



International Board of Medicine and Surgeons

**PUSH
TO
START**





INTERNATIONAL BOARD OF MEDICINE AND SURGERY

IBMS: CERTIFYING THE FINEST HEALTHCARE PROVIDERS IN THE WORLD



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

THIS IS AN IN-DEPTH COMPREHENSIVE MEDICAL TOURISM INDUSTRY SPECIFIC COURSE ON MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT DEVELOPED BY THE INTERNATIONAL BOARD OF MEDICINE AND SURGERY.



RECOGNIZED WORLDWIDE

THE CERTIFICATION MARK, AS USED OR INTENDED TO BE USED BY PERSONS AUTHORIZED BY THE CERTIFIER, CERTIFIES THAT THE PERSON PROVIDING THE MEDICAL SERVICES HAS MET THE STANDARDS, QUALIFICATIONS AND TESTING REQUIREMENTS ESTABLISHED BY THE CERTIFIER.

REG. No. 3,960,346 INTERNATIONAL BOARD OF MEDICINE AND SURGERY OWNER OF U.S. REG. NO. 2,863,881.

PATIENT SAFETY / PROFESSIONAL INTEGRITY

ENABLING THE PUBLIC TO MAKE INFORMED DECISIONS

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IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

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MODULE 16: BENEFITS OF IBMS CERTIFICATION/AFFILIATION

**IBMS GLOBAL CONTINUING MEDICAL EDUCATION PHYSICIAN-DESIGNATED
CATEGORY II CREDIT 2 HOURS (AMA PRA GUIDELINES)**



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MEDICAL TOURISM

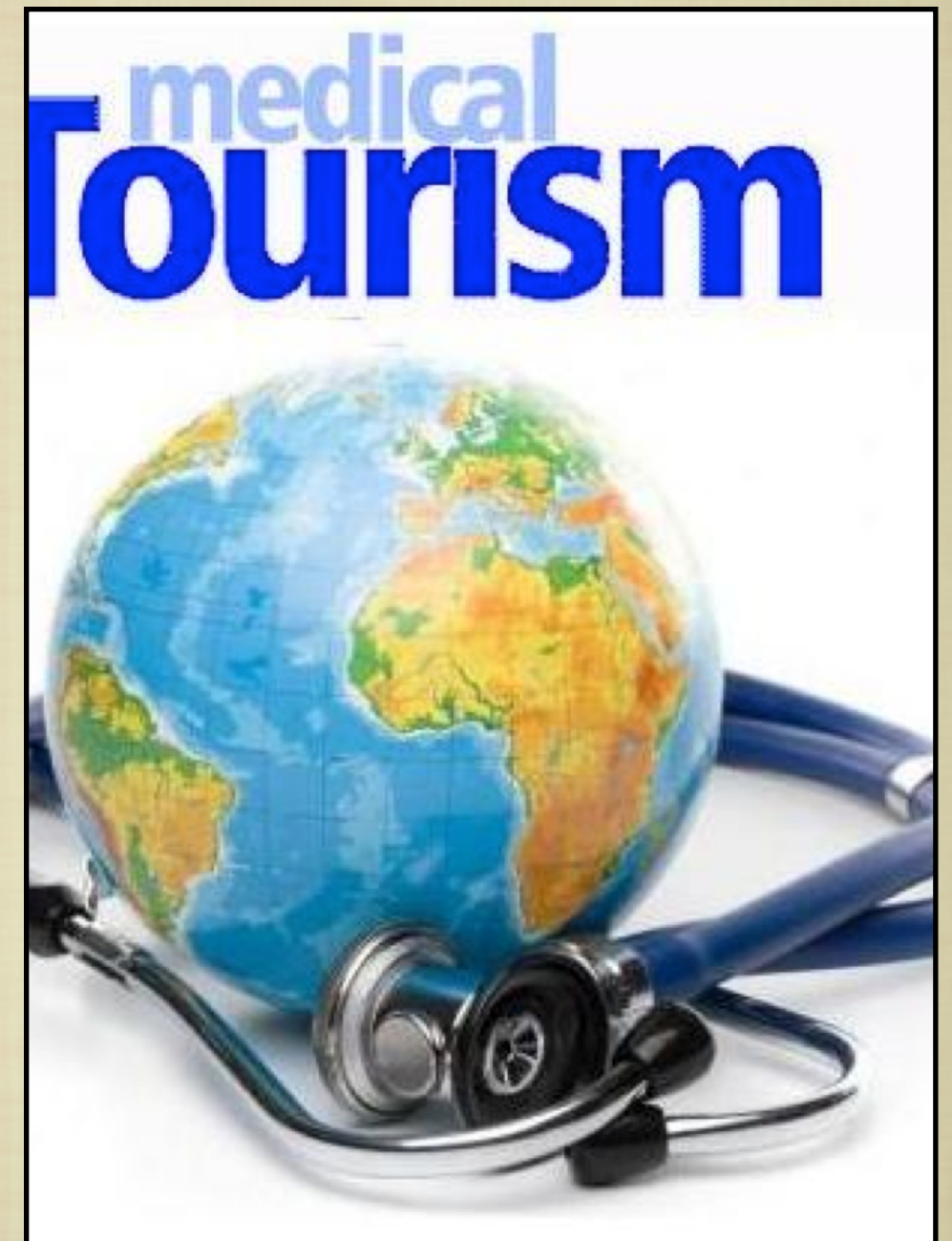
INTERNATIONAL/GLOBAL HEALTHCARE TRAVEL, A GROWING GLOBAL PHENOMENON OF PEOPLE TRAVELING CROSS CONTINENTS FOR AVAILABLE QUALITY MEDICAL, SURGICAL, AND DENTAL TREATMENT AT A “REASONABLE” PRICE.

REQUIRES

GLOBAL PATIENT/DOCTOR RELATIONSHIP: PRE-OPERATIVE/TREATMENT MANAGEMENT AND DIAGNOSIS PRIOR TO PATIENT TRAVEL AND POST-OPERATIVE/TREATMENT MANAGEMENT AND REHABILITATIVE CARE

AND

DEVELOPMENT, MAINTENANCE, COORDINATION AND NETWORKING AMONG MEDICAL PROFESSIONALS GLOBALLY TO SHARE PATIENT INFORMATION



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MEDICAL TOURISM: IS THE COST SAVINGS WORTH THE RISK?

WHAT IF YOU DECIDED TO TAKE A MEDICAL TOURISM HOLIDAY FROM SYDNEY, AUSTRALIA TO A HOSPITAL IN BANGKOK, THAILAND FOR A BREAST LIFT AND TUMMY TUCK, AND AFTER DISCHARGE WITHIN 5 DAYS UPON ARRIVING HOME YOU DEVELOP AN INFECTION IN YOUR ABDOMEN AND LEFT BREAST.

HOW WOULD YOU COPE WITH THESE COMPLICATIONS?

WOULD YOU

- + RETURN TO THE DOCTORS WHO DID THE SURGERY AND ABSORB THE COSTS?
- + SEEK ASSISTANCE FROM A DOCTOR IN HOME COUNTRY AT YOUR OWN COST?

DID YOU

- + REVIEW THE ACCREDITATION/CREDENTIALS OF THE DOCTOR AND HEALTHCARE FACILITY?
- + DISCUSS POTENTIAL OPTIONS FOR COPING WITH POST-MEDICAL/SURGICAL/DENTAL TREATMENT COMPLICATIONS?
- + PURCHASE MEDICAL TRAVEL TOURISM COMPLICATION INSURANCE?



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POTENTIAL RISK OF MEDICAL COMPLICATIONS

- ✦ INFECTION CONTROL MAY BE INADEQUATE IN SURGICAL SETTINGS
- POST-OPERATIVE CARE FOLLOWING DEPARTURE FROM TREATING FACILITY MAY BE LESS THAN ADEQUATE
- BLOOD SUPPLY MAY NOT BE PROPERLY SCREENED
- INCREASED RISK OF NOSOCOMIAL/HOSPITAL ACQUIRED INFECTIONS, ESPECIALLY IF UNSAFE INJECTION PRACTICES
- DEEP VEIN THROMBOSIS PULMONARY EMBOLISMS MAY FOLLOW LONG-DISTANCE TRAVEL SHORTLY BEFORE OR AFTER SURGERY, ESPECIALLY WITHOUT PRECAUTIONS
- POTENTIAL EXPOSURE TO INFECTIONS AND MULTI-RESISTANT ORGANISMS NOT NORMALLY ENCOUNTERED
- NOROVIRUSES (COMMON CAUSE OF ACUTE GASTROENTERITIS)
- MYCOBACTERIAL INFECTIONS AFTER COSMETIC SURGERY.
- “TRANSPLANT TOURISM” ASSOCIATED WITH A HIGHER INCIDENCE OF TISSUE REJECTION AND CRITICAL INFECTIOUS COMPLICATIONS.



Risks of Medical Tourism:

- Safety
- Lack of oversight
- Lack of accountability
- Fraud
- Complications, Infections, and life-threatening or poor results
- Lack of follow-up and support

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MINOR COMPLICATIONS

- ✦ BLEEDING
- ✦ RASH
- ✦ INFECTION AT SURGERY SITE
- ✦ HEPATITIS/JAUNDICE
- ✦ SILICONE IMPLANT EXTRUDING FROM THE NOSE (RHINOPLASTY)



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MAJOR COMPLICATIONS

- ✦ SEPSIS
- ✦ SINGLE-ORGAN DYSFUNCTION
- ✦ MULTI-ORGAN DYSFUNCTION



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PERMISSION FROM DR.CLAVIEN, MAY, 2015

CLASSIFICATION OF MEDICAL/SURGICAL COMPLICATIONS

GRADE I:

- ✦ ANY DEVIATION FROM THE NORMAL POSTOPERATIVE COURSE WITHOUT THE NEED FOR PHARMACOLOGIC TREATMENT OR SURGICAL, ENDOSCOPIC, AND RADIOLOGIC INTERVENTIONS. INCLUDES WOUND INFECTIONS OPENED AT THE BEDSIDE.
- ✦ ALLOWED THERAPEUTIC REGIMENS: ANTI-EMETICS, ANTIPYRETICS, ANALGESICS, DIURETICS, ELECTROLYTES, AND PHYSIOTHERAPY.

GRADE II:

- ✦ PHARMACOLOGIC TREATMENT WITH DRUGS OTHER THAN FOR GRADE I COMPLICATIONS.
- ✦ BLOOD TRANSFUSION AND TOTAL PARENTERAL (INTRAVENOUS) THERAPY.

