

Main Office:

Rick A. Shacket  
Comprehensive Health Services  
3543 N. 7th Street, Phoenix AZ 85014  
Office: 602.492.9919 Mobile: 602.920.1023

RICK A SHACKET  
DO, MD(H)



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**PLACE OF PROCEDURE**



**Phoenix Baptist Hospital**  
2000 W. Bethany Home Rd  
Phoenix, Arizona 85015  
602.249.0212

Your colonoscopy or upper endoscopy (EGD) is scheduled on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Your surgery is scheduled on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

If you do not have a scheduled time written above, and you do not get a call from us within five working days, please call Ashley at Comprehensive Health Services to schedule your procedure.

**Scheduling Number (602) 492-9919**

Provider:

Rick A. Shacket BS9262611

3543 N. 7th Street, Phoenix AZ 85014

Office: 602.263.8484 Mobile: 602.920.1023

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DO, MD(H)



Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**SURGERY PRESCRIPTION SLIP – PAGE 1**

**Colonoscopy**

**Diagnosis:**

- Colon Cancer Screening > Age 45 African American & Age 50 All Others
- Gastrointestinal Bleeding (occult or obscure)  Rectal Bleeding
- Abdominal Pain with: loss of weight or appetite, perianal disease, ↑ ESR, ↑ CRP
- Hx of Colon Cancer  1<sup>st</sup> Family Hx of Colon Cancer
- Hx Colon Polyps (adenoma)  1<sup>st</sup> Family Hx Colon Polyps (adenoma)
- Change in Bowel Habits – Constipation or Watery Diarrhea
- Surveillance of Crohn’s Disease  Surveillance of Ulcerative Colitis

**Scheduled Colonoscopy on:** \_\_\_\_\_ @ \_\_\_\_\_ **Time:**  30 min  45 min

**EGD**  Schedule Same Day as Colonoscopy

**Diagnosis:**

- Heartburn or GERD Despite Appropriate Drug Trial
- Heartburn or GERD with Anorexia or Weight Loss
- Gastrointestinal Bleeding (occult or obscure)  Persistent Vomiting
- Upper Abdominal or Periumbilic Pain  Persistent Nausea
- Hx of long-term anti-coagulation, or NSAID Therapy
- Anemia - Iron Deficiency or pernicious
- Surveillance of Barrett's Esophagus  Surveillance of Adenomatous Gastric Polyps
- Familial Adenomatous Polyposis Syndromes  Dysphagia  Odynophagia

**Scheduled EGD on:** \_\_\_\_\_ @ \_\_\_\_\_ **Time:**  15 min  30

**Surgery**

- Diagnosis:**  Abscess  Condyloma Anal  Condyloma Genital  Enlarged Papillae
- Enlarged Tags  Fissure  Fistula  Hemorrhoids  Prolapse  Stenosis  Spasm
- Pilonidal Cyst  Other:

**Scheduled Surgical Repair of Above on:** \_\_\_\_\_ @ \_\_\_\_\_

**Time:**  15 min  30 min  45 min  60 min

**Standard Pre-operative Instructions & Rx Given to Patient:**  Yes  No

**Standard Post-operative Instructions & Rx Given to Patient:**  Yes  No

**Signature of Prescribing Physician:** \_\_\_\_\_

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**SURGERY PRESCRIPTION SLIP – PAGE 2**

**Provider Name:** Dr. Rick Shacket

**Scheduling Office Contact:** Ashley

**Benefits Verified:** Date: \_\_\_\_\_ Contact: \_\_\_\_\_

**Colonoscopy Case:** \_\_\_\_\_ **EGD Case:** \_\_\_\_\_ **Surgery Case:** \_\_\_\_\_

**Ins. Eff. Date:** \_\_\_\_\_ **Auth Colon/EGD#** \_\_\_\_\_ **Auth Surgery#** \_\_\_\_\_

**Medical Records Faxed to:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Deductible:** \$ \_\_\_\_\_ **Met:** \$ \_\_\_\_\_ **Coinsurance:** \$ \_\_\_\_\_

**Out of Pocket Max** \$ \_\_\_\_\_

- Cash Patient:** needs a price quoted for facility + Sedation before scheduling. PLEASE, patient has limited means and needs to know the costs before deciding.
- Patient is covered by medical/health insurance.** Needs to know what his maximum out-of-pocket facility cost can be before deciding to schedule.

