

University Orthopaedic Center

BEFORE SURGERY

Knowing what to expect about surgery can provide comfort to both you and your family. Please use the following information as a guideline. You should be emotionally and physically prepared for surgery and the recovery process. Schedule surgery at a time that suits both you and your family/care provider's needs.

PRIOR TO SURGERY

Our surgical coordinator will notify your insurance company of your upcoming surgery. We will make every effort to pre-authorize your surgery and provide any requested information. **All scheduled surgery dates are subject to change pending insurance authorization.** For certain surgical procedures, the pre-authorization process can be challenging and frustrating. Occasionally, surgeries will need to be postponed if your insurance company requests further information or requires a physician peer to peer phone call.

Surgery Authorization/Changing Surgical Date

Please call the surgical coordinator if you have questions about surgery authorization or need to change your surgery date.

University Orthopaedic Center: 801-587-7187 (Frankie)

Financial Information

It is your responsibility to communicate with your insurance company to determine your responsible financial charges. We are unable to tell you what your co-pay or deductible may be.

UUOC: A financial advocate can tell you an estimated cost for the surgery based on the current procedural codes. They may be contacted at (801)587-5374. This is only an estimate based on similar procedures and the final cost may be different.

OPTIMIZE YOUR HEALTH

- Being in the best possible health decreases risk of complications both during and after surgery.
- Exercise and a healthy lifestyle is very important.
- Quit smoking.
- If you feel you need additional guidance, please ask one of our team members for more information.

PRE-OPERATIVE LAB WORK AND ASSESSMENT

- If you have any significant medical conditions, you may need to see your medical doctor prior to surgery. If you have several medical problems, you may need to have your medical doctor give you clearance for surgery before your surgery can be scheduled.
- If you have multiple medical problems, you may need to get medical clearances before picking a surgery date.
- Pre-op nurses will need to collect medical history information from you prior to surgery.
- Critical issues to consider (May require additional testing prior to surgery):
 - **Notify your surgeon about any prior blood clots/pulmonary emboli or family history of blood clots.**
 - Heart or lung problems (past or present)
 - Kidney problems
 - Stroke (CVA)
 - Diabetes

- Blood thinners (Coumadin, Plavix, Ticlid, Pradaxa or Effient) You must contact your prescribing physician and/or surgeon for further instruction.
- Any cold/cough symptoms within 6 weeks of surgery.
- Rheumatoid arthritis medications (these **may or may not** need to be stopped for 2-3 weeks)
- Taking Aspirin or non-steroidal anti-inflammatory medication such as ibuprofen, Advil, or Naproxen (you **may or may not** need to stop these 1 week before surgery)

Surgery at University Orthopaedic Center:

- Please call the Pre-op nurse 2 weeks before your surgery to review your health history, 801-587-5343
- You may be asked to see your medical doctor prior to surgery or be asked to have your blood drawn within 30 days of your surgery day. Your blood can be drawn by a MA or nurse in clinic or an outside lab.
- Any surgical supplies that you may need the night before surgery will be provided by our surgery coordinator.

MEDICATIONS/ALLERGIES

- If you take narcotic pain medications, it is likely your body has tolerance and your pain may be more difficult to control after surgery.
- If you are under a pain contract, please inform the surgical coordinator and Dr. Aoki. Also, you will need to contact your Pain Management clinic or person you are under contract with to let them know about your upcoming surgery so that they can adjust medications if needed.
- If you can, decrease your use of narcotic pain medications as much as possible so that we can use effective medications to control your pain after surgery.
- Do not take anti-inflammatory medications (e.g. Ibuprofen, Motrin, Advil, Aleve, etc.) for 1 week prior to your procedure, unless otherwise directed by your physician.
- Tell your healthcare team about any allergies you have (including latex, soap, tape, or food, etc.).
- If you get your prescriptions through the VA, please let the surgical coordinator know prior to your surgery, Frankie, 801-587-7187