GRADE III:

- ✦ SURGICAL, ENDOSCOPIC, OR RADIOLOGIC INTERVENTION
- ✦ INTERVENTION NOT UNDER GENERAL ANESTHESIA
- ✦ INTERVENTION UNDER GENERAL ANESTHESIA

GRADE IV:

- ✦ LIFE THREATENING COMPLICATION*
- ✦ INTENSIVE CARE MANAGEMENT OF SINGLE/MULTI ORGAN DYSFUNCTION

GRADE V: PATIENT DEATH



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POTENTIAL MEDICAL/SURGICAL COMPLICATIONS

GRADE I

- + CARDIAC: ATRIAL FIBRILLATION CONVERTING AFTER CORRECTION OF K⁺ LEVEL
- + RESPIRATORY: ATELECTASIS REQUIRING PHYSIOTHERAPY
- + NEUROLOGIC: TRANSIENT CONFUSION NOT REQUIRING THERAPY
- + GASTROINTESTINAL: NON-INFECTIOUS DIARRHEA
- + RENAL: TRANSIENT ELEVATION OF SERUM CREATININE
- + OTHER: WOUND INFECTION TREATED BY OPENING OF THE WOUND AT THE BEDSIDE

GRADE II

- + CARDIAC: TACHY-ARRHYTHMIA REQUIRING B-RECEPTOR ANTAGONISTS FOR HEART RATE CONTROL
- + RESPIRATORY: PNEUMONIA TREATED WITH ANTIBIOTICS ON THE WARD
- + NEUROLOGIC: TIA REQUIRING TREATMENT WITH ANTICOAGULANT
- + GASTROINTESTINAL: INFECTIOUS DIARRHEA REQUIRING ANTIBIOTICS
- + RENAL: URINARY TRACT INFECTION REQUIRING ANTIBIOTICS
- + OTHER: WOULD TREATMENT WITH ANTIBIOTICS

GRADE III A

- + CARDIAC: BRADY-ARRHYTHMIA REQUIRING PACEMAKER IMPLANTATION IN LOCAL ANESTHESIA
- + GASTROINTESTINAL: BILOMA AFTER LIVER RESECTION REQUIRING PERCUTANEOUS DRAINAGE
- + RENAL: STENOSIS OF THE URETER AFTER KIDNEY TRANSPLANTATION TREATED BY STENTING
- + OTHER: CLOSURE OF DEHISCENT NON-INFECTED WOUND IN THE OR UNDER LOCAL ANESTHESIA

GRADE III B

- + CARDIAC: CARDIAC TAMPONADE AFTER THORACIC SURGERY REQUIRING FENESTRATION
- + RESPIRATORY: BRONCHO-PLEURAL FISTULAS AFTER THORACIC SURGERY REQUIRING SURGICAL CLOSURE
- + GASTROINTESTINAL: ANASTOMOTIC LEAKAGE AFTER DESCENDRECTOSTOMY REQUIRING RE-LAPARATOMY
- + RENAL STENOSIS OF THE URETER AFTER KIDNEY TRANSPLANTATION TREATED BY SURGERY
- + OTHER: WOUND INFECTION LEADING TO ENVENTRATION OF SMALL BOWEL

GRADE IV A/B

- + CARDIAC: HEART FAILURE LEADING TO LOW OUTPUT SYNDROME/RENAL FAILURE
- + RESPIRATORY: LUNG FAILURE REQUIRING INTUBATION/RENAL FAILURE
- + NEUROLOGIC: ISCHEMIC STROKE/BRAIN HEMORRHAGE/HEMODYNAMIC INSTABILITY
- + GASTROINTESTINAL: NECROTIZING PANCREATITIS/NEUROLOGICAL ISCHEMIC STROKE/BRAIN HEMORRHAGE WITH RESPIRATORY FAILURE
- + RENAL: RENAL INSUFFICIENCY REQUIRING DIALYSIS

SUFFIX D

- + CARDIAC: CARDIAC INSUFFICIENCY AFTER MYOCARDIAL INFARCTION
- + RESPIRATORY: DYSPNEA AFTER PNEUMONECTOMY FOR SEVERE BLEEDING AFTER CHEST TUBE PLACEMENT
- + GASTROINTESTINAL RESIDUAL FECAL INCONTINENCE AFTER ABSCESS FOLLOWING DESCENDRECTOSTOMY WITH SURGICAL EVACUATION
- + NEUROLOGIC: STROKE WITH SENSORIMOTOR HEMI-SYNDROME
- + RENAL: RESIDUAL RENAL INSUFFICIENCY AFTER SEPSIS WITH MULTI-ORGAN DYSFUNCTION
- + OTHER: HOARSENESS AFTER THYROID SURGERY

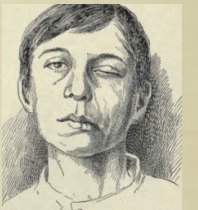


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CASES OF MEDICAL TOURIST COMPLICATIONS

+ COSMETIC SURGERY: BREAST, NOSE, FACELIFT, LIPOSUCTION, SKIN TUCKS

- + BREASTS AUGMENTATION WITH SCARS
- + 30 YO FEMALE, BREAST SURGERY WITH POSTOPERATIVE INFECTION
- + RHINOPLASTY WITH POST-OPERATIVE INABILITY TO COMFORTABLY BREATHE
- + POST-OPERATIVE FACELIFT UPON RETURN HOME HAD A DAMAGED FACIAL NERVE AND UNTREATED HEMATOMA REQUIRING FACIAL REPAIR
- + 38 YO FEMALE, LIPOSUCTION PROCEDURE, DEVELOPED CARDIAC ARREST WHILE BEING ANESTHETIZED AND WAS REVIVED IMMEDIATELY BY HEART MASSAGE
- + LIPOSUCTION OF THE ARMS WITH FAILURE TO REMOVE FAT; AND RESIDUAL SCARIFICATION
- + 30 YEAR OLD FEMALE AFTER LOSING 100 POUNDS SOUGHT TREATMENT TO TUCK/TONE EXCESS SKIN, AND DURING SURGERY HAD MASSIVE BLOOD LOSS WITH EMERGENCY OPERATION TO STOP INTERNAL BLEEDING; LATER DESPITE ANEMIA HAD A SECONDARY OPERATION, AND UPON RETURN HOME HAD ABDOMINAL INFECTION REQUIRING SKIN GRAFT FROM THIGH TO STOMACH TO CLOSE DEEP WOUND; 8 ADDITIONAL SURGERIES



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CASES OF MEDICAL TOURIST COMPLICATIONS

FERTILITY TREATMENTS/EGG TRAFFICKING

- 45-YEAR-OLD WOMAN AT A CLINIC FOR FERTILITY TREATMENT AND AUTHORITIES ARRIVE IN THE MIDDLE OF THE PROCEDURE TO ARREST THREE OF THE CLINIC'S DOCTORS WHO ALLEGEDLY WERE RUNNING AN ILLEGAL EGG-TRAFFICKING BUSINESS. WOMAN WAS HELD BY AUTHORITIES AFTER TREATMENT.

LEG LENGTHENING

- MAN IN LATE 20S HAD A LEG-LENGTHENING OPERATION, AND UPON RETURN HOME NOTICED SCREWS PROTRUDING FROM RIGHT LEG. X-RAYS: BROKEN NAILS IN BOTH LEGS REQUIRING 2 ADDITIONAL CORRECTIVE PROCEDURES.



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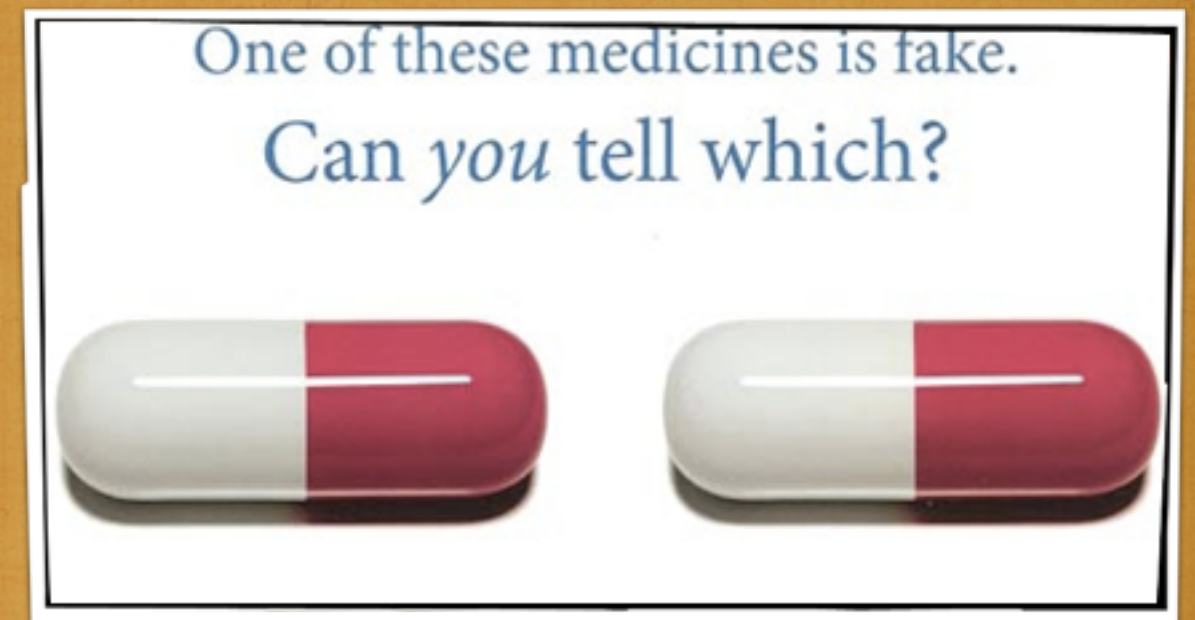
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CASES OF MEDICAL TOURIST COMPLICATIONS

COUNTERFEIT PRESCRIPTION DRUGS

✦ 30 PEOPLE DIED AS A RESULT OF COUNTERFEIT MALARIA MEDICINES SOLD AS MEFLOROQUINE AND ARTESUNATE

✦ UNLICENSED COMPANY SOLD COUNTERFEIT COUGH SYRUP CONTAINING DIETHYLENE GLYCOL, A CHEMICAL SIMILAR TO ANTIFREEZE, RESULTING IN 100 DEATHS



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CASES OF MEDICAL TOURIST COMPLICATIONS



DENTAL COMPLICATIONS

- + A 60-YEAR-OLD MAN WITH POORLY CONTROLLED TYPE 2 DIABETES HAD THREE DENTAL IMPLANTS PLACED IN THE POSTERIOR RIGHT MANDIBLE. 10 DAYS LATER UPON RETURN TO HOME COUNTRY, HE PRESENTED TO THE EMERGENCY DEPARTMENT WITH A LARGE, TENDER AND HARD FACIAL SWELLING IN THE RIGHT SUBMANDIBULAR REGION AND PROGRESSIVE ODYNOPHAGIA, WAS ADMINISTERED IV ANTIBIOTICS AND TAKEN FOR SURGICAL DRAINAGE. EDEMA AND SWELLING REQUIRED INTUBATION IN INTENSIVE CARE UNIT. REMAINED IN HOSPITAL FOR ABOUT EIGHT WEEKS.
- + UPON RETURN TO HOME COUNTRY 58 YEAR OLD FEMALE AXILLARY AND MANDIBULAR IMPLANT SUPPORTED PROSTHESES WERE MOBILE AND PAINFUL, AND RADIOGRAPHIC EXAMINATION REVEALED NON-CONVENTIONAL SCREW IMPLANTS IN THE MAXILLA AND MANDIBLE, ALL WITH PERI-IMPLANT RADIOLUCENCIES REQUIRING URGENT REMOVAL OF ALL IMPLANT SUPPORTED PROSTHESES. UNDER IMPLANT SURFACES WAS A NON-REMOVABLE GREEN CRUST RESEMBLING COPPER CORROSION.