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AVOID THESE DRUGS BEFORE AND AFTER SURGERY

### Drugs and Herbs that Cause Perioperative Bleeding

Drugs that cause Perioperative bleeding are taken more frequently than is generally appreciated. In one study of patients who had surgery, as many as 50% had biochemical evidence of recent Non Steroidal Anti Inflammatory Drug (NSAID) ingestion. If a patient admits to ingesting NSAIDs 4 to 7 days before surgery, the surgeon must consider rescheduling the surgery.

Avoid these drugs and herbs at least 7 to 10 days before and after surgery. Natural substances are listed in **bold** print.

\* Alcohol, especially red wine should be discontinued at least 4 to 5 days before surgery.

Acetylsalicylic Acid	Cheracol Caps	Feldene	Mefenamic
Advil	Childrens' Aspirin	Fenoprofen	Menadol
<b>Alcoholic Beverages *</b>	Choline Salicylate	<b>Feverfew</b>	Midol
Aleve	<b>Chrysanthemum - Pathenium</b>	4-way cold - tablets	Mobidin
Alka-Seltzer	Clinoril	Froben	Mono-Gesic
<b>Allicin</b>	Congesprin	<b>Garlic - Supplements</b>	Motrin
Amigesic	Cope	Gelpirin	Nabumetone
Anacin	Coricidin	Genpril	Nalfon
Anaprox	Corticosteroids	Genprin	Naprosyn
Anaproxin	Coumadin	<b>Ginko Biloba</b>	Naproxen
Ansaid	Cox-1 Inhibitors	Goody's Body - Pain	Norgesic
APC	Darvon	Halfprin	Norwich
Argesic-SA	Depakote	Haltran	N.S.A.I.D.s
Arthra-G	De xamethasone	Ibuprin	Nuprin
Arthrapan	Diclofenac	Ibuprophen	Ocufen
ASA	Dipyridamole	Idameth	Orudis
A.S.A.	Disalcid	Indocin	Oruvail
Ascodeen	Divalproex	Indomethacin	Oxybuta zone
Ascriptin	Doan's Pills	Ketoprofen	Oxaprozin
Aspergum	Do lobid	Ketorolac	Pamprin
Aspirin	Dristan	Lortab ASA	Peptobismol
Baby Aspirin	Easprin	Magan	Percodan
Bayer	Ecotrin	Magnesium	Persantine
BC Powder	Empirin	Salicylate	Phenaphen
Brufen	Emprazil	Meclofenamate	Phenylbuta zone
Bufferin	Endodan	Meclofen	Piroxicam
Butazolidin	Excedrin	Medipren	Ponstel
Cephalgesic			Prednisone
			Quagesic

Relafen  
Rexolate  
Robaxisal  
Roxiprin  
Rufen  
Saleto  
**Salix**  
Salflex  
Salsalate

Salsitab  
Sine-Aid  
Sine-Off  
Sodium  
Thiosalicylate  
Soma Compound  
Sulindac  
Synalgos DC

**Tanacetum -  
Pathenium**  
Tolectin  
Tolmetin  
Toradol  
Trandate  
Trental  
Trigesic  
Trilisate

Tusal  
Vanquish  
Vicoprofen  
**Vitamin E**  
Voltaren  
Warfarin  
**Willow Bark**  
Zactrin  
Zorprin

## **RECTAL SURGERY PREPARATION**

### **General Instructions:**

You will need to purchase two regular Fleets Enemas or similar generic brand products in preparation for this procedure, available in most supermarkets and all drug stores.

You may take your usual medications unless instructed otherwise. However, **DO NOT TAKE ANY** aspirin, aspirin containing products, non-steroidal anti-inflammatory drugs, ibuprofen, Motrin, Voltaren, Naproxen, Naprosyn, Aleve, Anaprox, Indocin, arthritis medications, ginkgo or vitamin-e one week prior to this procedure. Please inform your doctor immediately if you are taking any of these drugs.

