



*Model shown not actual patient

TEXAS INSTITUTE OF THYROID AND PARATHYROID SURGERY

Ronald B. Kuppersmith, MD & Andrew L. de Jong, MD

DA VINCI® ROBOTIC
THYROID AND PARATHYROID SURGERY
WITH NO NECK INCISIONS
PATIENT MANUAL

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This booklet was created for patients and incorporates many suggestions from patients. If you have any suggestions for how to improve this manual, please send us an e-mail at patientmanual@roboticthyroid.com

Updated: 10/29/2010

Section I

Why Choose Dr. Koppersmith and Dr. de Jong for your da Vinci[®] Thyroid or Parathyroid Surgery?

Dr. Koppersmith and de Jong are dedicated to providing personalized care to their patients. In addition to their top notch training, they have extensive experience performing thyroid and parathyroid surgery. Patients routinely travel from around Texas, the United States and even other countries to consult with them.

In early 2009, they learned that robot-assisted endoscopic thyroid surgery with no neck incisions was being safely performed in Seoul, Korea. After learning about this technique and with their desire to provide their patients with the best outcomes possible, they immersed themselves in intensive study in order to help introduce this procedure to North America. They spent time studying with Dr. Woong Youn Chung, one of the pioneers of the technique, in the robotics lab and observing him in the operating room at Severance Hospital, Yonsei University College of Medicine. After returning from Korea, they went back to the robotics lab in Houston and worked further at applying this technique to North American patients.



Following this period of intensive study, they were among a few elite surgeons in the United States to perform daVinci[®] Robotic Thyroid Surgery, and quickly have built one of the largest experiences with this procedure. Because of their experience they frequently train other surgeons, have helped Intuitive Surgical (the manufacturers of the daVinci[®] Surgical System) develop a training program for other surgeons, and developed some of the necessary instrumentation for the procedure. Patients have travelled from around the world to consult with and have surgery with Dr. Koppersmith and deJong.

Dr. Koppersmith's Bio



Ron Koppersmith, MD, FACS, is a board certified Otolaryngologist-Head and Neck Surgeon and is a clinical faculty member of the Texas A&M Health Science Center. Prior to moving to Bryan-College Station, he practiced in Seattle, Washington at the Virginia Mason Medical Center, a tertiary care center for otolaryngology-head and neck surgery and served on the clinical faculty of the University of Washington Medical School.

In January 2010, Dr. Koppersmith was the first surgeon outside of Korea to be recognized by Intuitive Surgical on its website (<http://www.davincisurgery.com>) as a Robotic Thyroid Surgeon, signifying that he was the first surgeon to perform a considerable number of thyroid surgeries utilizing the daVinci Surgical System.

Dr. Koppersmith has served as the President of the American Academy of Otolaryngology-Head and Neck Surgery, as President of the Texas Association of Otolaryngology-Head and Neck Surgery, and on the Board of Trustees of the College Station Medical Center. He is a Senior Examiner for the American Board of Otolaryngology. He has received numerous awards including being selected by his peers for inclusion in the "Best Doctors in America", the "Guide to America's Top Physicians" by the Consumers' Research Council of America, a Distinguished Service Award and an Honor Award from the American Academy of Otolaryngology-Head and Neck Surgery. He has served on the Editorial Boards of Otolaryngology-Head and Neck Surgery, Laryngoscope, and ENT Journal. He has given over 100 invited lectures in the United States, Europe, Asia, and South America, including lectures on Robotic Thyroid Surgery.

Dr. Koppersmith is a Fellow of the American Academy of Otolaryngology-Head and Neck Surgery, a Fellow of the American College of Surgeons, a Fellow of the American Academy of Otolaryngic Allergy, and is a member of the American Thyroid Association, Texas Medical Association, Texas Association of Otolaryngology-Head and Neck Surgery, and the Brazos-Robertson County Medical Society.

Dr. Koppersmith attended the University of Michigan in Ann Arbor for his undergraduate degree and for medical school. He completed his residency in Otolaryngology-Head and Neck Surgery at Baylor College of Medicine in Houston, Texas which included service at the Methodist Hospital, St. Luke's Hospital, UT MD Anderson Cancer Center, Texas Childrens Hospital, Ben Taub General Hospital and the Michael E. DeBakey Veterans Affairs Medical Center.

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Dr. de Jong's Bio



Andrew de Jong, MD, is a board certified Otolaryngologist-Head and Neck Surgeon and is a clinical faculty member of the Texas A&M Health Science Center. Prior to moving to Bryan-College Station, he was a faculty member of the Bobby R. Alford Department of Otorhinolaryngology and Communicative Sciences as an attending physician in Pediatric Otolaryngology at the Texas Children's Hospital and served as the Clinic Director of the Children's Hearing and Auditory Rehabilitation Services.

