



# South Orange County Orthopaedics, Inc.

## Frequently asked questions about surgery

Undergoing surgery can be a very stressful event. We have compiled the following in an attempt to make the process less anxiety provoking.

### What medications should I stop taking prior to surgery?

- You should continue necessary medications to retain a baseline steady state blood level of chronic medications. These include: blood pressure, cardiac (heart), epilepsy (seizure), hormone replacement, ulcer, antibiotics, narcotics (pain), benzodiazepines (anxiety) medicines.
- Oral diabetes medication is not taken the day of surgery.
- Diet drugs should be discontinued 2 weeks prior to surgery as they may result in rebound blood pressure issues.
- Aspirin should be discontinued 10 days prior to surgery and all other anti-inflammatory medications (motrin, ibuprofen, aleve, advil, naprosyn etc.) should be stopped 3 days prior to surgery to reduce bleeding.
- All herbal supplements (not vitamins) should be stopped 1 week prior to surgery.
- Rheumatoid medications are as follows: methotrexate and leflunomide continue prior to surgery but hold 1-2 doses after for moderate procedures (most orthopaedic cases); sulfasalazine and hydroxychloroquine can be continued; TNF antagonists should be held 1 week prior to surgery and restarted 10-14 days after surgery; IL-1 antagonists should be held 1-2 days prior to surgery and restarted 10 days after surgery.

### What should I eat or drink before surgery?

- You should eat a well-balanced meal the evening prior to your surgery. A glass of alcoholic beverage is allowable.
- After midnight prior to your surgery you should not consume any food or beverage. It is ok to brush your teeth and rinse and to take your pre-approved medicines with a sip of water.
- ANY other intake may cause your case to be delayed or cancelled.

### What do I need for a preoperative workup?

- If you are over 45 you will require a pre-operative chest X-ray, an EKG (heart monitor tracing), and a complete blood count lab.
- All patients with history of smoking or asthma require a chest X-ray regardless of age.
- All females of childbearing age will require a pregnancy test.
- Certain procedures require additional laboratory work. For example, total joint replacement requires a chemistry panel, complete blood count, coagulation studies, urine analysis and a type and cross in case blood transfusion is necessary.
- Certain health issues require additional work-up and may need to receive clearance from their internal medicine doctor or other specialist depending on the nature of their condition.

## What about blood transfusions?

- Most orthopaedic procedures do NOT require blood transfusion and we employ the most up to date techniques to minimize blood loss. While blood transfusion is safe we take great effort in attempting to prevent the need for transfusion.
- The Paul Gann Act requires that “whenever there is a reasonable possibility, as determined by a physician and surgeon, that a blood transfusion may be necessary as a result of a medical or surgical procedure, the physician and surgeon, by means of a standardized written summary as most recently developed or revised by the State Department of Health Services pursuant to subdivision (e), shall inform the patient of the positive and negative aspects of receiving autologous blood and directed and nondirected homologous blood from volunteers. For purposes of this section, the term “autologous blood” includes, but is not limited to, predonation, intraoperative autologous transfusion, plasmapheresis, and hemodilution”
- If blood transfusion is necessary the American Red Cross tests for HIV 1& 2 (viruses that cause AIDS), hepatitis B and C, human T-cell lymphotropic viruses 1&2 (HTLV), ALT (a liver enzyme) and syphilis. The risk of Hepatitis C is 1 in 103,000 and for HIV it is 1 in 676,000. All others are an even lower risk.

## How should I prepare for surgery?

- The night prior please shower with Hibiclenz® soap (or chlorhexidine gluconate generic solution) which may be obtained at any pharmacy. This reduces the bacterial load you naturally have on your skin and therefore decreases your operative infectious risk.
- Have the refrigerator stocked with easy to prepare meals and plenty of fluids.
- Wear loose comfortable apparel.
- Leave all jewelry at home.
- Bring contact solution and a case if you wear contacts.
- Make your home safe for your return by removing objects that you might trip on (throw rugs, mats etc) especially if you are having lower extremity work done.
- Allow for plenty of time to arrive at the hospital/surgery center on time.
- If you have the sudden onset of illness (cold, flu etc.) please notify us, as it is unwise to proceed with an elective case in the face of impending illness.
- If you are or may be staying overnight: bring reading material, music, and comfortable departure apparel (loose fitting as bandages may add bulk to the site operated upon).

## What should I bring on the day of surgery?

- Insurance card/Workman’s Compensation information
- Knee patients:
  - Crutches (if you already have some)
  - Knee brace you have been using
- Shoulder Patients
  - Loose fitting button-up shirts

## What happens when I check in for surgery?

- Expect to be placed into a surgical gown and cap and have all jewelry (hopefully you read above and left it at home), dentures, and prescriptive eyewear removed.
- An intravenous line will be started (likely in your arm) so that pre-operative antibiotics and intra-operative fluids may be delivered.
- Pre-operative antibiotics are: ancef 1-2 gram IV and/or vancomycin 1gram IV. Cross reactivity between a true penicillin allergy (anaphylaxis) and ancef is approximately 0.01-0.001% so it may be given with a questionable history of penicillin allergy but otherwise, clindamycin 600-900mg IV will be substituted (at my discretion/direction).
- You will have the opportunity to meet your anesthesiologist and discuss your anesthesia.

