

## **ATTENDINGS**

James Bardes, MD  
Conley Coleman, DO  
Lauren Dudas, MD  
Daniel Grabo, MD  
Cynthia Graves, MD  
Katherine Hill, MD  
Melissa LoPinto, MD  
Amanda Palmer, MD  
Alice Race, MD  
Gregory Schaefer, DO  
Alison Wilson, MD

## **MIDLEVELS**

Emily O'Brien, PA .....70489  
Thad Dell'Orso, PA .....70488

## **USEFUL PHONE #S**

Service Phone: Blue .....73374  
Service Phone: Gold .....78656  
Blood Bank .....74023  
OR front desk .....74150  
OR Charge Nurse .....76212  
PACU .....74135  
Materials .....74189  
Sterile Supply .....72042  
SICU Intern .....78743  
SICU Chief .....78620  
CT Scan .....74257

X-Ray .....	74258
Medicine Consult .....	78633
Cardiology .....	78488
7 East .....	74072
7 West .....	74071
8 NE .....	74620
MICU .....	71570
MICU Resident .....	75454
Wound and Ostomy Team .....	74337
PICC Team .....	75215
Weekend Care Manager .....	76101

### TIPS FOR SERVICE

- Helpful note templates:
  - Surgery consult initial (template for consults and H&Ps)
  - Surgery consult follow-up or .APSOGEN
- Helpful order sets:
  - SURG ONC/SURG GEN: ROUTINE ADMISSION POST-OP: IP
  - SURG ONC/SURG GEN: ROUTINE PRE OP: IP
  - PCA ORDERS for ADULT PATIENTS
  - GENERAL SURGERY: DISCHARGE ORDERSET
  - TRAUMA TUBES AND DRAINS
- The Gold Surgery will act as the elective surgery service run by a senior general surgery resident.
- The Blue Junior and/or interns may help with elective cases with schedule made by the Gold senior weekly.
- Ownership of patients between attendings rotating off the Blue service will be dependent on attending preference; for example, if attending A does a big case (ex. exploratory laparotomy, bowel resection, ostomy) on a patient, it is at his or her discretion if they will take that patient back with them onto the Gold Surgery Service at the end of their week.

### STAFF PREFERENCES

- **Dr. LoPinto's** Post Op Preferences for Thyroids and Parathyroids:
  - *Total Thyroidectomy*: 6 hrs post op and AM labs-> Calcium, PTH, Albumin; Tums 1000 mg TID, Tums 1000 mg PRN for numbness/tingling also, no DVTchemoprophylaxis, regular diet post-op, cepacol lozenges, levothyroxine to start in the AM--dose determined as 1.6mcg/kg daily for benign, and 2 mcg/kg dailyfor malignant thyroid disease. They will spend thenight then discharge in the morning assuming no complications.
  - *Thyroid lobectomy*: No labs generally unless patient develops symptoms; Tums PRN. Usually they will spend the night but sometimes they are discharged on same day after a period of extended recovery.
  - *Parathyroidectomy*: Calcium, PTH, albumin in AM, Tums1000 mg TID PRN, regular diet, no DVT chemoprophylaxis, usually same day discharge after 4 hours of extended recovery, but specific cases will be admitted.
  - *Adrenalectomies*: Beware of DVTs and Pes.
- Dr. Lopinto is happy to staff any inpatient consult for endocrine surgery related cases, even when not on call.
- **Dr. Race's Peri-op Guidelines**
  - 1.Laparoscopic inguinal hernias
    - Patient's should void preoperative to avoid foley placement
    - Position supine on pink foam pad with arms tucked
    - No foley unless otherwise specified
    - Discharge with tylenol and motrin only NO NARCOTICS

- Follow up in 2 weeks post-op
2. Laparoscopic cholecystectomy
    - Order Indocyanine Green to be given in Pre-op (3 cc reconstituted) given 30 minutes before surgery
  3. Robotic Incisional/Ventral hernias
    - Discharge with abdominal binder for 2 weeks
    - No lifting greater than 10-15 lbs for 4-6 weeks post operatively
    - Follow up 2 weeks in office
  4. Laparoscopic paraesophageal/hiatal hernia repair
    - Admit for overnight observation
    - Position split leg on beanbag under bottom, right side bean bag tucked in to accommodate Nathanson liver retractor, legs taped with silk tape on pillowcases and foam
    - Continue PPI for 6 weeks post op, no narcotics for discharge
    - Discharge with 12 tabs Zofran and make sure enough PPI to last 6 weeks
    - Discharge with PO esophageal diet form to follow strict diet for 6 weeks