Dr. de Jong serves on the Executive Committee of the Texas Association of Otolaryngology-Head and Neck Surgery and has served as the Chief of Staff of St. Joseph's Regional Health Center in Bryan, Texas in 2006. He has received numerous awards including being selected by his peers for the "Best Doctors in America" database, the "Guide to America's Top Physicians" by the Consumers' Research Council of America, and was recognized as a "Texas Super Doctor" by Texas Monthly. He was also voted the "Best Physician" in the Bryan-College Station Eagle's Readers' Choice Awards.

Dr. de Jong is a Fellow of the American Academy of Otolaryngology-Head and Neck Surgery, and a member of the American Medical Association, Texas Association of Otolaryngology-Head and Neck Surgery, the Texas Medical Association and the Brazos Robertson County Medical Society.

Dr. de Jong attended Texas A&M University for his undergraduate degree and Baylor College of Medicine for medical school. He completed his residency in Otolaryngology-Head and Neck Surgery at Baylor College of Medicine in Houston, Texas which included service at the Methodist Hospital, St. Luke's Hospital, MD Anderson Cancer Center, Texas Childrens Hospital, Ben Taub General Hospital and the Michael E. DeBakey Veterans Affairs Medical Center. He then completed a fellowship in Pediatric Otolaryngology at the Hospital for Sick Children at the University of Toronto School of Medicine.

College Station Medical Center




1604 Rock Prairie Road
College Station, TX 77845
(979) 764-5100

The College Station Medical Center, the Official Healthcare Provider for Texas A&M Athletics, is a full service hospital located in College Station, Texas. The hospital has 150 licensed beds, including private pre-operative suites and a dedicated surgical floor with private rooms for post-operative care. The operating rooms are state-of-the-art, and the facility is accredited by The Joint Commission.

The College Station Medical Center has an experienced team of operating room nurses and technicians that have performed many cases using the daVinci Surgical System.



 The College Station Medical Center has been awarded the Texas Health Care Quality Award of Excellence. Only 63 hospitals in the state met the criteria and were presented the Award of Excellence. The Award (given by the TMF Health Quality Institute) honors Texas hospitals that perform quality initiatives aimed at improving outcomes in patient care by recognizing those hospitals that have improved initial baseline performance on specific national quality measures.

COLLEGE STATION MEDICAL CENTER
MISSION, VISION AND VALUES

MISSION: To provide high quality compassionate healthcare, exceptional service and advanced medicine to the communities we serve.

VISION: To provide a healthcare environment where caring for patients and supporting their families is our passion, where employees are valued, professional development is recognized and sustainable performance is rewarded. We visualize an environment where physicians advocate for the hospital, participate in improving the quality and access to healthcare and collaborate with hospital leadership.

VALUES: Above all else we strive to improve the quality of life for the patients we serve. We expect our healthcare team to work with integrity, respect others, embrace evidence-based medicine, celebrate exceptional service and quality, and recognize spirituality as an integral part of a healing environment.

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Brazos Anesthesiology Associates

Brazos Anesthesiology Associates (BAA) is a progressive anesthesia group that has served the Bryan/College Station community since 1985. As the area's largest private practice medical group, BAA is currently comprised of 16 board certified/board eligible anesthesiologists, and 26 certified registered nurse anesthetists. They provide anesthesia coverage for all three area hospitals 24 hours a day, 7 days a week, 365 days a year. All of their providers are carefully chosen, and all are committed to providing the safest and highest quality anesthesia care.

Brazos Anesthesiology Associates has worked side by side with Dr. de Jong and Dr. Koppersmith since their arrival in the community and they have grown and evolved together. Many of our anesthesiologists and nurse anesthetists have particular experience and expertise in providing anesthesia for complicated head and neck surgery cases and robotics cases.

When you have your surgery, Brazos Anesthesiology Associates will be with you every step of the way, from a complete pre-operative evaluation all the way through the post-operative recovery period, carefully addressing such needs as pain, positioning while you are under anesthesia, nausea, and anxiety. You can rest assured that from start to finish, BAA will deliver your anesthesia care with the perfect combination of skill and compassion.

For more information about Brazos Anesthesiology Associates, visit their website at:
<http://www.brazosaa.com>



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Section II

The Texas Institute for Thyroid and Parathyroid Surgery.

