms, including pain, to a member of the health care team.

It is your responsibility to act in a considerate and cooperative manner and to respect the rights and property of others. You are responsible for following the rules and regulations of the hospital. For

outpatients, you are expected to keep your scheduled appointments or to cancel them in advance if at all possible. It is your responsibility to pay your bills or make some arrangement with Dr. Rustin, Drs. Murphy and the hospital to meet your financial obligations.