

# David L. Gould M.D.

900 Jerome St., Ste. 304 Fort Worth, TX 76104

Phone: (817)-348-8399 Fax: (817)348-8380

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## Surgery Acknowledgement

Welcome to Metroplex Urology & Transplant Surgery. You have been scheduled for surgery. We understand that this may be a stressful time for you. Our staff will be available to answer your questions and address your concerns. **Please read over your instructions carefully.**

I acknowledge that:

1. I have agreed to move forward with surgery, and the procedure, benefits, and risks have been reviewed with me by Dr. Gould and his staff.
2. I have been given a **TENTATIVE** date for surgery.
3. I have been given the pre-registration handout and facility phone number. I understand that I may need to go to the hospital before surgery for a pre-assessment appointment.
4. I have been given the pre surgery and post surgery instruction handouts.
5. **I understand that my surgery date and time may change due to various factors including, but not limited to:**
  - Preoperative lab results
  - Need for additional clearance deemed necessary by anesthesia/ pre-assessment
  - Need for special equipment that the hospital may need and supply
  - Insurance/ Financial responsibility
6. Any co-insurance/deductibles are due **prior** to your procedure. Please ensure you have handled the financial aspect before arriving at the hospital. You will need to contact the hospital regarding your financial obligation to the facility, as this is a separate charge.

\_\_\_\_\_ I have been given catheter removal instructions. I understand the risks of improper removal and I agree to call the office should I have any questions regarding removal.

\_\_\_\_\_ I have been made aware that stent placement during my procedure may be necessary. I have been given the opportunity to ask questions and have been informed that in the event a stent is placed I may require a follow-up procedure for its removal.

\_\_\_\_\_ I am aware that additional procedures may become necessary for treatment of my condition.

I agree that all of my questions and concerns have been addressed at this time. If I should have further questions or concerns, I will call the office prior to my scheduled procedure.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

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**Surgery Date & Location**

Time of Arrival to Facility: \_\_\_\_\_  
(check in @ patient registration)

Tentative Date of Surgery: \_\_\_\_\_

- Baylor Scott & White; 1400 8th Ave., FW (817) 922-1195
  - [www.bswhealth.com/FortWorthSurgery](http://www.bswhealth.com/FortWorthSurgery)
- Medical City FW; 900 8th Ave., FW (817) 347-5898

**PLEASE NOTE:**

We have scheduled a **tentative** date and time for your surgery. Please allow *one week* for the scheduling of your procedure at the hospital. After one week please call the corresponding number above to schedule your pre-assessment appointment at the hospital where your procedure will be performed.

Pre-Assessment Appointment: \_\_\_\_\_

*\*Any questions or concerns regarding registration, pre-assessment or anesthesia should be directed to the hospital.*

*\*Any questions or concerns regarding surgery specifics or scheduling should be directed to our office at (817) 348-8399.*

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## Instructions for the Day of Surgery

- DO NOT eat or drink anything after midnight the night before your surgery. This includes water, mints, and chewing gum.
- PLEASE STOP ALL blood thinners, aspirin, and supplements (examples include: Coumadin, Plavix, Eliquis, Effient, Xarelto, Ibuprofen, Naproxen) at least 5 days before your surgery. Please advise our staff if you are taking any of the above medicines and if you have any drug allergies.
- During your preoperative appointment at the hospital you will be given a physical assessment, which may include lab testing. You will also be instructed on which of your home medications you may take the day of surgery.
- You **MUST** have someone to drive you home upon discharge from the hospital. Please make these arrangements prior to the day of surgery.
- Please remember to bathe and wash your hair as instructed by Pre-Assessment the night before and/or morning of surgery.
- Bring your insurance cards and ID to the hospital the day of surgery. Do not bring any valuables.
- OTHER \_\_\_\_\_



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## Post-Operative Instructions - A

\*Limit your activity for the first 24-48 hours after surgery. Increased activity is associated with increased bleeding post operatively.

\*It is normal to experience burning with urination in the immediate post-op period.

\*You can expect to see blood and/or small blood clots in your urine.

\*If you are discharged with a Foley Catheter attached to a urine drainage bag you can expect to see blood and/or small blood clots in your drainage bag. You may additionally see some slight drainage of blood and/or urine around the catheter at the point of insertion into the urethra.

\*You may eat a regular diet once home and resume your regular medications unless instructed otherwise.

\*You will be discharged with antibiotics and pain medications, if needed. They will be sent to the pharmacy you listed in your New Patient Paperwork. If you are prescribed antibiotics take them as directed and to completion.

\*Drink plenty of fluids after surgery. Pain medications, as well as the anesthesia during surgery, can cause constipation. You may also take a stool softener if needed.

\*You may call the office to schedule a follow up appointment after your procedure.

Other \_\_\_\_\_

### Notify our office if any of the following occur:

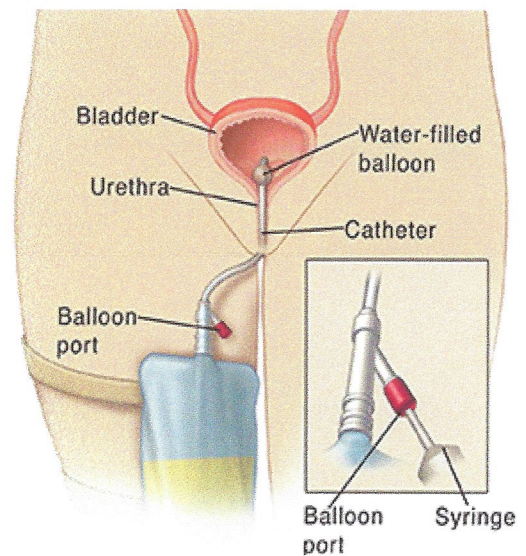
- Fever of 101 or higher
- Intolerable pain not controlled by your pain medication
- Nausea or vomiting that lasts more than 24 hours
- Heavy bleeding with urination or in your drainage bag

## CATHETER REMOVAL

Your urologist has instructed you to remove your urinary catheter. This is a thin, flexible tube that allows urine to drain out of your bladder and into a bag. It's important to properly remove your catheter to help prevent infection and other complications. If you have any questions about removing the Foley Catheter, call your Urologist before attempting to remove it. Otherwise, follow the instructions on the sheet.

### Instructions for Catheter Removal Using a Syringe:

- Empty the bag of urine if needed.
- Wash your hands with soap and warm water. Dry them well.
- Gather your supplies. This includes a syringe, wastebasket and towel.
- Insert the syringe into the balloon port on the catheter. The syringe fits tightly into the port with a firm push and twist motion.
- Wait as the water from the balloon empties into the syringe. Disconnect syringe and empty. Repeat step until the balloon is empty.
- Gently pull out the catheter.
- Put the used catheter in the wastebasket. Also throw away the syringe.
- Use the towel to wipe any spilled water or urine if necessary.
- Wash your hands again.



### Instructions for Removing the Catheter Using Scissors

Find the balloon port of the catheter (the short Y-shaped section on the side of the catheter) and cut off the port. About 2 teaspoons of water will drip out. Once the water has stopped dripping, gently pull the urinary catheter out of the bladder.

### **Call your Urologist right away if:**

- You have fever of 101F or higher.
- The catheter doesn't come out with gentle pulling.
- You can't urinate within 8 hours of catheter removal.
- Your abdomen is painful or bloated
- You see a lot of blood in the urine (light bleeding for 24 hours is normal)
- It feels like the bladder is not emptying.