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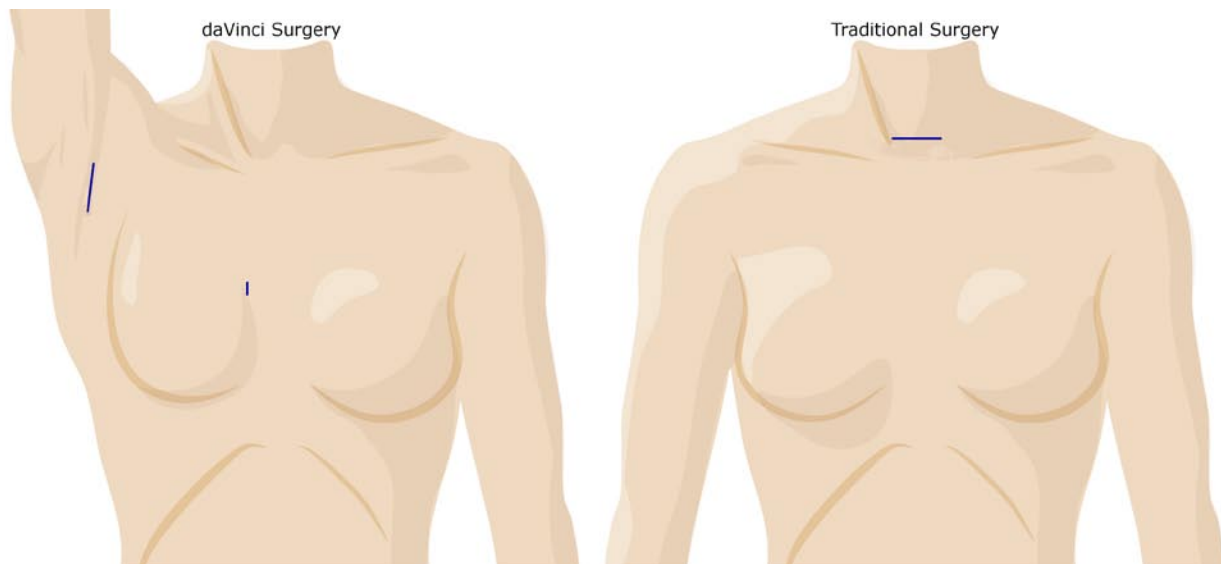
Overview of da Vinci[®]

Robotic Thyroid and Parathyroid Surgery

Thyroid (thyroidectomy, thyroid lobectomy) and parathyroid (parathyroidectomy) surgery has traditionally been performed through a neck incision just above the collar bone. While there have been many refinements to thyroid surgery, patients continue to be unsatisfied with having a cervical (neck) scar.^{1,2} By approaching the thyroid or parathyroids through an incision in the axillary fold (under the arm) and using the *daVinci* Surgical System, we are able to eliminate the cervical (neck) scar and reduce post-surgical numbness of the anterior neck.³ A large series of patients who underwent robot-assisted thyroid surgery in Korea had a lower incidence of nerve injury and post-operative hypocalcemia.⁴

In standard open thyroid and parathyroid surgery, the neck collar incision is typically 6 to 8 centimeters, and in minimally invasive techniques it can be reduced to 1 to 4 centimeters.

In robotic procedures, there are no incisions on the neck. Currently, the procedure requires a 5 to 6 centimeter incision hidden in the underarm, which is not visible when the arm is placed in its resting position. In very rare cases, a 1 centimeter incision on the chest is used for placement of an additional instrument. This incision is easily covered by clothing.



This image depicts the location of the incisions in robotic surgery and traditional surgery. The incision under the arm in robotic surgery is easily hidden when the arm is in its natural position. The length of the incision in traditional surgery varies and may be smaller than what is in this picture or much larger depending on the extent of surgery being performed.

Potential candidates for robotic procedures include: patients with thyroid nodules less than 4 cm in diameter, some papillary thyroid carcinomas, and some follicular thyroid carcinomas. Additionally, patients with a parathyroid adenoma that can be localized pre-operatively through imaging studies may be candidates.

As in traditional thyroid surgery, patients typically spend one night in the hospital. The recovery time for patients is similar to traditional surgical techniques.

The daVinci Surgical System is FDA-approved for thyroid surgery.

REFERENCES

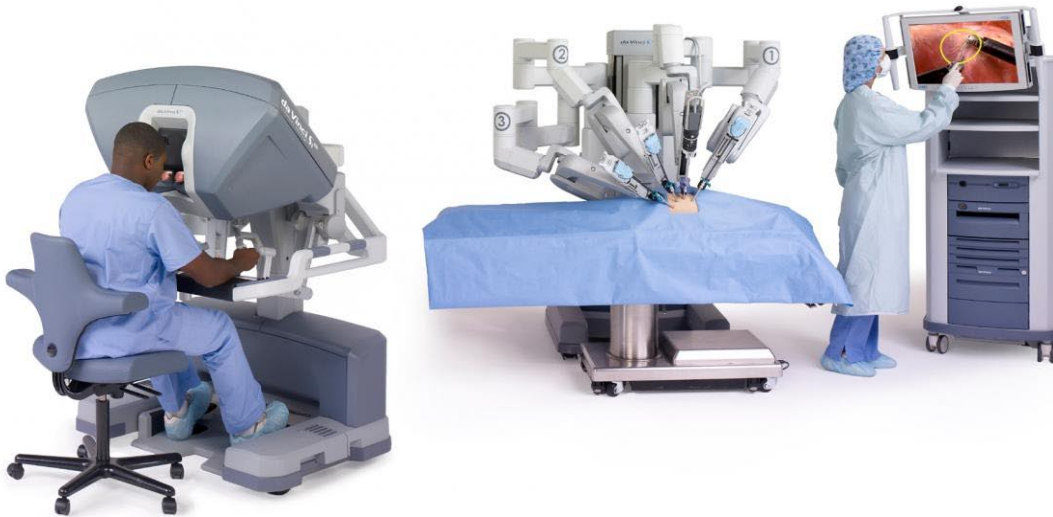
¹Kupersmith RB, Salem A, Holsinger FC. Advanced approaches for thyroid surgery. *Otolaryngology-Head and Neck Surgery*. 2009; 141(3):340-342.

