

Patient's Guide to Surgery

Surgery Date: _____ **Arrival Time*:** _____

(*The surgery center will contact you with an arrival time 24 hrs before surgery, please write here)

Having surgery can be stressful, you may have many questions, and the amount of information can be confusing. Please use this guide to help answer some common questions about surgery and recovery.

Preparing for surgery:

Diet: The most important part of your diet leading up to surgery is maintaining a healthy, balanced meal plan. As much as possible, try to eat food with a variety of protein sources as well as fruits and vegetables. While not necessary, many patients also ask about vitamins and dietary supplements.

Below is a list of safe dietary supplements and recommended doses if desired:

- A complete multivitamin, taken daily
- Iron: take 325mg three times daily
- Vitamin B6: take 25mg daily
- Vitamin B12: take about 2.4 micrograms daily (often in B6 / B12 combinations)
- Vitamin C: take 500mg daily
- Zinc: take 50mg daily
- Protein: Ensure/Boost drink or similar: one daily for 1 week before surgery
 - If you are diabetic, use Glucerna instead

Hygiene:

- **DO NOT:**
 - use any leave-in hair conditioner, gel or hairspray on the day of surgery
 - use antiperspirant or deodorant if you are having shoulder surgery
 - use any body lotion or moisturizing cream on the day of surgery
 - shave the hair on your operative body part within 3 days of surgery
- **DO:**
 - Wash with antibacterial soap for 6 weeks leading up to surgery
 - Use provided chlorhexidine wipes. Wipe the operative extremity with one pack the night before surgery to clean the skin and is test to see if you are allergic to the chlorhexidine. If you develop a skin reaction, wash immediately and discard the wipe.
 - *Menstruating Women:* if experiencing your period around the time of your surgery it is ok, the surgery can still be performed. Female pads are provided by the hospital.

Medications:

Please discontinue the following **6 weeks** prior to surgery:

- Nicotine (smoking, chewing, hookah) – and please **DO NOT** resume use after surgery
- TNF α inhibitors – may resume 6 weeks after surgery
- Steroids – may resume 6 weeks after surgery
- Fish oil – may resume 6 weeks after surgery

Please discontinue the following **2 weeks** prior, and **DON'T USE FOR 6 WEEKS** except as directed:

- NSAID's (i.e.: Aleve, Advil, Motrin, Ibuprofen, Naproxen, Mobic, Diclofenac)
- Aspirin and other blood thinners (Coumadin, Eliquis, Xarelto) –discuss with both your surgeon and Cardiologist

Please discontinue the following on the **day of surgery**: (may be restarted immediately after)

- Metformin
- Heparin
- Methotrexate

Herbal Supplements: While herbal supplements can be a useful tool for patients, many of them interact with anesthesia medications or can cause other issues during surgery. *The Anesthesia Society of America recommends discontinuing all herbal supplements 2 weeks before surgery.* Below is a list that Dr. Zacchilli considers especially important to stop with an absolute time cutoff and the reasoning:

- Arnica (1 week)- causes wound healing problems and may increase bleeding
- Black Cohosh (2 weeks)- increases bleeding risk, may cause unsafe drops in blood pressure
- Echinacea (2 weeks)- used regularly, may increase risk of infection and wound healing problems
- Ephedra (24 hrs)- with may cause abnormal heart rhythms, blood flow, or blood pressure
- Kava (24 hrs)- may dangerously increase depth and length of sedation with anesthesia
- Garlic (7 days)- increases bleeding risk, may resume 24 hrs after surgery
- Ginger (2 weeks)- increases bleeding risk, especially with spinal or epidural anesthesia; can be useful starting 12-24 hrs after surgery to decrease nausea and help prevent blood clots
- Ginkgo (36 hours)- increases risk of bleeding problems
- Ginseng (7 days)- increased bleeding risk, can cause low blood sugar when fasting preop
- St. John's Wort (5 days)- under anesthesia can cause brain hyperactivity, decrease the efficacy of anti-clotting treatments, and decrease the efficacy and duration of anesthetics and pain pills
- Tumeric (2 weeks)- can increase bleeding problems
- Valerian (taper off over 2 weeks beginning 1 month before surgery)- may unpredictably increase the strength and duration of sedatives, prolonging immediate recovery from surgery
- Reference: Wong A and Townley SA *Br J Anaesth* 2010.

What can you expect from surgery and your hospital stay?

- **Stay length:** Your surgery will be performed as an outpatient. In very rare circumstances, severe nausea or pain after surgery may require an unplanned overnight stay.
- **Pain control:** You may receive a nerve block along with IV and oral pain medications
 - The nerve block can last as long as 12-48 hours, and the extremity will be weak and mostly numb during this time.
 - The first sign the block is wearing off is usually a tingling or burning sensation
 - ALWAYS take the first dose of your prescribed pain pills when tingling/burning starts.
 - If you go to sleep while the block is still working, take one of your prescribed pain pills.
- **Physical therapy in-hospital:** The physical therapist will instruct you in crutch, brace, and sling use in the recovery area before you are discharged.
- **Prescriptions:** Dr. Zacchilli will e-prescribe your postoperative medications to the pharmacy of your choice the day before surgery. These will always include a pain medication and stool softener; sometimes a blood thinner and/or anti-inflammatory; and an anti-nausea medication upon request. You may pick these up the day before or immediately after surgery. Lost pain prescriptions for narcotics will not be filled. Both the State of New York and most insurance companies monitor duplicate narcotic medications.

