



PRE-OPERATIVE INSTRUCTIONS

Patient: _____

DATE OF SURGERY: _____ ☐ Out-Patient ☐ In-Patient

Location: UofL Health South Hospital. 1903 W Hebron Lane Shepherdsville, KY 40165.

☐ **Phone PRE-ADMISSION TESTING**

****Must be done within 14 days of surgery****

Call **(502) 587-4745 option #2** to set up a phone evaluation.

☐ **In Person PRE-ADMISSION TESTING**

****Must be done within 14 days of surgery****

Call **(502) 587 4745 option #2** to schedule.

Jewish Hospital South - 1903 W Hebron Lane Shepherdsville, KY 40165

☐ **Medical Clearance** – You must provide a note from your primary care physician stating you are “medically cleared to undergo surgery”, with any additional recommendations.

☐ **Cardiology Clearance** - You must provide a note from your cardiologist stating you are “medically cleared to undergo surgery”, with any additional recommendations (specifically when/if blood thinners can be stopped, and when to resume them after surgery)

Fax all required medical documents to Megan Graf at **(502) 955-3313** or email at **megan.graf@uoflhealth.org**.

PRIOR TO YOUR SURGERY

Schedule Physical Therapy – An order for physical therapy will be placed when your surgery is scheduled. Expect a call from the Frazier Rehab Physical Therapy team. For knee and hip patients, please schedule your first physical therapy session 24-72 hours after your surgery date. For shoulder patients, please schedule your first physical therapy session 1-2 weeks after your surgery date. Frazier has several locations around the greater Louisville, Shepherdsville, and Southern Indiana area. If you wish to undergo therapy with a different therapy provider, please let Dr. Richards' team know so an order and protocol can be provided.

Dr. Richards will specify which of his postoperative protocols should be used in his operative report. Any protocols provided during preoperative visits may change depending on intraoperative findings and procedures performed.

1. **Discontinue** all oral anti-inflammatory medications, diet pills, vitamins, or herbal supplements **ONE WEEK** (a full 7 days) prior to your surgery

- | | | |
|-------------|-------------|-------------------|
| • Advil | • Celebrex | • Garlic |
| • Aleve | • Mobic | • Ginko |
| • Aspirin | • Meloxicam | • Ginseng |
| • Motrin | • Ephedra | • Kava |
| • Ibuprofen | • Echinacea | • St. John's Wort |
| • Naproxen | | |

2. **Discontinue** all blood thinners a full **FIVE DAYS** prior to your surgery. This includes Coumadin, aspirin, or any products containing aspirin. Discontinue Plavix **SEVEN DAYS** prior to surgery. **The doctor that prescribed these blood thinners must approve of you stopping the use of them.** Call your doctor for approval.

****If you have any questions about what you can and cannot take, please contact our office.**

3. **Bathe or shower** with soap and water the **night before or the morning of surgery**.

4. **FMLA/ Disability forms** should be faxed to **Amy Flannery** at **(502) 955-3313** or emailed to **amy.flannery@uoflhealth.org**.

5. **Prescriptions**

- Prescriptions are typically sent to your documented pharmacy 24-48 hours preoperatively. Please confirm the hospital has your appropriate pharmacy on record during pre-admission testing. Please pick up prescriptions prior to your day of surgery, if able.
- Postoperative prescriptions are intended to be multimodal in nature to decrease opioid use. Prescriptions are subject to change on a patient-by-patient basis but typically include:
 - Pain and anti-inflammatory medications
 - Oxycodone tablets (*considered a **narcotic/ opioid medication***)
 - Ibuprofen (Motrin) tablets
 - Acetaminophen (Tylenol) tablets
 - Blood clot (DVT) prophylaxis
 - Aspirin 81 mg twice daily for 30 days
 - Muscle spasm
 - Cyclobenzaprine (Flexeril) tablets
 - Nausea/ vomiting
 - Ondansetron (Zofran) dissolvable tablets
 - Constipation prophylaxis (to be taken in conjunction with narcotics/ opioids)
 - Docusate
 - Calcium/ Vitamin D supplementation to encourage bone and/or bone-soft tissue interface healing.
- Please make Dr. Richards aware of any baseline kidney or liver problems or medication allergies.
- Please refer to instructions on each individual prescription bottle for dosing.
- Do not combine narcotics with alcohol, benzodiazepines, or other depressants.
- **Please maximize ibuprofen and acetaminophen use** to minimize the amount of narcotic/ opioid needed in the postoperative course. **Limit opioid use** to within the first 1-2 weeks postoperatively and **aggressively wean** after the first 3-5 days. No more than 2 prescription refills will be provided unless there are extenuating circumstances.
- **Ice and elevate** the extremity. **Cold therapy units** can be advantageous in the early postoperative course to decrease opioid use. While these are typically not covered by insurance, there are several regional suppliers from whom they can be purchased. Please ask a member of our staff for more information.
- If you are under the care of a **pain management physician**, you **MUST** inform our staff, and provide us with the name and contact information of your physician
 - Please let your pain management physician know you are undergoing surgery.
 - We will prescribe you a **short course** of pain medication deemed necessary for the surgery you are undergoing. Please make Dr. Richards and his team aware of your baseline pain regimen so a short course of appropriate strength can be provided.
 - Please plan to maximize a multimodal pain regimen in addition to your prescribed narcotic.

DAY OF SURGERY INSTRUCTIONS

DATE OF SURGERY: _____ ☐ Out-Patient ☐ In-Patient

LOCATION: Jewish Hospital South, 1st Floor, Registration

You must **check-in upon arrival

ARRIVAL TIME: You will be called the **day before** your surgery with your **arrival time**; OR schedules vary based on room availability, case complexity, and emergencies.

DAY OF SURGERY

1. ****DO NOT EAT OR DRINK ANYTHING 8 HOURS PRIOR TO SURGERY START TIME**

This includes **water, candy, gum, ice, and mints**.

- You may brush your teeth, but do not swallow any water.

Failing to abide by this may result in **cancellation** of your surgery as it can increase your risk of aspiration and pneumonia.

2. If you take **blood pressure, reflux, or thyroid** medication, you should take **only** those medications with a **small sip** of water.

***Do NOT** take any other medications the morning of surgery, unless explicitly told to do so

3. **CHECKLIST of what to bring and wear/not wear:**

☐ Bring a list of **medications** (amount and daily dosage) **AND** a list of any **drug allergies**.

☐ You **MUST** bring your **driver's license AND insurance card**.

☐ Bring any special devices such as **crutches, walker, bracing, etc.** if given to you prior.

☐ **Do NOT** wear any makeup, nail polish, creams, or lotions on any part of your body.

☐ **Do NOT** wear contact lenses, bring glasses if needed.

☐ Bring a container for any removable or loose **dentures, partials, or bridges**.

☐ Please wear loose-fitting attire that is easy to take on/off.

- Lower-extremity surgery: sweatpants, track pants or shorts

- Upper-extremity surgery: button up or zipper shirt

☐ Bring **someone to drive you home after surgery** – you cannot drive yourself or use public transportation

4. **Timeline/what to expect:** 5-6 hours total.

a. **Check-in → pre-op holding** (meet nurses, Anesthesiologist, brace specialist and see Dr. Richards)

- IV is placed and medications administered.

b. **Pre-op holding → operating room** (if needed, nerve blocks administered before OR)

c. **Surgery** (surgical nurses will keep family updated during surgery)

d. **Operating room → acute recovery room** (family in designated waiting area at this time)

e. **Recovery room → post-op holding** (family allowed back, will be given post op information)

Discharge home (outpatient surgery) or **to hospital floor** (inpatient surgery)