²Ikeda Y, Takami H, Sasaki Y, et al. Are there significant benefits of minimally invasive endoscopic thyroidectomy? *World J Surg*. 2004 Nov;28(11):1075-8.

³Holsinger FC, Terris DJ, Kupersmith RB. Transaxillary Endoscopic Thyroidectomy with Robotic Assistance: Technique and Training. *Otolaryngologic Clinics of North America*. 2010;43:381-388.

⁴Kang SW, Jeong JJ, Sung TY, et al. Robot-assisted endoscopic surgery for thyroid cancer: experience with the first 100 patients. *Surg Endoscop*. March 2009.

Overview of da Vinci[®] Surgical System



The *daVinci*[®] Surgical System, which has been widely adopted for use in prostate surgery, hysterectomy and other surgical procedures, offers superior visualization and instrumentation compared to traditional open thyroid surgery, allowing a complete and safe removal to be performed. The *da Vinci* Surgical System enables surgeons to perform even the most complex and delicate procedures through remote incisions with unmatched precision. With *daVinci* Surgery, miniaturized wristed instruments and a high-definition 3D camera are introduced through small incisions. Seated comfortably at the *daVinci* console, your surgeon views a magnified, high-resolution 3D image of the surgical site. At the same time, state-of-the-art robotic and computer technologies scale, filter and seamlessly translate your surgeon's hand movements into precise micro-movements of the *daVinci* instruments.



Standard laparoscopic surgery uses one single camera and limits a surgeon's vision to a 2-D view similar to watching your television. The *daVinci* robotic camera consists of two high resolution fiber optic cameras which, like your eyes, produce a true 3-dimensional color picture available to the surgeon seated at the *daVinci* console. Magnification of 10x is achieved with these cameras whose position is precisely controlled by your surgeon using a central robotic arm.

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Although visually similar to standard laparoscopic instruments, the robotic instruments have the additional advantage of being articulated. This means the instruments not only open and close but also fully turn and twist, allowing 7 degrees of motion. Unlike standard open surgical instruments these instruments are much smaller. Many of the jaws of the tools are shorter in length than your fingernail and about as thin as the edge of a half dollar. This allows very small and precise movements and surgical cuts to carefully dissect out the thyroid from its surrounding structures.



The daVinci Surgery System cannot be programmed, nor can it make decisions on its own. It requires that every surgical maneuver be performed with direct input from your surgeon.

Section III

Pre-Operative Evaluation

Before Your Visit

To facilitate your needs and respect your time:

We request that you obtain your existing medical records in advance of your visit (including office notes, thyroid function tests, laboratory results, ultrasound, FNA (biopsy) results, parathyroid scans and any other imaging results). If imaging has been performed, we would like to see the actual images. We may need to repeat some of these tests. A medical record release form is included at the end of this packet and can be sent to your physicians in order to help obtain these records. It is a good idea to have the records sent to our office, either by mail or fax, and to also bring a copy of the records with you.

Fill out your registration forms prior to your visit. Filling out these forms at home ensures accuracy and saves you time in our office. The necessary forms can be found at the end of this booklet. These forms can be faxed to our office prior to your visit, 979-693-1900. You may wish to call and confirm that they have been received and bring a copy with you just in case. We also have an online registration system; call our office for more information.

Pre-Operative Visit

Before scheduling your surgery, Dr. Koppersmith or de Jong, will review your records, discuss your history with you and examine you. In addition to a routine examination, they may need to perform further tests. Many of these tests may have already been performed and records will suffice, in some cases the tests may need to be repeated. Some of the common tests that may need to be performed include:

Laboratory tests: We may need to obtain up-to-date blood work to evaluate for anemia, coagulation issues, thyroid levels, parathyroid hormone levels, calcium levels and to evaluate pregnancy status. Tests are chosen based on the clinical situation.