## What about postoperative pain?

- Nobody wants to have pain but unfortunately it does occur with surgery. We will make every effort to minimize your discomfort.
- For larger procedures (ex: total joint replacement) expect pre-operative celebrex 200-400 mg which should be continued at least 10 days post-operatively (please notify if you have a sulfa allergy as you should not take celebrex and unfortunately there currently is not a good substitute), oxycontin (dose varies), dexamethasone (dose varies), Tylenol 650mg, reglan 10mg, and pepcid 20mg. zofran 4 mg IV every 4 hours after surgery as needed.
- If prone to post-operative nausea and vomiting (previous history, history of motion sickness etc.) please request a scopolamine patch.
- Local anesthesia will be administered in most cases (1/4%-1/2% marcaine with/without epinephrine depending on site)
- For joint replacement an intracapsular injection is administered for pain control. It consists of ropivacaine or bupivacaine, morphine, toradol, and epinephrine.
- The above medications are provided so that you may review them and notify us if you have had an adverse reaction to any of them.

## What do I need to know when I'm discharged?

- Before being discharged home we expect your pain to be well controlled. You need to be free of nausea or vomiting, be able to tolerate food, and be able to void (urinate).
- You should be aware of your weight bearing status (can you place weight on operative site).
- You should be able to demonstrate the appropriate use of crutches if indicated.
- Your dressing should be clean and dry.
- You should have your pain medications or its prescription in hand.
- Please note that should you have pain prior to your next scheduled dose of narcotic, in most cases it is acceptable to take an anti-inflammatory (motrin, ibuprofen, naprosyn, aleve, advil etc. [not Tylenol see below]). The first phase of healing is inflammation and while it has been demonstrated that anti-inflammatories can impede (slow) healing and may in fact cause non-union. We feel it is safe to use them in moderation in most cases. You will be informed if you should avoid them given your specific situation.
- When appropriate you should have your "blood thinning" medication (arixtra, lovenox, fragmin, coumadin, or aspirin) to prevent blood clots.
- If you are susceptible to constipation we recommend over the counter colace. Narcotics (pain medicines) tend to cause constipation.
- If you are prone to nausea please request an anti-emetic.
- Please ice area for the first day to two. Apply ice 20 minutes on, 20 minutes off as needed. Swelling is very common with orthopedic surgery.
- You are encouraged to move your digits (toes or fingers) for most cases. If you are unable to do so without excruciating pain, you should notify us immediately.
- After 3 days (total 72 hours) it is acceptable for most procedures to remove your dressing and shower. Then pat the incision dry and apply a dressing (gauze and tape). If you have a splint or cast leave it intact and keep it clean and dry. For showering use a plastic bag, cling wrap and tape. An alternative is to visit [www.Drycast.com](http://www.Drycast.com) to obtain a waterproof dressing. If you have a waterproof dressing applied (only certain situations) you may shower with that dressing. You will be notified of your dressing status.

- Should you have a temperature greater than 101 degrees Fahrenheit, worsening pain, feelings of lethargy, increasing redness or drainage, these may be signs of an infection. Please call us and describe your situation. Most fevers after surgery are not from infection. If you have a low grade temperature (<100.5F) we recommend Tylenol 650 mg every 4 hours but please beware of your daily acetaminophen consumption. Your narcotic will be listed as 5/500 or some other combination. The second number is acetaminophen. Your total daily intake should not exceed 4000 mg. We also recommend deep breathing exercises after surgery.
- Typically post-operative follow up is 10-12 days after surgery. Please call for an appointment if one has not already been arranged. 949-364-2154.
- We recommend Vitamin D 800 International Units (IU) per day, and Calcium 1500 mg/day. These are industry standards to prevent osteoporosis and while they have not been demonstrated to decrease healing time, they can only help not harm.
- We recommend Vitamin C 500 mg per day for 2 months which has been demonstrated through reputable studies to decrease the incidence of complex regional pain syndrome.

### What are the risks of surgery?

- Please remember, the operating room is a very safe environment. We are required to fully inform you of all the complications that may occur (even if rare) not in an attempt to scare you but so that you may make a fully informed decision. The truth is you are in greater peril when driving on California freeways than you are in the operating room. Common risks to any orthopaedic surgery are: bleeding, vessel damage, nerve injury (motor and sensory), infection, mal-union (not healing a fracture in the correct alignment), non-union (not healing a fracture), tendon or ligamentous injury, decreased range of motion, pain syndrome, decreased strength or function, wound problems, deep venous thrombosis (blood clots in vessels), pulmonary embolus (blood clots or fat globules sent to the lungs), stroke, pneumonia, cardiac events (heart attack or heart failure), possible loss of limb and death. Occasionally additional surgeries may be required. With most elective procedures in healthy individuals, these risks are very small. Health issues can increase your risks so it is important that you are very forthcoming with all of your health history. Tobacco use, diabetes, immune system disorders and other factors do impair healing and often alters the treatment care process and may even cause your surgeon to choose a different implant device or treatment tailored to your healthcare needs.

Please feel free to ask any questions that we have not addressed. This information is provided not to prevent dialogue between you and your surgeon but to encourage it.