

KRAMER ORTHOPEDICS

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GENERAL INSTRUCTIONS FOR SURGICAL PATIENTS

****Please see the last 2 pages of this packet. You must fill out these forms prior to your pre-operative exam.***

What to do before surgery:

- 1) **Stop** taking *Aspirin, Motrin, Advil, Aleve, Vitamin E, St. John's wort, Ginko biloba, Feverfew, Ginseng, Echinacea*, and any *anti-inflammatories* **ONE** week prior to surgery. **Stop** *Glucosamine, Chondroitin* and any **diet pills** **TWO** weeks prior to surgery. (*Celebrex is ok to be taken if prescribed by us.*)
- 2) Stop smoking *five* days prior to surgery. Smokers have *100%* longer recovery time with high risk of failed surgery.
- 3) Take a *multi-vitamin* with at least *500mg Vitamin C* a day for the *week* prior and *several weeks* after surgery. (Taking a multi-vitamin that contains Vitamin E is ok.)
- 4) Take *two Tylenol Extra Strength* 4 times a day, the day *before* surgery to decrease surgical pain.
- 5) Pre-operative check list: (if applicable)
 - EKG** (*All patients >45 yrs old, within 3 months of surgery*)
 - Chest x-ray** (*All patients >65 years old, within 3 months of surgery*)
 - Pre-operative clearance** by a primary care physician (*Recommended depending on current medical status*)
 - Complete Blood Count and Complete Metabolic Panel** (*All patients >65 yrs old, with in 3 months of surgery*)
 - Cold Therapy Unit** (if applicable)
 - CPM Machine (Continuous Passive Motion)** (if applicable)
 - My **pre-operative** appointment is on: _____
 - My **post-operative** appointment is on: _____
 - My surgery is scheduled for: _____ Time: _____ **
 - ** (Surgery time available the day before surgery for surgeries at Newport Center Surgical 949-706-6300. For surgeries at Hoag Surgicare Fashion Island surgery time will be provided at the pre-operative appointment.)**
- 6) There will be a *non-refundable fee* of **\$150.00** for any surgeries that are *cancelled* or *rescheduled*.
- 7) Some surgeries require an *Assistant Surgeon* and you will receive a *separate bill*. **THIS MAY NOT BE COVERED BY YOUR INSURANCE COMPANY.**

The Pre-Operative Instructions:

- 1) You will be asked if you have any allergies and for a complete list of medications you take. **Please let us know of any rashes, cuts, abrasions, or infections you may have.**
- 2) **If you have any history of excessive snoring, breathing problems, or sleep apnea, even years ago, this needs to be evaluated prior to surgery.**
- 3) **Do not shave** the extremity two days prior to surgery. On the morning of surgery, shower with cleansing soap from head to toe.
- 4) Pre-arrange your home environment for your convenience after surgery. Establish where you will recuperate (your bed, living room sofa, a reclining chair, or in the guest room). For shoulder surgeries, it is often most comfortable to sleep in a "beach chair" position, reclining chair, or place cushions against the head board of your bed.
- 5) Dress in comfortable clothes for the trip to the surgery center and for recovery. You must have someone take you to and pick you up from the surgery center.
- 6) Do not eat or drink anything (**including water**) after midnight before surgery to prevent vomiting while you are anesthetized, unless you are instructed differently from the anesthesiologist. If you take medications for blood pressure or anxiety you may take them with small sips of water the morning of surgery.

Post-Operative Instructions:

- 1) Your caretaker will be notified as soon as the surgery is finished and may see you in recovery in **20-30 minutes**
- 2) **Do not remove dressings for 2 days (48 hours)**; however, you may adjust the ace bandage if it feels too tight. After 48 hours, you may remove your dressings. *Do not be alarmed if your dressings are fairly bloody.* Also, the cold therapy pad may cause the area to be moist. **Leave the steri-strips** (white pieces of tape covering the incision) in place. You may let the shower water run over the steri-strips. **Please no baths for 10 days** because the incisions should not be soaked in water during that time.
- 3) You should **get up and walk every few hours and take deep breaths** to prevent pneumonia, bed sores, blood clots and a myriad of other complications. For lower extremity surgery, you will be able to get around on crutches.
- 4) You should apply ice to the operative site after surgery to reduce pain and swelling. For knee and shoulder surgeries, we recommend use of the cold therapy unit* in place of ice. **Remember to always have something between your skin and the ice/cold therapy pad, a clean T-shirt or thin dish towel is adequate.** Plan to have the cold therapy unit up to 5-7 days after surgery.