Fiberoptic laryngoscopy or video stroboscopy: Endoscopic examination of the vocal cords is performed with topical anesthesia in the office. This allows us to view the vocal cords to determine their appearance and function. As the nerves to the vocal cords are typically encountered during surgery it is important to assure that they are functioning properly prior to surgery. For patients that have existing voice issues, we work closely with a speech pathologist.

Thyroid/parathyroid ultrasound : Sometimes we may need to perform or repeat an ultrasound to evaluate the anatomy, location, and the size of the pathology prior to surgery. If a fine-needle aspiration biopsy needs to be performed, we may need to



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use the ultrasound to help guide the needle into the proper location.

Fine-needle aspiration: When thyroid masses are larger than 1 cm, a fine-needle aspiration biopsy can be helpful in determining the best course of action. This is typically performed in the office, frequently with ultrasound guidance. The skin overlying the thyroid mass is anesthetized with a small injection and three to five fine needles are passed into the mass to obtain a sample for the pathologist to evaluate. It typically takes about one week to obtain the results of this test.

Procedures and Risks

Thyroid lobectomy, the removal of half of the thyroid gland. Typically this is performed to determine if an existing nodule is cancerous, or if enlargement of the thyroid is confined to one side. If cancer is found in the lobe of the thyroid, the other side may need to be removed (completion thyroidectomy) depending on the size of the cancer.

The potential risks of thyroid lobectomy include:

- Injury to the recurrent and superior laryngeal nerve, which may cause voice change, hoarseness, and swallowing problems. This may be a temporary or permanent problem.
- Bleeding which could cause airway compression.
- About 20% of patients may become hypothyroid. This may not become apparent for six months to two years after surgery and will require the need to take life-long thyroid replacement medication.

Total thyroidectomy, the removal of both lobes (the entire) thyroid gland. This is typically performed for known cancer, compressive goiter, or suspicious nodules on both sides. All patients that have a total thyroidectomy will require life-long thyroid replacement medications.

The potential risks of total thyroidectomy are the same as the risks for thyroid lobectomy, and also include:

- Temporary or permanent hypocalcemia (low calcium levels), related to injury to the parathyroid glands. This may require a patient to take calcium and vitamin D supplements to maintain their calcium levels.
- Since the recurrent and superior laryngeal nerves on both sides are in the surgical field, there is a risk of bilateral vocal cord paralysis causing airway obstruction.

Parathyroid surgery is typically performed to remove a parathyroid adenoma. Some patients may require surgery for multiple adenomas, parathyroid hyperplasia, and in rare cases parathyroid carcinoma. The potential risks of parathyroid surgery include:

- Bleeding which may compress the airway.
- Injury to the superior or recurrent laryngeal nerves which may cause hoarseness or airway obstruction. This may be temporary or permanent.
- Temporary or permanent hypocalcemia (low calcium levels), requiring calcium and vitamin D supplementation.

- Persistent hypercalcemia (elevated calcium levels), requiring further surgery.

In all robot-assisted procedures, there is a small risk that the procedure will need to be converted to an open procedure, requiring an additional neck incision.

Scheduling Surgery

Our office staff will schedule your surgery and help make arrangements with the hospital. You will need to go through the College Station Medical Center's registration process as well.

There will be separate charges for your initial consultation and for the surgery. In addition to charges from our practice, there will be separate bills from the hospital, anesthesia, and pathology. Other charges may also apply depending on the specific case.

As a courtesy to you, our staff will file a claim for services to your insurance company. We will do our best to determine what your responsibility will be prior to the scheduling.

Please be aware that payment from your insurance company cannot be guaranteed, and benefits are not determined until your claim is processed. Any charges not covered by the insurance company will be your responsibility. We ask that you familiarize yourself with your insurance benefits to avoid any unexpected charges that are not covered.

Pre-Surgery Instructions

Please do not take any products containing aspirin, ibuprofen, Motrin, Advil, Aleve, or similar products for 10 days before or 10 days after your operation, because they increase your risk of bleeding. It is okay to take Tylenol (acetaminophen).

Do not take any herbal or vitamin supplements for 14 days prior to your surgery, as many of these (such as ginseng, ginko, garlic, vitamin E) can increase the risk of bleeding.

Bring all medications in their labeled containers with you on the day of surgery.

Please do not eat or drink anything after midnight the night before surgery. Having food or liquid in your stomach at the onset of anesthesia is dangerous and can result in aspiration. Patients who eat or drink after midnight may have their surgery delayed or cancelled.

Please let us know if you need to reschedule your surgery.

The hospital assigns surgery times and they will contact you the day prior to your surgery to tell you what time to arrive. If you have not heard from the hospital you may contact them at 979-680-5397.

Please call us at 979-693-6000 with any questions regarding your surgery. Our office hours are from 8:00 am to 5:00 pm, Monday through Friday. After hours, you may leave a message with our answering service. For after hour emergencies, the answering service will contact the doctor on call.