### **Day prior to Surgery:**

Take a Fleets Enema (in the knee-chest position as described on the package), in the evening before bedtime.

### **Day of Surgery:**

Consume no food or liquids for at least 8-hours prior to your scheduled surgery.

Take another Fleets Enema (in the knee-chest position as described on the package) about 30 minutes before leaving to the surgery center.

If oral or Intra Venous (IV) sedation is planned, expected, or given for your procedure; you must be accompanied by a friend or relative to drive and/or assist you safely home.

# POST-OPERATIVE INSTRUCTIONS

**1. NORMALIZING BOWEL FUNCTION.** You must begin to have normal bowel movements. After surgery, you may have to strain a little in order to have your first bowel movement. If necessary, take a pain pill 30 minutes before sitting on the toilet to ease any discomfort associated with bowel movements.

If you do not have a bowel movement within two days following surgery, then try a Fleets® mineral oil enema, immediately followed by a Fleets® saline (sodium phosphate) enema (at the same time). If you are physically unable to use the enemas (due to pain), then take magnesium hydroxide (Milk Of Magnesia) instead. If you do not have a bowel movement within three days following surgery, then please notify our office.

**2. BLEEDING.** It may be considered normal to have some blood in your stool with a bowel movement after surgery. If you pass two or more ounces of blood/per day with bowel movements – please alert your physician. If you pass six or more ounces of blood/per day with bowel movements, please alert your physician and go directly to the emergency room.

**3. KEEP THE RECTAL AREA CLEAN AND DRY.** After a bowel movement, clean your bottom with peri-anal cleansing pads (i.e. AloeClean®, Tucks® or **baby-wipes**), followed by blotting the area dry with white unscented toilet paper. Change your dressing after each bowel movement, or whenever soiling occurs.

Dressing: A piece of cotton (from a **cotton roll**) or non-sterile 4x4 gauze pads, placed between your buttocks and held with white paper tape, will help keep the area dry. A sanitary napkin worn inside your underwear can also help absorb excess drainage. Dressing the anal area does not effect healing, but will help to keep your underwear and bedding clean and dry.

**4. REDUCE SWELLING.** A sitz bath (warm water bath) several times a day will give you soothing relief. Ice the area for 10–15 min (an ice cube in a Ziploc bag works fine) at least 2 – 3 times a day for 2 to 5 days after surgery, to reduce swelling and aid in healing.

**5. CALL OUR OFFICE TO MAKE AN APPOINTMENT.** We definitely want to see you in approximately 100 days from the date of your operation. If you have any symptoms that are not improving, we would like to see you sooner.

**6. TAKE YOUR MEDICINE AS PRESCRIBED.**

**Hydrocortisone/Proxamine:** For swelling, inflammation, and itching of the anal tissue. Important: use hydrocortisone cream and or suppositories several times a day until you are healed. This will shorten your healing time by as much as 50%.

**Hydromorphone/Oxycodone/Hydrocodone/Codeine:** For pain. Do not drink or drive on this medication.

**Casanthranol/Docusate/Senna/Magnesium hydroxide:** To soften the stool and gently stimulate a bowel movement.

## ANAL HYGIENE

### **Anal Hygiene: Proper Cleaning & Wiping Technique**

Avoid rubbing with toilet paper or moist towelettes. This aggravates the hemorrhoids and irritates the skin.

Whenever possible, clean the area in a bath or a shower without using soap (soap is an irritant). Plain water or natural cleansing products are usually OK. Be sure to rinse the area well. Then gently dry the area by blotting it with a towel, or use a blow dryer set to light warm or cool.

Thick-quilted disposable **baby-wipes** can be a suitable substitute for toilet paper when bathing is impractical. Be sure to wipe slowly and gently and never scrub the area.

### **Anal Hygiene: Proper Way to Experience a Bowel Movement**

Use the toilet whenever you feel the urge to have a bowel movement, even if it is several times throughout the day. Try to go as soon as you feel the urge to go; if you delay this urge by more than a few minutes, you might get a reflex constipation and lose the urge to go again for several hours.