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GLOBAL DOCTOR/PATIENT RELATIONSHIP IS FORMED BY BLENDING PATIENT SAFETY WITH PROFESSIONAL INTEGRITY

REQUIRES

EXCHANGE OF INFORMATION (EMAIL, FAX, INTERNET, OR TELEPHONE) OF DESIRED OUTCOME, MEDICAL HISTORY, PHYSICAL DESCRIPTION (PICTURES), DIAGNOSTIC EVALUATION, FEE, RELATIONSHIP WITH MEDICAL FACILITATOR



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TO ENSURE
Patient Safety and Professional Integrity,
THE FOLLOWING ARE CRITICAL
COMPONENTS OF PATIENT SAFETY

PATIENT INFORMATION
SANITATION
STERILIZATION
ASEPSIS
INFECTION CONTROL
OPERATING ROOM CONDITIONS
LANGUAGE
DOCUMENTATION
PRE-TRAVEL REVIEW
MEDICAL TRAVEL COMPLICATION INSURANCE



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- + EVERY MEDICAL, SURGICAL, DENTAL TREATMENT HAS RISK OF COMPLICATIONS**
- + IF A COMPLICATION OCCURS ABILITY TO MANAGE THIS COMPLICATION MAY BECOME PROBLEMATIC**
- + MEDICAL PROVIDERS, HOSPITALS, CLINICS AND AGENCIES OFFERING MEDICAL, SURGICAL, DENTAL TREATMENT TO INTERNATIONAL PATIENTS KNOW THE RISK OF COMPLICATIONS AND MUST**
 - + KNOW HOW COMPLICATIONS WILL BE HANDLED**
 - + BE RESPONSIBLE FOR POST-PROCEDURAL CARE AND APPROPRIATE FOLLOW UP TREATMENT**
 - + ENSURE AVAILABILITY OF MEDICAL TRAVEL COMPLICATION INSURANCE**



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PRE-OPERATIVE/ TREATMENT EVALUATION

COMPLETE HISTORY AND PHYSICAL EXAMINATION WITH REVIEW OF SYSTEMS PRIOR TO TRAVEL.

**DIAGNOSTIC STUDIES REQUIRED BY MEDICAL TOURISM PHYSICIAN/
SURGEON/DENTIST.**

**REVIEW OF ALL MEDICATIONS,
INCLUDING OVER-THE-COUNTER
MEDICATIONS AND SUPPLEMENTS.**

**CONTROL OF RELEVANT CO-
EXISTING MEDICAL CONDITIONS,
SUCH AS HYPERTENSION AND
DIABETES, AND IDENTIFICATION OF
MEDICATIONS/DOSAGE.**



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PRE-OPERATIVE/TREATMENT EVALUATION

- **ROUTINE IMMUNIZATION UPDATE (MEASLES, MUMPS AND RUBELLA, POLIO, TETANUS-DIPHTHERIA, VARICELLA, INFLUENZA, PNEUMOCOCCAL VACCINE)**
- **ROUTINE TRAVEL IMMUNIZATION UPDATE (HEPATITIS A, TYPHOID)**
- **IMMUNIZATION BASED ON MEDICAL TOURISM DESTINATION (MALARIA, YELLOW FEVER, MENINGOCOCCAL INFECTION, JAPANESE B ENCEPHALITIS)**
- **RISK OF HEPATITIS B, RABIES, CHOLERA AND PLAGUE**



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PRE-OPERATIVE/TREATMENT EVALUATION

TO MINIMIZE SURGICAL RISK, DISCONTINUE

- + ASPIRIN AND NON-STEROIDAL ANTI-INFLAMMATORY DRUGS ONE WEEK PRIOR TO SURGERY (POTENTIAL OF EXCESSIVE BLEEDING)**
- + ALCOHOL CONSUMPTION**
- + SMOKING 8 OR MORE WEEKS PRIOR TO SURGERY**

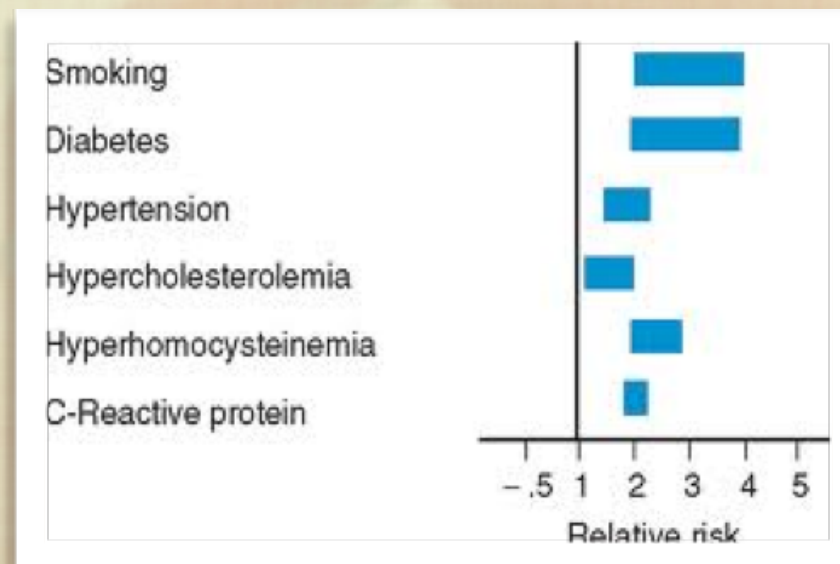


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PRE-OPERATIVE/TREATMENT EVALUATION

RESPIRATORY AND CARDIAC DISEASE, MALNUTRITION AND DIABETES MELLITUS ARE ASSOCIATED WITH AN INCREASED RISK OF SURGICAL COMPLICATIONS.

CARDIAC COMPLICATIONS ARE THE MOST COMMON, POTENTIALLY CAUSING PROLONGED HOSPITALIZATION OR MORBIDITY.



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PRE-OPERATIVE/TREATMENT FUNCTIONAL ASSESSMENT

FUNCTIONAL ASSESSMENT, REVIEW OF PATIENT'S SOCIAL SUPPORT AND NEED FOR ASSISTANCE AFTER HOSPITAL DISCHARGE.

ARRANGE FOR PROFESSIONAL ASSISTANCE PRIOR TO TRAVEL FOR PATIENT WHO MAY REQUIRE HOME SERVICES OR TEMPORARY PLACEMENT IN A REHABILITATION FACILITY.

ARRANGE FOR AMBULATORY AND REHAB HOME EQUIPMENT NEEDS, WALKERS, WHEELCHAIRS, SPECIALTY BEDS, BEDSIDE COMMODES AS NEEDED.



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SANITATION

- G E N E R A L
APPEARANCE
- VENTILATION
- TEMPERATURE
- WELL-LIT
- FREE OF CLUTTER
AND LITTER



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SANITATION

MEDICAL HAZARDOUS WASTE DISPOSAL

ALL MEDICAL HAZARDOUS WASTES ARE STORED IN CONTAINERS DESIGNATED FOR THAT PURPOSE AND SEPARATED FROM GENERAL REFUSE FOR SPECIAL COLLECTION AND HANDLING.

MEDICAL HAZARDOUS WASTES ARE DISPOSED OF IN SEALED, LABELED CONTAINERS IN COMPLIANCE WITH LOCAL, STATE, AND NATIONAL REGULATIONS.

USED DISPOSABLE SHARP ITEMS ARE PLACED IN SECURE PUNCTURE-RESISTANT CONTAINERS WHICH ARE LOCATED AS CLOSE TO THE USE AREA AS IS PRACTICAL.

A WRITTEN POLICY IS IN PLACE FOR CLEANING OF SPILLS, INCLUDING BLOOD BORNE PATHOGENS.



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SANITATION/MAINTENANCE AND CLEANING

- ✦ SCHEDULE FOLLOWED FOR CLEANING AND DISINFECTION OF ENTIRE OPERATING ROOM SUITE AND INDIVIDUAL OPERATING ROOMS.
- ✦ MAINTENANCE AND CLEANING PROCEDURES REQUIRE ALL BLOOD AND BODY FLUID TO BE CLEANED USING GERMICIDES INDICATED AS VIRUCIDAL, BACTERICIDAL, TUBERCULOCIDAL AND FUNGICIDAL.
- ✦ WRITTEN PROTOCOL FOR USE BY HOUSEKEEPING AND OR OTHER CLEANING PERSONNEL FOR CLEANING OF FLOORS, TABLES, WALLS, CEILINGS, COUNTERS, FURNITURE AND FIXTURES OF THE SURGICAL SUITE.
- ✦ ALL OPENINGS TO OUTDOOR AIR ARE PROTECTED AGAINST ENTRANCE OF INSECTS AND ANIMALS.
- ✦ FLOORS ARE COVERED WITH EASY TO CLEAN MATERIAL WHICH IS SMOOTH AND FREE FROM BREAKS, CRACKS OR LOOSE DEBRIS; OR, IN THE CASE OF FLOORS WITH SEAMS OR INDIVIDUAL TILES, THE FLOORS ARE SEALED WITH A POLYURETHANE OR OTHER EASY TO CLEAN SEALANT.