****THE COLD THERAPY UNIT MAY NOT BE COVERED BY YOUR INSURANCE COMPANY.**

- 5) You may experience constipation post-operatively from inactivity and pain medicine. You will benefit from increasing your fluid intake to 1 1/2 quarts of juice or water per day. Stool softeners or mild laxatives are recommended, such as Colace or Senokot.
- 6) Except in all upper extremity (shoulder) surgeries and ACL reconstruction, take one **325mg Aspirin tablet daily beginning the day after surgery for at least 2 weeks. It helps prevent formation of blood clots and phlebitis.** *Do not take aspirin if you have a history of stomach ulcers, internal bleeding, intolerance to aspirin or are taking Lovenox (this thins your blood).*
- 7) *Elevate* your affected limb to the level of your heart to reduce pain and swelling. Make sure to take it easy for the first week following surgery.
- 8) Pain medications are prescribed at the pre-operative appointment.
- 9) Keep the **steristrips in place for 7-10 days.** Do not apply anything to the wound. Use a band aid to cover the wound. Keep the wound covered until it is healed. Change the ointment and covering every day or two. When showering, remove the bandage and replace with a clean one after the shower. Do not pick at the wound as you may increase the chances of additional scar. Keep the scar out of the sun or covered with sunscreen for 6 months. After healing is complete, you may massage the scar gently but firmly with the tips of your fingers to soften the scar and help minimize its appearance
- 10) If you have any of the following problems call the office immediately. If you cannot contact me or my staff, go to the emergency room to have the situation checked: **fever, chills or inordinate pain, excessive bleeding through the dressing, * calf or leg pains that make it difficult to walk, * numbness, coldness or tingling in the foot, chest pain, signs of infection including red streaks or pus from the wound.**

**UNDERSTANDING THROMBOEMBOLIC (BLOOD CLOT) COMPLICATIONS THAT CAN FOLLOW
ARTHROSCOPIC OR RELATED KNEE SURGERY, AND WHAT CAN BE DONE TO HELP PREVENT THEM
(Lower Extremity Surgery Only)**

Blood clots in the veins of the lower extremities can and do periodically occur following lower extremity injury and/or surgery. Just about anything that slows someone down routine significantly and restricts both body movement and use of the lower extremities can increase the likelihood of developing a blood clot in the deep leg veins. A few of these clots break free and migrate up to the lung, at which point the condition becomes life-threatening and is referred to as a “pulmonary embolism” (blood clot in the lung).

Every patient who undergoes lower extremity surgery is at some risk for thromboembolic (blood clot) complications.

In recent years, however, clinical research studies have determined that even following less involved procedures such as outpatient knee arthroscopy, the incidence of one or more deep vein clots forming in patients’ legs is anywhere from 3 to 18%, within the first few weeks following surgery. Blood clots do not always manifest themselves by causing symptoms.

In the United States, it is not yet the accepted “standard of care” to routinely administer blood-thinning anti-coagulation to all knee arthroscopy patients after surgery. A few surgeons are now recommending routine post-arthroscopy, prophylactic anti-coagulation. It is important for our patients to understand: A) what can be done to reduce the risk of thromboembolic post-surgical complications through the use of anti-coagulant medication, and Betamethasone) the risks of anti-coagulation treatment.

A more effective (as compared with aspirin) blood-thinning treatment that administered daily (usually for one to two weeks) “low molecular weight heparin” by way of self-administered, subcutaneous (beneath the skin) injection, is shown to significantly reduce (usually by at least one half) the risk of post-operative blood clots forming in the lower extremities. Risks posed excess bleeding at the operative site, bleeding at other sites such as a G.I. ulcer or epidural/spinal anesthetic puncture sites and adverse medication reactions including a dangerously low blood platelet count. Spontaneous epidural bleeding has even been known to occur (rarely), with use of anti-coagulation medication, therefore many common anti-inflammatory medications (Advil, ibuprofen, Aleve, etc) should not be taken along with this blood thinning agent.

Patients who meet the following criteria should generally not receive anti-coagulation treatment:

- Any bleeding disorder
- Allergy to pork or heparin
- History of hemorrhagic stroke
- History of ulcerative G.I. disease
- Taking platelet inhibitor medications
- Proliferative retinopathy
- Prosthetic heart valve in place
- Abnormally low platelet count
- History of reduced platelet count in response to heparin

If you do not meet any of the above criteria for avoiding anti-coagulation treatment and wish to take the precaution of giving yourself blood-thinning medication injections after surgery please checking the appropriate box below. We can supply you with the medication and teach you how to administer it or provide you with a prescription for the medication and a teaching kit. Please inform us of what method you prefer.

To help you decide, under age 35, with no history of blood clotting problems, do not smoke, or take birth control pills, not overweight, and not undergoing lengthy surgical procedures you are in a “low” risk category. “Medium” risk category, age over 50, a prior personal or family history of blood clot problems, use of birth control pills, smoking, obesity, and estrogen replacement therapy. Prophylactic anti-coagulation treatment is not yet considered “standard care” (except in patients who have an established history of excessive blood clotting and related complications), your medical insurance carrier may not cover the cost. Our current “bottom line” opinion is that you will be at lower risk for life-threatening complications with the injectable blood thinner treatment than without it.

I have read the above and understand the risk and complications involved.

Print Name: _____ Signature _____ Date _____