Day of Surgery

After registered into the hospital, you will be brought into a private pre-operative suite and prepared for surgery. This typically involves changing into a hospital gown and having an IV placed. Your family will be able to wait with you.

Dr. Koppersmith or de Jong will meet with you prior to surgery, and will be able to answer questions about the surgery and your post-operative care. You will also meet your anesthesia provider and have the opportunity to ask questions about your anesthesia care.

You will then be brought to the operating room for surgery. Your surgery may last anywhere from 45 minutes to several hours depending on the type and extent of the procedure.

After surgery you will spend a period of time in the recovery room and then be moved to the surgery floor. Most patients are discharged the morning after surgery.

What to Expect After Surgery

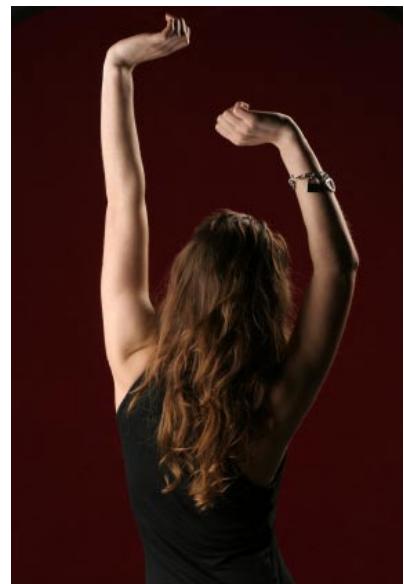
Patients who undergo thyroid or parathyroid surgery typically spend one night in the hospital after surgery. In some cases, they may go home the same day and in others they may require a longer hospital stay.



Typically a clear liquid diet is started immediately after surgery, and patients can rapidly progress to normal food the day of surgery in most cases. Some patients do experience post-operative nausea. Medicine is given during surgery to prevent post-operative nausea, and medication is available in the hospital on an as needed basis for patients that continue to have nausea. Some patients complain of mild discomfort when swallowing for the first few days after surgery.

Most patients do not have significant pain and report taking narcotic pain medication for only a couple of days. Patients will receive a prescription for an oral pain medication. There may be soreness in the area of the wound and also in the throat related to presence of a breathing tube during surgery.

Patients who undergo robot-assisted surgery are encouraged to work on the range-of-motion of their upper arm and shoulder after surgery. This can be accomplished by slowly raising your arm above your head and moving your upper arm through its normal range. This should be done several times a day, starting the day after surgery. Patients do complain of soreness over the upper chest for several weeks after surgery. Working on the range-of-motion will reduce soreness and help with a quicker recovery.



Patients should avoid strenuous activity and heavy lifting for two to six weeks after surgery at the direction of your surgeon.

Patients can resume driving when they are no longer taking pain medication and they have full range of motion of their neck and shoulder without discomfort in their wound. This varies by the individual, and usually is less than one week.

Drains are tubes that are placed at the end of surgery to evacuate fluid from the wound to prevent accumulation. In most cases of conventional surgery (non-robot-assisted), drains are not placed. In extensive procedures and in most robot-assisted cases, a drain is placed. They

are typically removed 2-3 days after surgery by your surgeon in clinic. ***Patients who undergo robot-assisted surgery are encouraged to wear a tank-top to their post-operative visit to facilitate examination and drain removal.***

Patients without a drain can shower the day after surgery. It is okay to get the incisions wet, but we do not recommend submerging the incisions or letting the water directly hit the incisions. It is okay to blot the incisions dry. Do not rub the incisions with a towel or wash cloth. If you have a drain and wish to shower, you should discuss this with your surgeon.



Some patients who undergo total thyroidectomy or parathyroidectomy will experience low calcium levels after surgery. Typical complaints included numbness in the lips or fingertips, and in some cases muscle cramping or aches. Most commonly, this is temporary. Your surgeon may send you home on calcium and a vitamin D supplement. In some cases, labs will need to be drawn as an outpatient to determine your calcium levels.

Patients who undergo total thyroidectomy (removal of the entire thyroid gland) will require thyroid replacement for the rest of their life. This is taken in the form of a daily pill, and due to the long half-life of thyroid hormones, it can take several months to achieve the desired level. This is typically monitored through blood tests.

The literature shows that in patients that undergo a thyroid lobectomy (removal of half of the thyroid) and have normal thyroid function prior to surgery, approximately 20% will go on to need thyroid replacement. This may not become apparent until six weeks to two years after surgery. Patients who develop symptoms of hypothyroidism (low thyroid levels) should have blood tests to determine their thyroid hormone levels. Symptoms may include, but are not limited to: weight gain, inability to lose weight, feeling cold, fatigue, coarse hair, hair loss, hoarse voice, facial swelling, joint aches, constipation, irregular menstrual cycles, decreased libido and depression.