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STERILIZATION

- **INSTRUMENTS USED IN PATIENT CARE ARE STERILIZED.**
- **IF A STERILIZER PRODUCES MONITORING RECORDS, THEY ARE REGULARLY REVIEWED AND RETAINED FOR A MINIMUM OF THREE (3) YEARS.**
- **STERILE SUPPLIES ARE STORED IN CLOSED CABINETS/DRAWERS OR AWAY FROM HEAVY TRAFFIC AREAS.**
- **STERILE SUPPLIES ARE STORED AWAY FROM POTENTIAL CONTAMINATION HAZARDS.**
- **STERILE SUPPLIES ARE CLEARLY LABELED AS STERILE.**
- **STERILE SUPPLIES ARE PACKAGED TO PREVENT ACCIDENTAL OPENING AND SEALED WITH AUTOCLAVE TAPE.**
- **EACH PACK OF STERILE SUPPLIES IS MARKED WITH THE DATE OF STERILIZATION AND, WHEN APPLICABLE, WITH THE EXPIRATION DATE.**
- **WHEN MORE THAN ONE AUTOCLAVE IS AVAILABLE, EACH PACK OF STERILE SUPPLIES BEARS A LABEL THAT IDENTIFIES THE AUTOCLAVE IN WHICH IT WAS STERILIZED.**



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ASEPSIS

- **INSTRUMENT HANDLING AND STERILIZING AREAS ARE REGULARLY CLEANED.**
- **DIRTY SURGICAL EQUIPMENT AND INSTRUMENTS ARE SEGREGATED FROM THOSE WHICH HAVE BEEN CLEANED.**
- **CLEANED EQUIPMENT IS IN A SEPARATE PREPARATION AND ASSEMBLY AREA.**
- **A WALL SEPARATES THE INSTRUMENT PREPARATION AND ASSEMBLY AREA FROM THE INSTRUMENT CLEANING AREA; OR A WRITTEN POLICY IS IN PLACE TO CLEAN AND DISINFECT AN AREA BEFORE USING IT TO PREPARE AND ASSEMBLE STERILIZED SUPPLY PACKS.**
- **OPERATING ROOM(S) IS/ARE DISINFECTED AFTER EACH PROCEDURE.**
- **WRITTEN ASEPTIC PROCEDURES TO BE FOLLOWED AT ALL TIMES ARE IN PLACE. SUCH PROCEDURES INCLUDE THE REQUIREMENTS OF USING SCRUB SUITS, CAPS OR HAIR COVERS, GLOVES, OPERATIVE GOWNS, MASKS AND EYE PROTECTION, AND A STERILE FIELD DURING SURGERY.**
- **SCRUB FACILITIES ARE PROVIDED FOR THE OPERATING ROOM STAFF.**



Infection Control Program

INFECTION CONTROL

**ENSURE NECESSARY VACCINATIONS TO CONTAIN
SPREAD OF INDIGENOUS COMMUNICABLE DISEASES
FROM ONE COUNTRY OR GEOGRAPHICAL LOCATION TO
ANOTHER.**

**BE AWARE OF POSSIBLE EPIDEMICS, POTENTIAL
ENDOGENOUS INFECTIOUS DISEASES, MRSA AND
OTHER POTENTIAL HOSPITAL RELATED INFECTIONS.**



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

EQUIPMENT IN OPERATING ROOM

- ✦ **EKG MONITOR WITH PULSE READ-OUT**
- ✦ **PULSE OXIMETER**
- ✦ **BLOOD PRESSURE MONITORING EQUIPMENT**
- ✦ **STANDARD DEFIBRILLATOR OR AUTOMATED EXTERNAL DEFIBRILLATOR UNIT (AED) WHICH IS CHECKED AT LEAST WEEKLY FOR OPERABILITY**
- ✦ **PNEUMATIC BOOTS OR ALTERNATIVE DEVICES FOR ANTI-EMBOLIC PROPHYLAXIS (SUCH AS TED STOCKINGS OR ACE BANDAGE WRAPS) ARE EMPLOYED FOR ALL BUT LOCAL ANESTHESIA CASES OF ONE (1) HOUR OR LONGER AND WHEN MEDICALLY INDICATED**
- ✦ **ORAL AIRWAYS FOR EACH TYPE OF PATIENT TREATED (ADULT AND PEDIATRIC), NASOPHARYNGEAL AIRWAYS AND LARYNGEAL MASK AIRWAYS, LARYNGOSCOPE, ENDOTRACHEAL TUBES, ENDOTRACHEAL STYLET, POSITIVE PRESSURE VENTILATION DEVICE (E.G. AMBU™ BAG), SOURCE OF O₂, SUCTION**
- ✦ **CAUTERY, ELECTROCAUTERY WITH APPROPRIATE GROUNDING PLATE OR DISPOSABLE PAD**
- ✦ **ANESTHESIA MACHINE WITH A PURGE SYSTEM TO EXTRACT EXHALED GASEOUS AIR TO OUT-OF-DOORS OR TO A NEUTRALIZING SYSTEM**
- ✦ **AN INSPIRED GAS OXYGEN MONITOR ON THE ANESTHESIA MACHINE**
- ✦ **CO₂ MONITOR FOR ALL GENERAL ANESTHESIA CASES**



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

EQUIPMENT IN OPERATING ROOM

- **A SCHEDULE IS IN PLACE FOR A BIO-MEDICAL TECHNICIAN OR EQUIVALENT TO ANNUALLY INSPECT ALL OF THE EQUIPMENT (INCLUDING ELECTRICAL OUTLETS, BREAKER/FUSE BOXES, AND EMERGENCY LIGHT AND POWER SUPPLIES) AND DOCUMENTS SAFETY AND OPERATION ACCORDING TO THE EQUIPMENT MANUFACTURER'S SPECIFICATIONS.**
- **EQUIPMENT USED IN THE OPERATING ROOM IS DOCUMENTED AS HAVING BEEN INSPECTED AND FOUND TO BE PROBLEM-FREE.**
- **MANUFACTURER'S SPECIFICATIONS AND REQUIREMENTS ARE KEPT IN AN ORGANIZED FILING SYSTEM.**
- **A PREVENTIVE MAINTENANCE SCHEDULE IS IN PLACE FOR ALL EQUIPMENT, AND MAINTENANCE RECORDS ARE REQUIRED TO BE RETAINED FOR A MINIMUM OF THREE (3) YEARS.**
- **ALL EQUIPMENT REPAIRS AND CHANGES ARE DOCUMENTED AS HAVING BEEN PERFORMED BY A BIO-MEDICAL TECHNICIAN OR EQUIVALENT, AND REPAIR AND CHANGE RECORDS RETAINED FOR A MINIMUM OF THREE (3) YEARS.**
- **BRIGHT GENERAL LIGHTING IN OPERATING ROOM CEILING.**
- **FULLY FUNCTIONING SURGICAL LIGHTS OR SPOTLIGHTS IN OPERATING ROOM.**
- **FUNCTIONAL TABLE OR CHAIR IN OPERATING ROOM**



EQUIPMENT IN OPERATING ROOM

- **THE OPERATING ROOM HAS AN EMERGENCY POWER SOURCE WITH SUFFICIENT CAPACITY TO OPERATE MONITORING, ANESTHESIA, SURGICAL EQUIPMENT, CAUTERY AND LIGHTING A MINIMUM OF TWO HOURS (IF MORE THAN ONE OPERATING ROOM IS USED SIMULTANEOUSLY, AN EMERGENCY POWER SOURCE SHOULD BE AVAILABLE FOR EACH O.R.).**
- **EMERGENCY POWER EQUIPMENT IS CHECKED MONTHLY (AND DOCUMENTED) TO ENSURE FUNCTION.**



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

PATIENT'S NATIVE LANGUAGE

PROVIDE PATIENT WITH INTAKE FORMS, MEDICAL RECORDS, AND OTHER WRITTEN COMMUNICATIONS IN THE PATIENT'S NATIVE LANGUAGE.



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

LANGUAGE BARRIER

LANGUAGE INTERPRETERS FAMILIAR WITH THE CULTURAL NUANCES OF THE PATIENT AND MEDICAL TOURISM COUNTRY ARE AN INTEGRAL PART OF ANY DELIVERY OF GLOBAL HEALTHCARE SERVICES TO INTERNATIONAL PATIENTS.

ALL PERTINENT MEDICAL RECORDS BEING SENT WITH THE PATIENT SHOULD BE TRANSLATED INTO A LANGUAGE FAMILIAR TO THE COUNTRY OF TRAVEL OR IN ENGLISH (WIDELY ACCEPTED INTERNATIONAL LANGUAGE OF MEDICAL MEDICINE).

PREVALENT LANGUAGES: ENGLISH, CHINESE, SPANISH, FRENCH, RUSSIAN AND ARABIC



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

LANGUAGE

TRANSLATION SERVICES AVAILABLE ON-SITE

- **INTERPRETERS TREAT ALL INFORMATION REGARDING PATIENT AND TREATMENT AS CONFIDENTIAL.**
- **INTERPRETERS ARE TRAINED TO IDENTIFY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST.**
- **WRITTEN PROCEDURES TO PROMPTLY RESOLVE ANY PATIENT COMPLAINTS ABOUT INTERPRETERS.**



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

PROFESSIONAL INTEGRITY REQUIRES:

ASSESSMENT OF PERCEIVED CLINICAL CONDITION, RISK FACTORS, REQUIRED DIAGNOSTIC INVESTIGATIONS, RECOMMENDED TREATMENT, DURATION OF STAY, FOLLOW-UP, REHABILITATIVE TREATMENT AND POSSIBLE COMPLICATIONS.

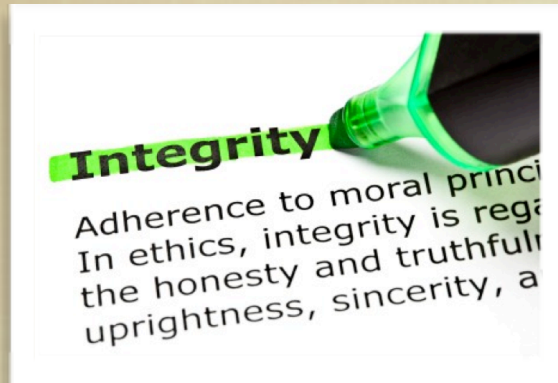
COST OF TREATMENT, INCLUDING HOSPITALIZATION, DIAGNOSTIC INVESTIGATIONS, POST-DISCHARGE STAY, RECOVERY CENTER, MEDICAL TOURISM COMPLICATION INSURANCE, MEDICAL FACILITATOR AND TRAVEL.

DOCTOR/PATIENT CONFERENCE TO ENSURE EFFECTIVE COMMUNICATION, UNDERSTANDING AND REASSURANCE.



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

PROFESSIONAL INTEGRITY



**AVOID RISK OF INADEQUATE INFORMATION/
MISCOMMUNICATION**

**OBTAIN PATIENT DETAILS, CLINICAL CONDITION, PRESENT
SYMPTOMS, PAST MEDICAL HISTORY, CO-MORBID
CONDITIONS AND DIAGNOSTIC RESULTS**

**REQUEST PERTINENT DETAILS OF DIAGNOSIS AND
EXPECTATIONS OF TREATMENT**

**PROVIDE EXPLANATION OF THE PROCEDURE IN SIMPLE
LANGUAGE**



**DEMONSTRATE CREDIBILITY WITH DISPLAY OF
CREDENTIALS, ONGOING CONTINUING MEDICAL
EDUCATION AND PATIENT SAFETY RECORD**



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

CO-ORDINATION BETWEEN LOCAL AND MEDICAL TOURISM DOCTOR

COMMUNICATE WITH THE LOCAL TREATING PHYSICIAN IN HOME COUNTRY TO DISCUSS THE PATIENT'S MEDICAL CONDITION AND UNDERSTAND CLINICAL STATUS

ENSURE PROPER TREATMENT

UNDERSTAND POSSIBLE COMPLICATIONS

AVOID POTENTIAL COMPLICATIONS DUE TO CO-MORBIDITIES, ALLERGIES AND OTHER POSSIBLE UNFORESEEN CONDITIONS

ANTICIPATE COSTS



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

PATIENT SCREENING CRITERIA

SELECTION: DETERMINE PATIENT'S HEALTHCARE NEEDS ARE WITHIN THE SCOPE OF PROVIDER'S SPECIALIZATION.

