

Main Office:

Scottsdale Vein & Proctology Center  
8752 E Via De Commercio #2  
Scottsdale, Arizona 85258  
Office: (602) 492-9919 | Mobile: (602) 920-1023

RICK A SHACKET  
DO, MD(H)



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

### PRESCRIPTION

Acetaminophen with oxycodone.

Dispense initialed quantity, dose: #28 tablets \_\_\_\_\_, or dose: # \_\_\_\_\_ tablets \_\_\_\_\_  
Initials Initials

- ☐ ½ to 1 tablet of acetaminophen-oxycodone 325 mg-5 mg every six hours (maximal daily dose is 12 tablets), or
- ☐ ½ to 1 tablet of acetaminophen-oxycodone 325 mg-7.5 mg every six hours (maximal daily dose is 8 tablets), or
- ☐ ½ to 1 tablet of acetaminophen-oxycodone 325 mg-10 mg every six hours (maximal daily dose is 6 tablets)

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Rick A. Shacket, DO, MD (H), BS9262611  
Diplomate American Osteopathic Board of Proctology

#### LOCATIONS

**Scottsdale Vein Center** 8752 E Via De Commercio, Suite 2, Scottsdale, Arizona 85258, 602.492.9919  
**Dr. Rick Shacket PLLC** 3543 N. 7th Street, Phoenix AZ 85014, 602.492.9919  
**Rick Shacket, DO, MD(H)** 81 W. Guadalupe Road, Suite 111, Gilbert, AZ 85233, 602.492.9919



Main Office:

Rick A. Shacket BS9262611  
Comprehensive Health Services  
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: \_\_\_\_\_

### PRESCRIPTION

Rx Zolpidem Tartrate extended-release 12.5 mg\*

Sig: Take 1-tab HS prn sleep.

Dispense quantity #10, or other quantity if initialed: #30 \_\_\_\_\_, 1 refill

\*Pharmacist may dispense generic 10mg Zolpidem Tartrate instead - for financial reasons

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**DISPENSE ONE OF THE FOLLOWING FOUR PRESCRIPTIONS:**

**1) First Choice:**

**ProCort** (Hydrocortisone Acetate 1.85%, Pramoxine HCL 1.15% with rectal applicators)

- Fully insert applicator before using, and clean immediately afterwards.
- Use 3-4 times daily or as directed by your physician.
- **14 day supply (60 g Tubes), 11 Refills**

**2) Second Choice:**

**Analpram HC Cream 2.5% 1 OZ Tube** (Hydrocortisone Acetate 2.5%, Pramoxine HCL 1%)

- Dispense preferably with a rectal applicator
- Apply to affected area 3-4 times daily
- (Hydrocortisone Acetate 2.5%, Pramoxine HCL 1% Generic Available)
- **10 day supply (1 OZ Tubes), 11 Refills**
- May dispense 90 day supply: At patient's option, dispense up to nine 1-oz tubes

**3) Third Choice:**

**Generic 2.5% Hydrocortisone cream 1 oz.**

- Dispense preferably with a rectal applicator
- Apply to affected area 3-4 times daily
- **10 day supply (1 OZ Tubes), 11 Refills**
- May dispense 90 day supply: At patient's option, dispense up to nine 1-oz tubes

**4) Fourth Choice:**

**Hydrocortisone acetate 1% and pramoxine hydrochloride 1% aerosol foam**

- Insert 1 applicatorful into the rectum and or apply with tissue around the anal area, 2 or 3 times daily and after each bowel evacuation.
- Dispense 4-canisters per month (i.e. 1- canisters per 7 days)
- **11 Refills** of 4-canisters. When used correctly, the aerosol container will deliver a minimum of 14 applications)

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**DISPENSE THE FOLLOWING PRESCRIPTION:**

Phenazopyridine 200mg capsules, Disp: #6, 2 refills

After Surgery: 1 t.i.d.

May stop taking medication after pain is reduced or when urine flow returns to normal.

Label please: "Turns Urine Orange"

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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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### OVER-THE-COUNTER-MEDICATIONS AND SUPPLIES

- 1) Donut pillow for sitting in a chair
- 2) Thick quilted baby wipes
- 3) Panty liners or sanitary napkins & belt: 1 package
- 4) a. Miralax Powder – use as directed at bedtime, or USE INSTEAD:  
b. Peri Colace® Tablets (50 mg docusate sodium and 8.6 mg sennosides), 2 at bedtime
- 5) Fleets® Saline Sodium Phosphate Enema, Disp: 2
- 6) Fleets® Mineral Oil Enema, Disp: 1
- 7) a. Soft Cotton Roll (not the type used for orthopedic casts), or USE INSTEAD:  
b. May use 4" x 4" non-sterile gauze pads if cotton roll is unavailable
- 8) Tylenol® 10gr., Disp: small bottle. Take as directed for low grade fever or pain.

*Signature not required*

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## 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.