PLANNING FOR YOUR CARE

Preparing YOURSELF

- Arrange for a responsible adult (over age 18) to drive you home from surgery. You WILL NOT be allowed to drive home or to your hotel. Surgery is subject to cancellation if you do not provide a responsible ride home.
- DO NOT use tobacco or any other drugs at least 24 hours prior to surgery. If you continue to smoke, you are slowing the healing process which may lead to less than desirable results and can increase your risk of infection. If you use drugs, anesthesia may cancel your surgery.
- It IS OKAY to brush your teeth the morning of surgery provided nothing is swallowed.
- Do not eat food after midnight the day before surgery.
- If your surgery is before 11:00 am, do not drink anything after midnight the day before surgery.
- If arrival time is later (after 11:00 am), you may have ONLY clear liquids such as water, sports drinks, broth or Jell-O in the morning ONLY UP TO 4 HOURS before arrival. For example, you can drink water until 9 am if you are scheduled to arrive at the hospital at 1:00 pm.
- If you drink milk or juices with pulp, your surgery will be cancelled.
- If you drink liquids less than 4 hours before your arrival time, your surgery may be cancelled.
- Drink a lot of water 1-3 days before surgery. It will be easier to start your IV and you will feel better after surgery.
- Makeup and nail polish must be removed prior to surgery. Acrylic and gel nails are okay.

Preparing your HOME

- Arrange for a responsible adult to stay with you for **at least 24 hours** following surgery. You may need help for the first week after surgery.
- Consider your floor plan/stairs.
- Get crutches and practice with them before surgery. This is very important if you have stairs in your house.
- Remove throw rugs and/or cords to clear pathways to avoid falling.
- Create an emergency plan with a trusted neighbor if you will be alone after surgery.
- Stock up on groceries for 1-2 weeks. Frozen or simple meals and snacks work.
- Think about ways to keep yourself entertained such as movies or books
- Arrange for any child/pet care ahead of time if necessary.

PATIENT CHECK-LIST

University Orthopaedic Center

The Day Before Surgery

- Call the surgery location between 2:15 p.m. and 5 p.m. for your arrival time the following day. They will inform you of what time to arrive for check-in on the day of surgery. Do not be late, as your surgery could be delayed or cancelled.
 - University Orthopaedic Center: **(801)587-5373**
 - Check-in times are usually 1.5-2 hours before scheduled surgery time.
- Please shower or bathe prior to coming in for surgery. Be cautious when shaving around the surgical site prior to surgery because you could cut yourself and get an infection.
- Notify your surgeon's office if you feel ill within 24 hours prior to surgery.
- Prepare to have a family member/responsible adult available to speak with the surgeon **IMMEDIATELY** after surgery.

Things to Bring to the Hospital

- Bring all equipment and paperwork your surgeon/surgeon's office may have given you prior to surgery. This includes crutches, binder, etc.
- Bring this binder and any paperwork that you have received from your doctor's office
- Driver's license
- Insurance cards
- Co-pay/deductible payment
- Method of payment for surgery and prescriptions
- Advance directive (living will), etc. *Advance directive is not required, but we strongly recommend completing one BEFORE surgery if you have any concern about this.*
- Please bring a **LIST OF ALL MEDICATIONS** you're taking, including herbal and over the counter.
- If you have asthma, bring your inhaler(s).
- If you have sleep apnea, bring CPAP.
- If you needed medical clearance from your cardiologist or family physician prior to surgery, bring all lab work, EKG's, and any medical documentation with you.
- Dress comfortably the day of surgery. Wear loose fitting pants that will allow for leg braces.
- Skid-proof slippers/tennis shoes to wear home.
- Toiletries.

Things to Leave at Home

- Large amounts of money and all other valuables.
- Jewelry is not allowed, including all body piercings and wedding rings.
- Contact lenses are not allowed, wear your glasses or bring your contact lens case.

*All items are your responsibility if lost.

SURGERY

DAY OF SURGERY

Before Coming to the Surgery Center

- Remember to follow your instructions about eating and drinking prior to surgery.
- You may brush your teeth and rinse your mouth, but do not swallow.

Where to Report on the Day of Surgery

- **University Orthopaedic Center**
- **Parking: [Please View Map](#)**
- **Check-in:** Sign in at the surgery check-in located on the first floor.