REFERRAL: ASSESS WHETHER CLINICAL CONDITION OR COMPLICATIONS WARRANT CONSULTATION.



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

RISK/BENEFIT

MEDICAL TREATMENT VS. SURGERY

TRAVELING OUT OF COUNTRY

**SIGNED DETAILED MEDICAL/SURGICAL/DENTAL PROCEDURE
CONSENT FORM WITH FULL EXPLANATION OF RISK/BENEFITS OF
TREATMENT/SURGERY**

**CONSENT FORM SHOULD REMAIN IN THE PATIENT'S PERMANENT
MEDICAL RECORD.**



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

PRIOR TO TRAVEL

DISCUSS:

- PATIENT ACUTE CARE IN DESTINATION
- POST-OPERATIVE/TREATMENT RECOVERY PROCESS AND CARE PLANS
- NEED FOR HOME CARE VISITS BY VISITING NURSE, DIETICIAN, PHYSICAL AND/OR OCCUPATIONAL THERAPIST

SCHEDULE: RETURN PHYSICIAN VISIT IMMEDIATELY UPON RETURN TO HOME COUNTRY



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PRIOR TO TRAVEL

- **PERTINENT MEDICAL RECORDS NEED TO BE TRANSMITTED TO THE MEDICAL TOURISM PHYSICIAN/SURGEON/DENTIST AND HOSPITAL/CLINIC.**
- **ALL MEDICATIONS IN ORIGINAL BOTTLES SHOULD ACCOMPANY THE MEDICAL TOURISM PATIENT.**



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REVIEW POST-OPERATIVE/TREATMENT CARE

DISCHARGE PLAN AND WARNING SIGNS DURING STAY AT DESTINATION HOSPITAL/CLINIC AND UPON RETURN TO HOME COUNTRY

- VITAL SIGNS
- WOUND CARE: SWELLING, DISCHARGE, REDNESS, EXCESSIVE PAIN, FEVER



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DETERMINE OVERALL FITNESS FOR FLIGHT

PREOPERATIVE/TREATMENT OUTPATIENT MEDICAL EVALUATION CAN DECREASE THE LENGTH OF HOSPITAL STAY AND MINIMIZE POSTPONED OR CANCELLED SURGERIES.

ARRIVE AT MEDICAL TOURISM DESTINATION AT LEAST ONE COMPLETE DAY PRIOR TO THE PROCEDURE/TREATMENT.



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POST-DISCHARGE

REQUIRES EFFECTIVE EXCHANGE OF INFORMATION BETWEEN THE MEDICAL TOURISM DOCTOR AND THE DOCTOR WITH WHOM THE PATIENT WILL FOLLOW-UP UPON RETURN TO HOME COUNTRY

THE DOCTORS MUST THOROUGHLY COMMUNICATE ALL INFORMATION ABOUT TREATMENT/SURGERY, INCLUDING OPERATION/TREATMENT NOTES, COMPLICATIONS, MEDICATIONS PRESCRIBED AND RECOMMENDED REHABILITATION.

Discharges

- Discharge planning begins at admission with the initial interview and nursing assessment and continues as an interdisciplinary process throughout the patient's stay
- The discharge planner is completed as part of the initial interview on admission which includes assessment of the patient's educational, supportive, and home needs
- Admissions are screened daily for established "high risk" criteria and nursing service makes referrals to the appropriate departments such as dietary, social, rehabilitative, or home health services



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UNIQUE INTERNATIONAL PATIENT NUMBER (UIPN)

- + IT SYSTEM CAN PROVIDE A UNIQUE INTERNATIONAL PATIENT NUMBER WHICH CAN BE ACCESSED ON THE WEB BY PATIENT AND PHYSICIANS.**
- + AN EFFECTIVE WAY TO EXCHANGE INFORMATION AND CREATE A PATIENT ARCHIVE WITH UPDATED MEDICAL HISTORY AND TREATMENT.**

Patient Portal Login



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

POST-OPERATIVE/ TREATMENT FOLLOW-UP

AFTER UNDERGOING TREATMENT IN A FOREIGN COUNTRY REGULAR FOLLOW-UP, MEDICATION AND NECESSARY PHYSIOTHERAPY AS RECOMMENDED BY THE OPERATING/TREATING MEDICAL TOURISM DOCTOR IS AN ESSENTIAL COMPONENT OF PATIENT SAFETY/PROFESSIONAL INTEGRITY.



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

PHYSICIAN/SURGEON QUALIFICATIONS

HAS THE PHYSICIAN/SURGEON KEPT UP-TO-DATE WITH MEDICAL/SURGICAL SPECIALTY AND TRAVEL MEDICINE CONTINUING MEDICAL EDUCATION (CME)?

IS PHYSICIAN/SURGEON A MEMBER OF THE INTERNATIONAL BOARD OF MEDICINE AND SURGERY (IBMS)?

QUALIFICATIONS



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

INTERNATIONAL BOARD OF MEDICINE AND SURGERY (IBMS) STANDARDS

A MEMBER

HAS MET ALL ELIGIBILITY CRITERIA BY DEMONSTRATING THE ESTABLISHMENT AND MAINTENANCE OF STANDARDS OF PROFESSIONAL QUALIFICATION AS A PHYSICIAN/ SURGEON/DENTIST THEREBY ENABLING THE PUBLIC TO MAKE INFORMED DECISIONS REGARDING THE SELECTION AND USE OF MEDICAL/DENTAL PRACTITIONERS PRACTICING IN THE GLOBAL HEALTHCARE COMMUNITY

MAINTAIN THE HIGHEST STANDARD OF PERSONAL CONDUCT AND PROFESSIONAL EXCELLENCE

UPHOLD LAWS AND REGULATIONS IN THE PRACTICE OF MEDICINE

PROVIDE PATIENT CARE IMPARTIALLY WITH REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, HANDICAP OR SEXUAL ORIENTATION

PROMOTE QUALITY MEDICAL CARE THROUGH PROFESSIONAL COMMUNICATION AND MAINTENANCE OF PATIENT CONFIDENTIALITY

COMMUNICATE CLEARLY WITH THE PATIENT'S MEDICAL PROFESSIONAL IN PATIENT'S HOME COUNTRY



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

IBMS GOLD CERTIFICATION ASSURES THE HEALTHCARE PROVIDER HAS MET BASIC IBMS STANDARDS FOR SAFETY, AGREES TO THE IBMS CODE OF ETHICS AND HAS DOCUMENTED INDEMNIFICATION FOR POTENTIAL COMPLICATIONS.



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PHYSICIAN/SURGEON QUALIFICATIONS

WHERE DID PHYSICIAN ATTEND MEDICAL SCHOOL, RESIDENCY, AND/OR FELLOWSHIP?

BOARD CERTIFIED IN A SPECIALTY RELEVANT TO THE MEDICAL TREATMENT OR SURGERY?

HOW MANY TREATMENTS/SURGERIES OF THE PATIENT'S PROCEDURE DOES THE SURGEON PERFORM ANNUALLY?

WHAT IS THE SURGEON'S COMPLICATION RATE?

MAKE AN INFORMED DECISION

Get board records, credentials, experience and more.

Surgeon Background Check ▶



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

HEALTHCARE FACILITY QUALIFICATIONS

- INTERNATIONAL ACCREDITING ORGANIZATIONS INSPECT HOSPITALS GLOBALLY.
- ANYONE CONSIDERING TRAVELING OVERSEAS FOR MEDICAL CARE IS ENCOURAGED TO REVIEW THE CRITERIA OF ACCREDITATION BEFORE SELECTING AN ACCREDITED FACILITY.



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

HEALTHCARE FACILITY QUALIFICATIONS

COMMUNICATION OF MEDICAL RECORDS

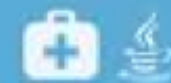
WEB PORTAL

EMAIL

FAX

PATIENT DELIVERED

Medical
Communication
System



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

HEALTHCARE FACILITY QUALIFICATIONS

- ✦ AFFILIATED HOSPITAL RELATIONSHIPS
- ✦ COMPLICATION RATE FOR TREATMENT/SURGICAL PROCEDURES
- ✦ ABILITY TO HANDLE ACUTE COMPLICATIONS OR REFERRAL/TRANSPORT TO ANOTHER LOCATION



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

WRITTEN POLICIES AND PROCEDURES FOR HANDLING MEDICAL EMERGENCIES AND COMPLICATIONS, INCLUDING INFORMING PATIENTS OF POSSIBLE COMPLICATIONS

PATIENT RECORD FORMS: PATIENT'S IDENTITY, DIAGNOSES, COURSE OF TREATMENT, CONDITION UPON RELEASE, AND FOLLOW UP INSTRUCTIONS

WRITTEN INFECTION CONTROL STANDARDS FOR HANDLING BIO-WASTE HAZARDS AND DISCARDING USED NEEDLES



Infection Control
Standards



MEDICAL TOURISM/TRAVEL FACILITATOR

IBMS Affiliated Healthcare Travel Associate: connecting patients with top-quality healthcare providers worldwide™

- **CHECK THE FACILITATOR'S REFERENCES AND CREDENTIALS**
- **IDENTIFY A CONTACT PERSON FROM MEDICAL TOURISM/TRAVEL FACILITATOR**
- **WILL PATIENT HAVE ACCESS TO AN INTERPRETER THROUGHOUT THE TRAVEL AND STAY?**
- **WILL THE PATIENT BE ASSIGNED A 'PATIENT CONCIERGE'?**
- **HAVE BACK UP PLANS FOR TRAVEL BEEN MADE?**
- **DOES THE FACILITATOR WORK FOR THE HOSPITAL OR SURGEON?**



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

MEDICAL TOURISM/TRAVEL FACILITATOR

- **FIRM AND ACCURATE QUOTE FROM THE PHYSICIAN AND HOSPITAL FOR ANY AND ALL CHARGES THAT MUST BE PAID BY THE PATIENT (AND A FULL UNDERSTANDING OF THE PAYMENT TERMS).**
- **WHO IS FINANCIALLY RESPONSIBLE FOR INTRA-OPERATIVE OR POST OPERATIVE/ TREATMENT COMPLICATIONS WHILE THE PATIENT IS STILL IN THE TREATING COUNTRY?**
- **WHO IS FINANCIALLY RESPONSIBLE FOR POST-OPERATIVE/TREATMENT CARE?**
- **WHO IS FINANCIALLY RESPONSIBLE FOR POST-OPERATIVE/TREATMENT COMPLICATIONS UPON RETURN TO HOME?**
- **CONFORMANCE TO LAWS, REGULATIONS, AND MEDICAL STANDARDS**



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

MEDICAL COMPLICATIONS

WILL THE PATIENT'S OWN HEALTH INSURANCE COVER MEDICAL COMPLICATIONS?