Prolonged sitting or excessive straining while on the toilet, allows the hemorrhoidal venous cushions to expand unnecessarily, causing hemorrhoid disease to develop or worsen. Avoid excessive straining with any bowel movement. A gentle pressure or straining of the abdominal and pelvic muscles is OK, but not for more than 30-consecutive seconds. Limit your time on the toilet from 3-5 minutes for any one sitting; if you have not completed an entire bowel movement, that's OK; get off the toilet, walk around for a bit, and wait for the urge to have a bowel movement return. Don't read, watch TV, talk on the phone, or play video games while sitting on the toilet, or else you might extend your time sitting on the toilet by more than a few minutes.

### **Anti-Itch Suggestions**

For relief from itching caused by hemorrhoids, fissures, and or pruritus ani. Lower the acid ph balance of your stools by avoiding: 1) soda beverages, 2) citrus fruits and juices, and 3) beer and wine; and by taking 4) **Align®** probiotic supplements one to two times a day. Avoid caffeinated products, especially coffee, because caffeine lowers anal sphincter pressure, promotes flatulence, and generally heightens anal skin sensitivity.

If anal itching continues, bathe the area with a mild astringent like Domeboro's® solution, or a dilute vinegar solution, before bedtime for 7-10 days.

If soiling with blood or other bodily fluids is a problem, blow-dry the area after bathing or blot it with a dry towel (no rubbing). Tear off a strip of cotton from a **cotton-roll** and place it between the buttocks for maximum dryness.

Over-the-counter: Baby-wipes, Cotton-roll, and Align® probiotics.



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### PRESCRIPTION

Hydromorphone Hydrochloride 2mg tablets, Disp: #50

After Surgery: Titrate 1 tab q 75 min to - 4 hrs prn pain. Do not take if unable to urinate.

If medication causes nausea or dizziness, increase the time interval between doses.

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Rick A. Shacket, DO, MD (H)  
Diplomate American Osteopathic Board of Proctology

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#### LOCATIONS

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**Phoenix Baptist Hospital** 2000 W. Bethany Home Rd, Phoenix, Arizona 85015, 602.249.0212

**Laser Surgery Center** 10255 N. 32nd Street, Phoenix AZ 85028, 602.258.7003

**EuroMed** 34975 N North Valley Pkwy, Phoenix AZ 85086, 602.404.0400

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### PRESCRIPTIONS

1. Rx Analpram® H.C. Cream 2.5% 1 oz., 11 refills. Apply locally t.i.d.  
(OK to dispense generic 2.5% Hydrocortisone Cream, preferably with Rectal Applicator)
2. Rx Hydrocortisone Acetate 25mg Suppositories, 11 refills; Dispense #36, Insert two daily.  
Beginning a few days after surgery - when tolerated: Insert one rectally HS, and one rectally after BM.
3. Rx Zolpidem Tartrate extended-release 12.5 mg, After Surgery take 1-tab HS, Dispense #10, 1 refill  
(OK to dispense generic 10mg Zolpidem Tartrate)
4. Rx Phenazopyridine 200mg capsules for male patients only, Disp: #6,  
After Surgery: 1 t.i.d. May stop taking medication after urine output & flow returns to normal.

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### OVER-THE-COUNTER MEDICATIONS

5. Donut pillow for sitting in a chair.
6. Thick quilted baby wipes
7. Sanitary Napkins and Belt: 1 package
8. Peri-Colace® Tablets (50 mg docusate sodium and 8.6 mg sennosides), Disp: #30, 2 hs prn BM.
9. Fleets® Saline Sodium Phosphate Enema, Disp: 4
10. Fleets® Mineral Oil Enema, Disp: 1
11. Cotton Roll, Disp: 1 pkg (may use 4" x 4" non-sterile gauze pads if cotton roll is unavailable).
12. Tylenol® 10gr., Disp: small bottle. Take as directed for low-grade fever or pain.  
Advise patient (if possible) not to take NSAIDs 7-days before or after surgery.

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### PRESCRIPTION

Metronidazole 500mg, Disp: #14  
After Surgery: 1 po bid with meals. Take all pills until gone

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