Section IV

Out-of-Town Guests

Patients typically spend one night in the hospital in a private room. A guest can comfortably sleep in the hospital room with the patient. After discharge, patients typically need to return 2 to 3 days after discharge to have their drain removed. Local patients can return home and then return for this follow-up appointment. Dr. Koppersmith and deJong recommend that patients travelling long distances plan to stay in the area for an additional 3 days after being discharged from the hospital. In most cases, additional follow-up can be carried out over the phone or Internet.

For patients who would prefer exclusive accommodations during their visit, there is a limited opportunity to stay in a luxury suite at a private local club. Guests will have access to a driver and room service from the best restaurant in the area. For more information about this option, please contact Teresa in our office at 979-693-6000, or via e-mail at tleschber@texasentandallergy.com.

For patients in Texas, our main office is approximately 90 miles from Houston, 100 miles from Austin, 180 miles from Dallas and 180 miles from San Antonio. We may be able to provide your initial consultation and post-operative care closer to home at one of our other clinic locations.

For out-of-state patients, Easterwood Airport in College Station (CLL) has daily flights from Houston on Continental Airlines, and from Dallas on American Airlines. Rental cars are available at the airport.



If you would prefer a car service to pick you up from the airport in Houston or College Station and for local transportation while you are in town, we recommend Ed Cravey Transportation, 979-412-2819 or ectlimo@txcyber.com

There are multiple hotels in close proximity to our office and the hospital. Here are some options:



3939 SH-6 Frontage Road E
College Station, Texas 77845
Phone: 979-695-8111
(Hospital discounted rate:
\$75/night – Code: HLZV)



1100 University Drive East
College Station, TX 77840, USA
Phone: 979 846 9800



801 University Drive East
College Station, Texas 77840
Phone: 979-693-7500

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Section V

Medical Records Release and Patient Registration Forms

Please have records sent and return forms by mail and/or fax:

The Texas Institute for Thyroid and Parathyroid Surgery
1730 Birmingham Drive
College Station, Texas 77845

Fax: 979-693-1900

We also recommend bringing a copy of any records and forms with you to your appointment.

The Texas Institute for Thyroid and Parathyroid Surgery.

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**AUTHORIZATION FOR RELEASE OF
PROTECTED HEALTH INFORMATION**

PATIENT NAME: _____

DATE OF BIRTH: _____

I, _____, hereby authorize
_____ to disclose my protected health

information described below to:

The Texas Institute for Thyroid and Parathyroid Surgery
1730 Birmingham Drive
College Station, Texas 77845
979-693-6000 phone
979-693-1900 fax

for the purpose of: **Further evaluation and management**

The protected health information to be disclosed is specifically described as follows:

Progress notes, hospital records, imaging, pathology and laboratory results and any records that may be helpful for further treatment

This authorization shall be in force and effective until the following event and/or date:

_____.

I understand that I have the right to revoke this authorization, in writing, at any time by sending written notification to The Texas Institute for Thyroid and Parathyroid Surgery. I understand that a revocation is not effective to the extent that the practice has relied on this authorization in its actions. Also, a revocation is not effective if this authorization was obtained as a condition of obtaining insurance coverage.

Signature of Patient or Personal Representative

Date

Personal Representative's Relation to Patient

The Texas Institute for Thyroid and Parathyroid Surgery.

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PATIENT REGISTRATION FORM

PATIENT INFORMATION:

Name _____

Date of Birth _____

Address _____

Social Security # _____

Marital Status: Married Single Divorced

Widowed

City, State, Zip _____

Sex: Male Female

Phone _____ Type _____

Employment Status: Employed Unemployed

Retired

Phone _____ Type _____

Employer: _____

Email address _____

PRIMARY INSURANCE:

Carrier _____

Carrier _____

Insured ID# _____

Insured ID# _____

Policy Group _____

Policy Group _____

Insured Name _____

Insured Name _____

Date of Birth _____ SS# _____

Date of Birth _____ SS# _____

Relationship to Patient _____

Relationship to Patient _____

Insured Employer _____

Insured Employer _____

RESPONSIBLE PARTY: CHECK IF SAME AS PATIENT

Name _____

Date of Birth _____

Address _____

Social Security # _____

City, State, Zip _____

Employer _____

Phone _____ Type _____

Phone _____

REFERRED BY:

Physician: _____

Other Patient/Friend

Insurance

Newspaper Ad

Yellow Page Ad

Website

PATIENT HEALTH HISTORY

In order for us to obtain a complete medical history, it is important for you to complete this form in its entirety.

Patient Full Name _____ Date of Birth _____ Appt Date _____

Pharmacy Preference (include location) _____

Referred By _____ Name of Primary Care (Family) Physician _____

What is the main reason we are seeing you today?

CURRENT MEDICATIONS:

Are you taking ANY medication now? (This includes prescription, over-the-counter or herbal medications)

No Yes If yes, please list below.