WHAT RECOURSE IS AVAILABLE TO RECOVER DAMAGE FROM A POSTOPERATIVE/TREATMENT COMPLICATIONS?



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

Complications Insurance

MEDICAL TOURISM/TRAVEL FACILITATOR

- **IS TRAVEL MEDICAL TOURISM COMPLICATION INSURANCE REQUIRED OR SUGGESTED?**
- **HAS THE MEDICAL TOURISM/TRAVEL FACILITATOR IDENTIFIED CURRENT OR PROJECTED TRAVEL ISSUES AND EXPENSES?**
- **DOES THE PATIENT'S HEALTHCARE PROVIDER PROVIDE COMPLICATION INDEMNIFICATION INSURANCE, OR DO YOU HAVE TO PURCHASE THIS?**



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

INDEMNIFICATION FOR COMPLICATIONS

ONE OF THE FUNDAMENTAL TURNING POINTS IN A POTENTIAL PATIENT'S DECISION TO SEEK MEDICAL TREATMENT ABROAD IS THE ASSURANCE THAT POTENTIAL COMPLICATIONS WILL BE TREATED IN A SEAMLESS PROFESSIONAL MANNER.

- THROUGH AN INSURANCE COMPANY (COMPLICATION, MALPRACTICE)
- ONE'S OWN INDIVIDUAL FINANCIAL INDEMNIFICATION
- A PHYSICIAN'S NETWORK
- THE TREATING HOSPITAL

• ANOTHER PROVIDER

Insurance &
Indemnification



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

PATIENT DISCHARGE PROTOCOLS

- ALL RECOVERING PATIENTS MUST REMAIN UNDER DIRECT OBSERVATION AND SUPERVISION UNTIL DISCHARGED FROM MONITORED PATIENT CARE.
- A RECOVERY ROOM RECORD INCLUDING VITAL SIGNS, SENSORIUM, MEDICATIONS, AND NURSE'S NOTES IS MAINTAINED.
- WRITTEN POST-OPERATIVE INSTRUCTIONS (INCLUDING THE PROCEDURES IN EMERGENCY SITUATIONS) ARE GIVEN TO AN ADULT RESPONSIBLE FOR THE PATIENT'S CARE.
- PATIENT IS SUPERVISED IN THE IMMEDIATE POST-DISCHARGE PERIOD BY A RESPONSIBLE ADULT FOR AT LEAST 24 HOURS.
- PATIENTS ARE REQUIRED TO MEET ESTABLISHED WRITTEN CRITERIA FOR PHYSIOLOGICAL STABILITY BEFORE DISCHARGE, INCLUDING VITAL SIGNS AND SENSORIUM.
- PERSONNEL ASSIST WITH DISCHARGE FROM THE RECOVERY AREA.
- PATIENT IS TRANSPORTED WITH A RESPONSIBLE ADULT; PATIENTS RECEIVING ONLY LOCAL ANESTHESIA WITHOUT SEDATION MAY TRANSPORT THEMSELVES OR MAY BE TRANSPORTED BY AMBULANCE (OR WHEELCHAIR, GURNEY, IF APPLICABLE) TO A HOSPITAL, INTERMEDIATE CARE UNIT OR RECOVERY FACILITY.



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

RECOVERY CENTER

- MEETS SANITATION REQUIREMENTS
- LESS THAN 30 MINUTES BY CAR OR ON FOOT FROM A HOSPITAL WHERE THE RESPONSIBLE PHYSICIAN HAS ADMITTING PRIVILEGES
- HAS AN AGREEMENT FOR EMERGENCY TRANSPORTATION WITH AND TO SUCH HOSPITAL, AS WELL REGARDING ADMISSIONS PROCEDURES FOR TRANSPORTS FROM THE RECOVERY CENTER
- HAS A REGISTERED NURSE TRAINED IN BASIC CARDIAC LIFE SUPPORT ON DUTY AT ALL TIMES A PATIENT IS PRESENT IN THE RECOVERY CENTER
- HAS THE ABILITY TO MEET PATIENT DIETARY REQUIREMENTS.



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

DOCUMENTATION

TO ENSURE EFFECTIVE COMMUNICATION AND SECURE THE GLOBAL PATIENT/DOCTOR RELATIONSHIP



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

INCOMPLETE DOCUMENTATION

MAY INCLUDE

- **MEDICAL DOCUMENTATION OF PATIENT REFERRAL, PRE-OPERATIVE/TREATMENT, PRE-FLIGHT EVALUATION FROM HOME COUNTRY**
- **LEGAL PAPERWORK REQUIRED TO TRAVEL TO A FOREIGN COUNTRY FOR MEDICAL, SURGICAL OR DENTAL TREATMENTS (MEDICAL VISA)**
- **IMPROPER DOCUMENTATION OF DIAGNOSTIC/ INVESTIGATIVE REPORTS AND TREATMENT ADMINISTERED BY THE MEDICAL TOURISM DOCTOR AND TREATING HOSPITAL**
- **LANGUAGE BARRIER/INADEQUATE TRANSLATION**



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

DOCUMENTATION

- **ALL ACTIONS OF DOCTORS, HOSPITAL/CLINIC, AND PARAMEDICAL STAFF SHOULD BE DOCUMENTED.**
- **UPON RETURN TO HOME COUNTRY MEDICAL RECORDS, INCLUDING DIAGNOSTIC REPORTS/STUDIES, DESCRIPTION AND COURSE OF TREATMENT, PRESCRIPTIONS, AND RECOMMENDATIONS SHOULD BE PROVIDED TO THE LOCAL PHYSICIAN.**



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

REVIEW PRE-TRAVEL CHECKLIST

- **PRE-OPERATIVE/TREATMENT TRAVEL PLANS**
 - INDIVIDUAL ARRANGEMENTS
 - MEDICAL TOURISM/TRAVEL FACILITATOR
 - TRAVEL/MEDICAL TOURISM COMPLICATION INSURANCE
- **QUALIFICATION/CERTIFICATION**
 - MEDICAL TOURISM/TRAVEL FACILITATOR
 - PHYSICIAN, SURGEON, DENTIST, OTHER MEDICAL PROFESSIONAL
 - FACILITY
- **MEDICAL/SURGICAL/DENTAL PROCEDURE/TREATMENT RISKS/BENEFITS**
- **HISTORY/PHYSICAL EXAMINATION**
 - PREOPERATIVE/TREATMENT EXAMINATION AND DIAGNOSTIC TESTING
 - FIT FOR FLIGHT EXAM
- **PREVIEW ACUTE POST-OPERATIVE/TREATMENT CARE PLAN**



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

REVIEW TRAVEL ARRANGEMENTS

LANGUAGE BARRIER ISSUE

ACCESS TO NATIVE SPEAKING LIAISON

INTERPRETERS

PATIENT CONCIERGE



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

PRIOR TO TRAVEL

- REVIEW ANY SPECIAL SECURITY RISKS IN DESTINATION COUNTRY
- CHECK WITH STATE DEPARTMENT PRIOR TO THE FINAL DECISION TO DISEMBARK
- VISA REQUIREMENTS
- EMBASSY CONTACT INFORMATION



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

TRAVEL ARRANGEMENTS

- **TRAVEL PARTNER CONTACT INFORMATION**
- **PATIENT AND TRAVEL PARTNER IMMUNIZATION UPDATES**
- **CONCIERGE CONTACT INFORMATION**
- **CELL PHONE COVERAGE**



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

TRAVEL ARRANGEMENTS

- **TRAVEL CONFIRMATION TO AND FROM DESTINATION**
- **MODES OF TRANSPORT: AIR, BUS, TRAIN, TAXI TO AND FROM MEDICAL TOURISM DESTINATION**
- **PASSPORT**
- **TRAVEL INSURANCE**
- **MEDICAL TOURISM COMPLICATION INSURANCE**



A serene sunset scene with the sun low on the horizon, casting a warm orange glow across the sky and reflecting on the calm water.

The End

CONTINUE....
TEST YOUR
KNOWLEDGE AND
UNDERSTANDING

TAKE
OFFICIAL IBMS TEST
NOW





**IBMS GLOBAL CONTINUING MEDICAL
EDUCATION AND TRAINING INSTITUTE
OFFICIAL TEST**

**AFTER REVIEW OF THE IBMS GUIDELINES TO
MINOR AND MAJOR MEDICAL, SURGICAL AND
DENTAL COMPLICATIONS OF THE MEDICAL
TOURISM PATIENT COURSE PLEASE TAKE THE
OFFICIAL TEST OF 20 QUESTIONS FOR IBMS
GLOBAL CONTINUING MEDICAL EDUCATION
PHYSICIAN-DESIGNATED CATEGORY II CREDIT
2 HOURS (AMA PRA GUIDELINES).**



SELECT THE “BEST” ANSWER.



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT TEST

1. COMPONENTS OF MEDICAL TOURISM ARE

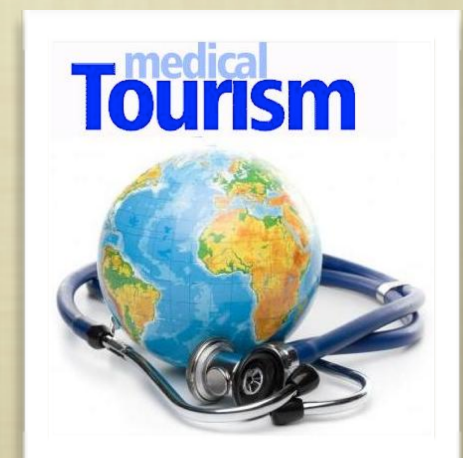
**A. INTERNATIONAL/GLOBAL HEALTHCARE TRAVEL
GLOBAL PATIENT/DOCTOR RELATIONSHIP**

**B. PREOPERATIVE/TREATMENT DIAGNOSIS AND
MANAGEMENT PRIOR TO PATIENT TRAVEL**

**C. POSTOPERATIVE/TREATMENT MANAGEMENT,
REHABILITATIVE CARE AND COORDINATION AMONG
MEDICAL PROFESSIONALS GLOBALLY TO SHARE
PATIENT INFORMATION**

D. ALL OF THE ABOVE

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**2. SECURING THE GLOBAL DOCTOR/PATIENT
RELATIONSHIP REQUIRES ENSURING PATIENT
SAFETY AND PROFESSIONAL INTEGRITY WITH
CLEAR COMMUNICATION AND APPLIED SKILL.**

TRUE/FALSE



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3. ENSURING PATIENT SAFETY REQUIRES THE FOLLOWING:

A. PATIENT INFORMATION

B. MAINTAINING SANITATION, STERILIZATION, ASEPSIS, INFECTION CONTROL, OPERATING ROOM CONDITIONS

C. COMMUNICATION IN THE PATIENT'S LANGUAGE

D. DOCUMENTATION AND COMMUNICATION OF THE MEDICAL RECORD

E. A, B, D

F. ALL OF THE ABOVE



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4. PRE-OPERATIVE/TREATMENT EVALUATION/MANAGEMENT REQUIRES

A. ROUTINE IMMUNIZATION UPDATE BASED ON MEDICAL TOURISM DESTINATION.

B. DISCONTINUANCE OF ALCOHOL CONSUMPTION, ASPIRIN AND NON-STEROIDAL ANTI-INFLAMMATORY DRUGS ONE WEEK AND SMOKING 8 OR MORE PRIOR TO SURGERY.