**Alcoholic beverages**, especially red wine, are best to be discontinued at least 4 to 5 days before surgery.

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

### PREVENTIVE DRUG LIST

Acetylsalicylic Acid	Clopidogrel bisulfate
Advil	Congesprin
Aggrenox	Cope
Aleve	Coricidin
Alka-Seltzer	Corticosteroids
<b>Allicin</b>	Coumadin
Amigesic	Coumadin
Anacin	Cox-1 Inhibitors
Anaprox	Darvon
Anaproxin	Depakote
Ansaid	Dexamethasone
APC	Diclofenac Dipyridamole
Argesic-SA	dipyridamole
Arthra-G	Disalcid
Arthrapan	Divalproex
ASA	Dolobid
ASA A.S.A.	Doan's Pills
Ascodeen	Dristan Easprin
Ascriptin	Ecotrin
Aspergum	Effient
Aspirin	Eliquis
Aspirin Choline	Empirin
Bayer	Emprazil
BC Powder	Endodan
Brilinta	Excedrin
Brufen	Feldene
Bufferin	Fenoprofen
Butazolidin	<b>Feverfew</b>
Cephalgesic	Froben
Cheracol Caps	<b>Garlic - Supplements</b>
<b>Chrysanthemum</b>	Gelpirin
Cilostazol	Genpril
Clinoril	Genprin

**Ginko Biloba**

Good y's Body-Pain

Halfprin

Haltran

Ibuprin

Ibuprophen

Idameth

Indocin

Indomethacin

Jantoven

Ketoprofen

Ketorolac

Lortab

Magan

Magnesium Salicylate

Meclofen

Meclofenamate

Medipren

Mefenamic

Menadol

Midol

Mobidin

Mono-Gesic

Motrin

N.S.A.I.D.s

Nabumetone

Nalfon

Naprosyn

Naproxen

Norgesic

Norwich

Nuprin

Ocufen

Orudis

Oruvail

Oxaprozin

Oxybuta zone

Oxyphenbuta zone

Pamprin

**Pathenium**

Peptobismol

Percodan

Persantine

Persantine

Phenaphen

Phenylbuta zone

Piroxicam

Plavix

Pletal

Ponstel

Prednisone

Quagesic

Relafen

Rexolate

Robaxisal

Roxiprin

Rufen

Saleto

Salflex

Salicylate

Salix

Salsalate

Salsitab

Savaysa

Sine-Aid

Sine-Off

Sodium Thiosalicylate

Soma Compound

Sulindac

Synalgos DC

**Tanacetum**

Ticlid

Ticlopidine HCl

Tolectin

Tolmetin

Toradol

Trandate

Trental

Trigesic

Trilisate

Tusal

Vanquish

Vicoprofen

**Vitamin E**

Voltaren

Warfarin

**Willow Bark**

Xarelto

Zactrin

Zontivity

Zorprin



# **FASTING GUIDELINES BEFORE OUTPATIENT SURGEY**

## **Minimal Fasting Period and Clean-out Recommendations**

Up to 8 HOURS before surgery

Normal Meal (Do not eat NOT mass quantities).

Up to 6 HOURS before surgery

Light Meal (conservative volumes – NOT mass quantities) to prevent hunger pains

Fat Free foods only. READ ALL NUTRITIONAL LABELS – If it contains fat don't eat it.

- Most fruits and vegetables have no fat in their purest forms. Coconuts and avocados are exceptions. It's usually the sauces, butter and other toppings you put on fruits and vegetables that increase the fat content. Most beans and legumes are fat-free when they are closest to their natural form. Canned beans often don't have added fats and are ready to eat.
- Because sugar does not contain fat, many candy products are fat-free.

Up to 3 HOURS before surgery

If you haven't evacuated your bowels in the past 24 hours: It is optional, but recommended to use 1 or 2 regular Fleets® enemas to force a bowel movement before surgery.

Up to 2 HOURS before surgery

Clear Liquids (conservative volumes – NOT mass quantities)

Soda, White Grape Juice and Other Fruit juices WITHOUT pulp.

Drink enough to prevent hunger pains, dehydration, or to **take medication**.

1 Second to 2 HOURS before surgery

Nothing to eat or drink.

# 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.

# INITIAL RECOVERY AFTER RECTAL SURGERY

Below is the general recovery timeline from the procedure:

## 1-3 Days

For the first 24 hours after your surgery, you should not drive, operate heavy machinery, make important decisions, or sign legal documentation. You should also refrain from consuming alcohol and large or heavy meals. The first two to three days, I usually tell patients they won't be happy. Clearly, one who has a constant pain in the rear, will want to utilize prescribed pain medication along with lotions, suppositories, and anti-inflammatories to assist in all facets of recovery. As soon as you reasonably can, stop taking prescribed pain medication because they are constipating, and then I recommend switching to Tylenol or Ibuprofen for the next one to two weeks.

## 2-5 Days

It is common to not have a bowel movement for 2-3 days after your procedure, so stay well hydrated, eating fruits and vegetables daily, and consider taking a mild laxative, e.g., Miralax, to help this process along. You may need to use painkillers for the first 24-72 hours after surgery. On day 3, we recommend switching to Tylenol or Ibuprofen. You will need to avoid stress to the operative site (such as heavy lifting, pushing, and pulling) for 3-5 days.

**1-2 Weeks** Warm baths are a lifesaver and assist with pain control. Epsom salt added to the bath may reduce swelling and make you feel more comfortable. And of note, most anal procedures for full healing take around 6-8 weeks, with us seeing you before this time if in any event your healing stalls, i.e., you do not feel better in any one-week period of time, or you feel worse after a three day period of time.

Some specifics most patients ask:

- **Exercise** Most clients head back to the gym about a week post-surgery and do limit gluteal work until all feels improved—roughly two to three weeks.
- **Intercourse** The majority engage by topping or vaginal intercourse in about one week. We do recommend masturbation first, making sure all works well, since during orgasm, most contract their pelvic floor and this may lead to pain. Test the waters first.
- **Water** I am totally fine with pools, Jacuzzis, and/or the ocean, and do believe getting active in these environments assists healing. We would recommend these activities about 2-3 days post-surgery and do recommend showering directly after and following the usual post-cleansing rituals.

## 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.