Medication Name	Dosage	How often taken

MEDICATION ALLERGIES:

ARE YOU ALLERGIC TO ANY MEDICATIONS?

No Yes If yes, please list below.

Name of Medication	Type of Reaction

NON-MEDICATION ALLERGIES:

Check any of the following that you are allergic to:

- Animal Exposure Dust Pollen Moldy Places Iodine
 Perfume Latex Ant Stings Bee Stings Fly/Flying Insects
 Other: _____

Have you ever had an allergy skin test? No Yes

Have you ever had an allergy blood test? No Yes

PAST HEALTH HISTORY: Place a check in the box next to any condition for which you have been previously diagnosed.

Cancer:

- Breast Cancer Yes What year? _____
Lung Cancer Yes What year? _____
Prostate Cancer Yes What year? _____
Skin Cancer Yes What year? _____
Throat Cancer Yes What year? _____
Thyroid Cancer Yes What type/year? _____
Other Cancer Yes What type/year? _____

Tuberculosis Yes What year? _____

Stomach and Digestive:

- Gastroesophageal Reflux Yes What year? _____
Hepatitis Yes What year? _____
Stomach ulcer Yes What year? _____

Kidney and Gender Problems:

- Renal failure Yes What year? _____
Enlarged Prostate Yes What year? _____
Are you pregnant? Yes What year? _____

Head & Face:

Migraine Headache Yes What year? _____

Eyes:

- Cataracts Yes What year? _____
Glaucoma Yes What year? _____

Brain:

Stroke Yes What year? _____

Nose and Sinus:

Nasal Allergies Yes What year? _____

Mental & Emotional:

- Depression Yes What year? _____
Chronic Anxiety Yes What year? _____

Mouth and Throat:

Sleep Apnea Yes What year? _____

Glands, Hormones, and Sugar Control:

- Diabetes Yes What year? _____
Thyroid dysfunction Yes What year? _____

Heart and Blood Vessels:

- Deep Vein Thrombosis Yes What year? _____
High/Elevated Cholesterol Yes What year? _____
High Blood pressure Yes What year? _____
Heart Attack Yes What year? _____

Blood & Lymph Node problems:

- Hemophilia Yes What year? _____
Anemia Yes What year? _____

Lungs and Respiratory:

- Asthma Yes What year? _____
Chronic Bronchitis Yes What year? _____
Emphysema Yes What year? _____

Allergies, Immune & Infectious Problems:

- HIV Yes What year? _____
Infectious mononucleosis Yes What year? _____

Other Medical Issues: _____

SURGERIES AND HOSPITALIZATIONS:

Have you ever had any problems with anesthesia (being numbed or put to sleep)? No Yes

If **yes**, please list what sort of problems. _____

Have you ever had ear, nose or throat surgery? No Yes

If **yes**, list any surgeries and when they were done. _____

Have you ever had any other type of surgery? No Yes

If **yes**, list any surgeries and when they were done. _____

Have you been hospitalized for a medical problem before? No Yes

If **yes**, list hospitalizations, the reason for admission and the date. _____

Have you ever been treated with radiation or had radiation exposure? No Yes

If **yes**, list the exposure you received and the date. _____

SERIOUS INJURIES:

Have you had any Head, Facial, or Ear injuries: No Yes If yes, when: _____ What Type: _____

IMMUNIZATIONS:

Are your immunizations up to date? No Yes

FOR CHILDREN (UNDER AGE 15) please complete the following:

Do they attend day care? No Yes
Was patient's mother's pregnancy normal? No Yes Not Sure
Did patient pass their newborn screening? No Yes Not Sure

FAMILY HISTORY: Check the corresponding box if the family member has had any of the following:

Anesthesia Problem	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
Lung Cancer	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
Thyroid Cancer	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
Cancer	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
Hearing Loss after age 20	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
Hearing Loss before age 20	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
Heart Disease	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
High Blood Pressure	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
Asthma	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
Stroke	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister
Diabetes	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Brother	<input type="checkbox"/> Sister

Bleeding/Clotting Problems Mother Father Brother Sister
 Nasal Allergies Mother Father Brother Sister

SOCIAL HISTORY:

What is or was your occupation? _____ Check here if you are retired

Have you ever used tobacco in any form? No Yes

Do you consume alcohol? No Yes

If yes, please complete the following:

If yes, please complete the following:

Type of Tobacco	From year	To year
Cigarettes per day: _____		
Other: (list type)		

Type of Alcohol	How Much	How often

Are you exposed to second hand smoke? No Yes

Do you use drugs recreationally? No Yes If yes, please list _____

Describe your caffeine usage: none about 1 caffeinated drink per day
 about 2 to 3 caffeinated drinks per day
 4 or more caffeinated drinks per day

Home Living Situation (mark all that apply)

Alone Spouse Children Mother Father In Assisted Living Nursing Home Other