C. CONTROL OF RESPIRATORY AND CARDIAC DISEASE, MALNUTRITION AND DIABETES MELLITUS DUE TO AN INCREASED RISK OF SURGICAL COMPLICATIONS.

D. FUNCTIONAL ASSESSMENT, REVIEW OF PATIENT'S SOCIAL SUPPORT AND NEED FOR ASSISTANCE AND AMBULATORY AND REHAB HOME EQUIPMENT NEEDS AFTER HOSPITAL DISCHARGE.

E. A, B, C

F. ALL OF THE ABOVE



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5. PRINCIPLES OF SANITATION REQUIRE

A. ALL MEDICAL HAZARDOUS WASTES ARE TO BE STORED IN CONTAINERS DESIGNATED FOR THAT PURPOSE AND SEPARATED FROM GENERAL REFUSE FOR SPECIAL COLLECTION AND HANDLING.

B. MEDICAL HAZARDOUS WASTES ARE DISPOSED OF IN SEALED, LABELED CONTAINERS IN COMPLIANCE WITH LOCAL, STATE, AND NATIONAL REGULATIONS.

C. USED DISPOSABLE SHARP ITEMS ARE TO BE PLACED IN SECURE PUNCTURE-RESISTANT APPROPRIATELY LABELED CONTAINERS LOCATED AS CLOSE TO THE USE AREA AS IS PRACTICAL.

D. A WRITTEN POLICY FOR CLEANING OF SPILLS, INCLUDING BLOOD BORNE PATHOGENS.

E. A, B, C AND D

F. A, B, C



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6. PRINCIPLES OF STERILIZATION REQUIRE

A. INSTRUMENTS USED IN PATIENT CARE ARE STERILIZED AND ARE CLEARLY LABELED AS STERILE.

B. STERILIZER MONITORING RECORDS ARE REGULARLY REVIEWED AND RETAINED FOR A MINIMUM OF THREE (3) YEARS.

C. STERILE SUPPLIES ARE STORED IN CLOSED CABINETS/DRAWERS OR AWAY FROM HEAVY TRAFFIC AREAS.

D. A AND C

E. ALL OF THE ABOVE



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7. ASEPSIS CONTROLS INCLUDE:

A. INSTRUMENT HANDLING AND STERILIZING AREAS ARE REGULARLY CLEANED.

B. DIRTY SURGICAL EQUIPMENT AND INSTRUMENTS ARE SEGREGATED FROM THOSE, WHICH HAVE BEEN CLEANED.

C. CLEANED EQUIPMENT IS IN A SEPARATE PREPARATION AND ASSEMBLY AREA.

D. A WALL SEPARATES THE INSTRUMENT PREPARATION AND ASSEMBLY AREA FROM THE INSTRUMENT CLEANING AREA; OR A WRITTEN POLICY IS IN PLACE TO CLEAN AND DISINFECT AN AREA BEFORE USING IT TO PREPARE AND ASSEMBLE STERILIZED SUPPLY PACKS.

E. OPERATING ROOM(S) IS/ARE DISINFECTED AFTER EACH PROCEDURE.

F. WRITTEN ASEPTIC PROCEDURES TO BE FOLLOWED AT ALL TIMES ARE IN PLACE. SUCH PROCEDURES INCLUDE THE REQUIREMENTS OF USING SCRUB SUITS, CAPS OR HAIR COVERS, GLOVES, OPERATIVE GOWNS, MASKS AND EYE PROTECTION, AND A STERILE FIELD DURING SURGERY.

G. A, B, C AND F

H. ALL OF THE ABOVE



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8. ESSENTIAL EMERGENCY EQUIPMENT INCLUDES

A. EKG MONITOR WITH PULSE READ-OUT

B. PULSE OXIMETER

C. BLOOD PRESSURE MONITORING EQUIPMENT

D. STANDARD DEFIBRILLATOR OR AUTOMATED EXTERNAL DEFIBRILLATOR UNIT (AED) WHICH IS CHECKED AT LEAST WEEKLY FOR OPERABILITY

E. A AND D

F. A, B, C AND D



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9. EACH OPERATING ROOM SHOULD HAVE AN EMERGENCY POWER SOURCE TO OPERATE MONITORING, ANESTHESIA, SURGICAL EQUIPMENT, CAUTERY AND LIGHTING FOR A MINIMUM OF TWO HOURS, AND THIS SHOULD BE CHECKED MONTHLY.

TRUE/FALSE



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10. PATIENT SHOULD BE PROVIDED WITH

A. INTAKE FORMS, MEDICAL RECORDS, AND OTHER WRITTEN COMMUNICATIONS IN THE PATIENT'S NATIVE LANGUAGE.

B. TRANSLATION SERVICES AVAILABLE ON-SITE.

C. INTERPRETERS SHOULD TREAT ALL INFORMATION REGARDING PATIENT AND TREATMENT AS CONFIDENTIAL.

D. WRITTEN PROCEDURES SHOULD BE AVAILABLE TO RESOLVE ANY PATIENT COMPLAINTS ABOUT INTERPRETERS.

E. A, B, C.

F. ALL OF THE ABOVE



IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT TEST

11. PROFESSIONAL INTEGRITY IS DEMONSTRATED BY

A. AVOIDING THE RISK OF INADEQUATE INFORMATION/MISCOMMUNICATION

B. OBTAINING PATIENT DETAILS, CLINICAL CONDITION, PRESENT SYMPTOMS, PAST MEDICAL HISTORY, CO-MORBID CONDITIONS AND DIAGNOSTIC RESULTS

C. REQUESTING PERTINENT DETAILS OF DIAGNOSIS AND EXPECTATIONS OF TREATMENT

D. PROVIDING EXPLANATION OF THE PROCEDURE IN SIMPLE LANGUAGE

E. DEMONSTRATING CREDIBILITY WITH DISPLAY OF CREDENTIALS, ONGOING CONTINUING MEDICAL EDUCATION AND PATIENT SAFETY RECORD

F. A, B, AND C

G. ALL OF THE ABOVE



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12. PRIOR TO TRAVEL

A. PERTINENT MEDICAL RECORDS NEED TO BE TRANSMITTED TO THE MEDICAL TOURISM PHYSICIAN/ SURGEON/DENTIST AND HOSPITAL/CLINIC.

B. ALL MEDICATIONS IN ORIGINAL BOTTLES SHOULD ACCOMPANY THE MEDICAL TOURISM PATIENT.

C. A AND B

D. NONE OF THE ABOVE



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13. POST-DISCHARGE REQUIRES

A. EFFECTIVE EXCHANGE OF INFORMATION BETWEEN THE MEDICAL TOURISM DOCTOR AND THE DOCTOR WITH WHOM THE PATIENT WILL FOLLOW-UP UPON RETURN TO HOME COUNTRY.

B. THE DOCTORS MUST THOROUGHLY COMMUNICATE ALL INFORMATION ABOUT TREATMENT/SURGERY, INCLUDING OPERATION/TREATMENT NOTES, COMPLICATIONS, MEDICATIONS PRESCRIBED AND RECOMMENDED REHABILITATION.

C. A AND B

D. NONE OF THE ABOVE



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14. PERTINENT PHYSICIAN/SURGEON QUALIFICATIONS INCLUDE

A. WHERE A PHYSICIAN ATTENDED MEDICAL SCHOOL, RESIDENCY, AND/OR FELLOWSHIP.

B. BOARD CERTIFICATION IN A SPECIALTY RELEVANT TO THE MEDICAL TREATMENT OR SURGERY.

C. HOW MANY TREATMENTS/SURGERIES OF THE PATIENT'S PROCEDURE THE PHYSICIAN, SURGEON, DENTIST PERFORMS ANNUALLY.

D. THE PHYSICIAN/SURGEON'S COMPLICATION RATE FOR INTENDED PROCEDURES.

E. B, C, AND D

F. A, B, C AND D

QUALIFICATIONS



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15. REVIEW OF HEALTHCARE FACILITY (HOSPITAL/CLINIC/ AMBULATORY CARE CENTER) QUALIFICATIONS SHOULD INCLUDE

A. AFFILIATED HOSPITAL RELATIONSHIPS.

B. COMPLICATION RATE FOR INTENDED TREATMENT/SURGICAL PROCEDURES.

C. ABILITY TO HANDLE ACUTE COMPLICATIONS OR REFERRAL/ TRANSPORT TO ANOTHER LOCATION.

D. WRITTEN POLICIES AND PROCEDURES FOR HANDLING AND INFORMING PATIENTS ABOUT MEDICAL EMERGENCIES AND COMPLICATIONS.

E. PATIENT RECORD FORMS IN PATIENT'S LANGUAGE: PATIENT'S IDENTITY, DIAGNOSES, COURSE OF TREATMENT, CONDITION UPON RELEASE, AND FOLLOW UP INSTRUCTIONS.

F. WRITTEN INFECTION CONTROL STANDARDS FOR HANDLING BIO-WASTE HAZARDS AND DISCARDING USED NEEDLES

G. CRITERIA FOR INTERNATIONAL ACCREDITATION.

H. ALL OF THE ABOVE



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16. A MEDICAL TOURISM/TRAVEL FACILITATOR SHOULD ENSURE

A. CONNECTING PATIENTS TO QUALITY HEALTHCARE PROVIDERS WORLDWIDE.

B. ACCESS TO AN INTERPRETER THROUGHOUT THE TRAVEL AND STAY.

C. 'PATIENT CONCIERGE' IN THE DESTINATION COUNTRY.

D. FACILITATION OF TRAVEL PLANS.

E. AVAILABILITY OF TRAVEL AND MEDICAL COMPLICATION INSURANCE.

G. A COMPLETE UNDERSTANDING OF COST FOR SERVICE PROVIDED.

H. A, C, E, AND G

I. ALL OF THE ABOVE

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17. ONE OF THE FUNDAMENTAL TURNING POINTS IN A POTENTIAL PATIENT'S DECISION TO SEEK MEDICAL TREATMENT ABROAD IS THE ASSURANCE THAT POTENTIAL COMPLICATIONS WILL BE TREATED IN A SEAMLESS PROFESSIONAL MANNER.