Once You Arrive at the Hospital/Surgery Center

- At the check-in desk, staff will review your name and birthday. You will read information about having surgery and sign papers.
- Once in the pre-op area, an identification band will be placed. You will change into your hospital gown.
- A limited number of visitors will be allowed in the pre-op area.
- A nurse will help you get ready for surgery. This may include vital signs, starting an IV, and skin preparation.
- You will meet the anesthesia provider or anesthesia resident. They will discuss your medical history, general health and discuss your options for anesthesia. Please be sure to inform them of any medical problems you have and all of the medications that you take.
- You will see your surgeon to discuss the surgical plan and answer any questions you may have. They will confirm the surgery and mark your leg with a permanent marker.
- Don't be afraid to ask questions/concerns prior to surgery. By becoming involved and informed you play a vital role in your safety.
- After talking with the medical staff, you will go to the operating room and your family will be escorted to the surgery waiting room.
- Once the anesthesia has begun you will not be able to see anything beyond this stage. Your leg is then positioned for surgery and the surgical prep is performed.
- Surgery typically lasts a couple hours, but may take longer.
- If any equipment is ordered to be used at home, you will be instructed on its proper use prior to discharge.
- Either your surgeon or a member of their staff will provide you with a post-surgery folder that includes your physical therapy prescription, waterproof bandages, and temporary handicap parking form that you will have to submit to the DMV.

Anesthesia

There are various different types and methods of anesthesia which are equally safe but have various advantages and disadvantages. You will meet with the anesthesia doctor on the day of your surgery. The anesthesia doctor will answer any questions you have and review your health history. After talking with the anesthesia doctor, you can decide on the type of anesthesia that will be the best option. Our anesthesiology team is experienced and dedicated to making sure that you are comfortable during your surgery and that your pain is safely controlled after surgery.

AFTER SURGERY

- Once your surgery is finished, you will be taken to the post anesthesia care unit (recovery room).

- Family members/care givers can speak to the surgeon in the waiting room **immediately** after surgery.
- Nurses will be watching you closely, checking your vital signs, and managing your pain.
- Nurses will contact your family member/care givers to give an update.
- Once you are awake and stable, you will be in the next phase of your recovery (short stay surgery) and visitors are permitted. Visitation is at the nurse's discretion.
- Some side effects of anesthesia include: drowsiness, nausea, muscle aches, sore throat, occasional dizziness or headaches. These symptoms usually lessen within a few hours following surgery but sometimes can last about 2-5 days. Plan to take it easy for a few days.
- Your discomfort should be tolerable, but **do not expect to be pain free**. Nurses may give you pain medications in your IV or they may give you pills to help manage your pain.
- You will be given prescriptions for pain medication. You can get these medications at the pharmacy of your choice, the hospital outpatient pharmacy or the UUOC pharmacy.
- When you meet the criteria and you feel up to going home, we will review our discharge instructions with both you and your family/ care giver.
- Your discharge instructions will include all the information that you will need to recover after your surgery.
- Directed physical therapy for hip surgery will begin at your surgeon's preference. You may also be instructed in simple exercises to help avoid post-op stiffness.

My Discharge Checklist:

- Make sure you have been provided with prescriptions for medication.
- Review all of your medications and understand how to use them.
- Understand how to care for your dressing and incision(s).
- Understand your discharge plan and discharge instructions.
- Make sure you have all the equipment you will need at home.
- Know when you need to return to the University of Utah Orthopaedic Center for post-operative appointments.

RETURNING HOME AFTER SURGERY

People respond differently to surgery and the amount of post-surgical pain from person to person may vary, especially depending on the type of procedure.

I will contact my doctor immediately if:

- My incision is red, swollen, or draining pus.
- My incision is opening up.
- I have a high fever, greater than 101 degrees F.
- I have chest pain or shortness of breath.
- I have calf pain and swelling that does not improve.
- I have redness or severe pain at the surgical site.
- I have questions or concerns about my surgery, medications or treatment plan.
- I am having adverse reactions to anesthesia or the pain medications.
- I am experiencing a drug interaction.
- My pain is not controlled.
- I am vomiting or I have nausea that will not go away.
- I am unable to urinate 6 hours after surgery.
- I have not had a bowel movement 3 days after surgery.