INDEMNIFICATION FOR COMPLICATIONS CAN BE ACHIEVED THROUGH

- A. AN INSURANCE COMPANY (COMPLICATION, MALPRACTICE)**
- B. ONE'S OWN INDIVIDUAL FINANCIAL INDEMNIFICATION**
- C. A PHYSICIAN'S NETWORK**
- D. THE TREATING HOSPITAL**
- E. A, B AND C**
- F. ALL OF THE ABOVE**



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18. PATIENT DISCHARGE PROTOCOLS

A. ALL RECOVERING PATIENTS MUST REMAIN UNDER DIRECT OBSERVATION AND SUPERVISION UNTIL DISCHARGED FROM MONITORED PATIENT CARE.

B. A RECOVERY ROOM RECORD INCLUDING VITAL SIGNS, SENSORIUM, MEDICATIONS, AND NURSE'S NOTES IS MAINTAINED.

C. WRITTEN POST-OPERATIVE INSTRUCTIONS (INCLUDING THE PROCEDURES IN EMERGENCY SITUATIONS) ARE GIVEN TO AN ADULT RESPONSIBLE FOR THE PATIENT'S CARE.

D. PATIENT IS SUPERVISED IN THE IMMEDIATE POST-DISCHARGE PERIOD BY A RESPONSIBLE ADULT FOR AT LEAST 24 HOURS.

E. PATIENTS ARE REQUIRED TO MEET ESTABLISHED WRITTEN CRITERIA FOR PHYSIOLOGICAL STABILITY BEFORE DISCHARGE, INCLUDING VITAL SIGNS AND SENSORIUM.

F. PATIENT IS TRANSPORTED WITH A RESPONSIBLE ADULT; PATIENTS RECEIVING ONLY LOCAL ANESTHESIA WITHOUT SEDATION MAY TRANSPORT THEMSELVES OR MAY BE TRANSPORTED BY AMBULANCE (OR WHEELCHAIR, GURNEY, IF APPLICABLE) TO A HOSPITAL, INTERMEDIATE CARE UNIT OR RECOVERY FACILITY.

G. A, B, C AND E

H. ALL OF THE ABOVE



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19. RECOVERY CENTER

A. MEETS SANITATION REQUIREMENTS.

B. SHOULD BE LESS THAN 30 MINUTES BY CAR OR ON FOOT FROM A HOSPITAL WHERE THE RESPONSIBLE PHYSICIAN HAS ADMITTING PRIVILEGES.

C. HAS AN AGREEMENT FOR EMERGENCY TRANSPORTATION WITH AND TO SUCH HOSPITAL, AS WELL REGARDING ADMISSIONS PROCEDURES FOR TRANSPORTS FROM THE RECOVERY CENTER.

D. HAS A REGISTERED NURSE TRAINED IN BASIC CARDIAC LIFE SUPPORT ON DUTY AT ALL TIMES A PATIENT IS PRESENT IN THE RECOVERY CENTER.

E. A AND C

F. ALL OF THE ABOVE



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20. REVIEW OF PRE-TRAVEL CHECKLIST INCLUDES ALL OF THE FOLLOWING EXCEPT

- A. PRE-OPERATIVE/TREATMENT EXAMINATION, DIAGNOSTIC TESTING AND TRAVEL PLANS
- B. MEDICAL TOURISM/TRAVEL FACILITATOR TO COORDINATE TRAVEL AND MEDICAL TREATMENT
- C. QUALIFICATION/CERTIFICATION OF HEALTHCARE PROVIDERS
- D. REVIEW OF MEDICAL/SURGICAL/DENTAL PROCEDURE/TREATMENT RISKS/BENEFITS
- E. HISTORY/PHYSICAL EXAMINATION WITH FIT FOR FLIGHT EXAM
- F. ANTICIPATE ACUTE POST-OPERATIVE/TREATMENT CARE PLAN
- H. ARRIVING AT MEDICAL TOURISM DESTINATION ON THE DAY OF THE PROCEDURE/TREATMENT

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THIS IS AN IN-DEPTH COMPREHENSIVE MEDICAL TOURISM INDUSTRY SPECIFIC COURSE ON IBMS GUIDELINES FOR MINOR AND MAJOR MEDICAL, SURGICAL, AND DENTAL COMPLICATIONS ASSOCIATED WITH THE MEDICAL TOURISM PATIENT

**PASSAGE OF THE OFFICIAL TEST
WITH A SCORE OF 70% OR GREATER
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**THE CERTIFICATION MARK, AS USED OR INTENDED TO BE USED BY PERSONS
AUTHORIZED BY THE CERTIFIER, CERTIFIES THAT THE PERSON PROVIDING THE
MEDICAL SERVICES HAS MET THE STANDARDS, QUALIFICATIONS AND TESTING
REQUIREMENTS ESTABLISHED BY THE CERTIFIER.**

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RECOGNIZED WORLDWIDE

PATIENT SAFETY / PROFESSIONAL INTEGRITY

ENABLING THE PUBLIC TO MAKE INFORMED DECISIONS





BENEFITS OF IBMS CERTIFICATION

**ADDITIONAL PROFESSIONALISM MAY BE ACHIEVED BY BECOMING
IBMS CERTIFIED.**

**IBMS CERTIFIED MEMBERSHIP OF MEDICAL PRACTITIONERS
PRACTICING WITHIN THE GLOBAL HEALTHCARE COMMUNITY.....**

**DEMONSTRATES PROFESSIONAL INTEGRITY BY ESTABLISHMENT AND
MAINTENANCE OF STANDARDS OF PROFESSIONAL QUALIFICATION AS A
PHYSICIAN, SURGEON, DENTIST.**

CREATES GLOBAL VISIBILITY AND CREDIBILITY.

**ENABLES THE PUBLIC TO MAKE INFORMED DECISIONS REGARDING THE
SELECTION AND USE OF PHYSICIANS, SURGEONS, DENTISTS, AND OTHER
MEDICAL PROFESSIONALS PRACTICING WITHIN THE GLOBAL HEALTHCARE
COMMUNITY.**





BENEFITS

IBMS CERTIFICATION/AFFILIATION

✦ **INTERNATIONALLY RECOGNIZED STANDARD OF EXCELLENCE ADDS PRESTIGE TO YOUR PRACTICE.**

✦ **IBMS CERTIFIED MEMBER WILL RECEIVE AN IBMS CERTIFICATE.**

✦ **IBMS CERTIFICATION PLAQUE AVAILABLE FOR PUBLIC DISPLAY.**

✦ **TO LET PATIENTS KNOW OF YOUR PROFESSIONAL ACHIEVEMENT WHILE THEY'RE MAKING UP THEIR MINDS.**

✦ **TANGIBLE PROOF YOU EXCEED GOVERNMENT STANDARDS IN CUSTOMER SAFETY AND PROFESSIONAL INTEGRITY.**





BENEFITS

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- ✦ **USE IBMS CERTIFICATION/AFFILIATION MARK ON YOUR WEBSITE AND ADVERTISING/MARKETING MATERIALS.**
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- ✦ **INCLUSION IN AFFILIATED INDEPENDENT WEBSITES WITH LINKS TO YOUR WEBSITE.**





BENEFITS

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- ✦ **UNLIMITED ACCESS TO THE IBMS PROFESSIONAL NETWORK OF CERTIFIED INTERNATIONAL HEALTHCARE PROVIDERS.**
- ✦ **DIRECT PROMOTION OF YOUR MEDICAL PRACTICE, HEALTH CENTER OR HEALTH TRAVEL.**
- ✦ **PROSPECTIVE PATIENTS CAN SEARCH IBMS MEMBERSHIP SEARCH LIST TO FIND YOU.**





BENEFITS

IBMS CERTIFICATION/AFFILIATION

- ✧ **IBMS HEALTH TRAVEL AFFILIATES AVAILABLE TO COORDINATE PATIENT ARRANGEMENTS.**
- ✧ **INVITATIONS TO IBMS CONFERENCES; PRESENTATION AND KEYNOTE SPEAKER OPPORTUNITIES.**
- ✧ **OPPORTUNITY TO DEVELOP IBMS COURSES FOR INTERNATIONAL PHYSICIANS.**





INTERNATIONAL BOARD OF MEDICINE AND SURGERY (IBMS) PROFESSIONAL ONLINE WEB REGISTRY WWW.IBMS.US

The screenshot shows the IBMS website homepage. At the top is a navigation bar with links: Home, Visitor, About IBMS, Industry Trends, Certification, Affiliation, Media, Blog, FAQ, Contact, Search, and Conferences. A prominent banner features a group of healthcare professionals and text: "Health Providers and Affiliates - For only \$29/year, enhance your Worldwide Visibility and Patient Referrals by Listing with IBMS.. the only Physicians Organization that Certifies Global Health Care Providers". Below this is a "Click Here To Sign Up!" button. The main content area is titled "CERTIFYING THE FINEST HEALTHCARE PROVIDERS IN THE WORLD" and includes a welcome message, a description of IBMS's mission, and information about IBMS certified members. A sidebar on the right displays a list of tweets from David P. Kalin MD MPH (@drkalin), including mentions of international physicians, a meeting in Vienna, and the organization's name.



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The International Board of Medicine and Surgery has been established to provide the general public with access to cost effective and life saving solutions to all manner of illnesses, injuries and/or cosmetic procedures.

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What the medical tourism industry provides is becoming increasingly popular each year. Between the qualified physicians and surgeons that are available to us and the abundant natural beauty of our destinations, tourists can receive quality healthcare and still have enough money left over to immerse themselves in the culture. Those who haven't considered this possibility to date would do well to give it some thought. Our doctors are certified by an international board, IBMS

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There are plenty of reasons for the popularity of the dental tourism abroad allows people to participate in. For starters, those familiar with the cost of something as basic as braces in North America will agree that the potential savings are enormous. The other advantage of travelling to abroad for a procedure is that the international system provides people with options. Individuals seeking medical care have a say in everything from their medical service provider to their healthcare facilities. WE at MTA guide you through each and every decision that you will make. You are never alone.

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Robert Norman, DO, Dermatology, United States

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INTERNATIONAL BOARD OF MEDICINE AND SURGERY

David P. Kalin MD, MPH,
Executive Director

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