Learning about your surgery:

- Dr. Zacchilli will take time after the surgery to review your surgery, any associated surgery pictures, and his expectations for your recovery.
- If at all possible, have a trusted escort with you to share this discussion, take notes, and to take control of any instruction handouts because...

You probably won't remember this discussion.

The medications we use to keep you comfortable during surgery, as a side effect, make you forget everything that happens for a period of time before, during, and after surgery. While this prevents bad memories, it also is not great for communication. You and your escort will also likely be tired/stress when we talk, and it is hard to remember things under these circumstances.

- Dr. Zacchilli will provide handouts in addition to this one if necessary to remind you of important points, and he will repeat the entire discussion with you at your first followup in 10-14 days.

After hospital recovery:

- **First visit after surgery:** We will schedule your first post-operative visit when you schedule a surgery date; this is typically 10-14 after surgery. If this has not been scheduled, call the clinic on the first day after your surgery to schedule.
- **Wound Care (unless otherwise instructed):**
 - You may remove your dressing after 3 days and shower, cover incisions with Band-Aids.
 - Sponge bathe for 3 days after surgery, then you may shower but **DO NOT SUBMERGE** your wound under water for 4 weeks after surgery.
- **Leg/Knee Brace:** If you were fitted with a leg or knee brace during surgery:
 - The brace should remain on at all times except for CPM machine and supervised therapy (if applicable), or if otherwise instructed
 - For showers cover with an adult long leg cast cover (available online and at local pharmacies) or with a trash bag sealed with duct tape.
- **Splint/Cast:** If a cast or splint was placed at the time of surgery:
 - *DO NOT* remove your splint or cast, or do physical therapy for any reason unless specifically instructed.
 - For showers cover with an adult long leg cast cover (available online and at local pharmacies) or with a trash bag sealed with duct tape.
- **Colored Operative Limb:** The skin cleaner we use on your operative limb may leave a yellow or orange color behind which fades during the next few weeks after surgery.
 - To remove the color, *gently* wash the skin but **DO NOT** scrub vigorously. Mechanics soap can be helpful to remove any residual discoloration after 1 week if present.
- **DVT (blood clot) prevention:**
 - **Signs/symptoms:** Exquisite tenderness, swelling, redness in the calf muscle. Shortness of breath, heart palpitations, persistent fevers over 100.4 degrees Fahrenheit. If you develop these symptoms seek medical care.
 - **SCD's (leg squeezers):** We will use these during almost all surgeries. Some pharmacies and device companies offer portable versions for purchase/rental if you desire.
 - **Long car rides:** if you are traveling a long distance home after discharge, make sure to get out of the care every 1.5 hrs to walk/stretch your legs
 - **Flying:** It is not recommended to fly **within a month** after surgery; if you must fly, inform your doctor, and a blood thinner will be prescribed; make sure to get up and walk around frequently during long flights.
- **Driving:** you should **NOT** drive for the first 3 weeks after surgery

- **DO NOT** drive while taking narcotic medications. Big risk of a DUI for being impaired.
- **DO NOT** drive while in a sling or splint, as you are impaired, and cannot safely operate a vehicle without both hands.
- **DO NOT** drive at dusk or at dawn; please *only* drive during the daytime
- **DO NOT** drive in inclement weather
- **Alcohol use:** avoid while taking narcotic medication
- **Scar management:** Beginning 4 weeks after surgery
 - The best way to avoid unsightly scarring is to avoid sunlight to the scar, continue for 1 year after surgery to decrease size and help prevent darkening.
 - Gently massaging the scar may help to decrease stiffness and desensitize your skin
- **Ice:** recommend icing frequently, either with ice packs or an ice machine
 - **DO NOT** place ice directly on the skin, as it may cause a skin burn, use a thin shirt or towel between your skin and the ice
 - Ice timing: 20 minutes on, 20 minutes off recommended
 - If using bags of ice, double bag to prevent the wound/dressing from getting wet.
- **Clothing:** wear loose-fitting clothing
 - **Hip, Knee and Ankle surgery:**
 - Wear loose fitting pants that will fit over a cast or brace if required (e.g. cotton or loose nylon sweatpants, loose shorts)
 - We do not recommend jeans, dress pants, or yoga pants on the day of surgery. You may have a brace or swelling that makes these impossible to wear.
 - **Shoulder surgery: DO NOT** wear t-shirts, tight shirts, or blazers: they requires too much shoulder/elbow motion to put on and off. We wearing short sleeve button downs.
 - When putting on shirt: put on operative limb FIRST, then on good arm next
 - When taking off shirt: take good arm out of sleeve FIRST, then operative side next
 - Check out www.shoulderwear.com for shirts with snaps that are easy to wear/remove
 - Alternatively, some patients have taken their clothing to tailor to have snaps/Velcro put on

Frequently Asked Questions:

Q. When can I shower after surgery?

A. You may remove your dressing and shower 3 days after surgery unless otherwise instructed.

Q. How long do I have to wear my sling and pillow for? (shoulder surgery patients)

A. On average, until the 6th week post-operative mark. You may remove your sling to shower after the first 3 days, but otherwise it must remain on unless instructed otherwise, including while asleep or in public.

Q. What about physical therapy?

A. Dr. Zacchilli will provide you a prescription/requisition for therapy and a therapy on the day of surgery or at your first postoperative visit as needed.

Q. How can I get a copy of my x-rays and operative note?

A. We will provide you with a printed version of your operative note upon request once it is finalized. It will also be available in your online patient portal through the FollowMyHealth program. Imaging can be obtained from radiology at the location your surgery was performed.

Q. I'm a few weeks post-op from surgery, and I really want to drive. May I?

A. If you are taking narcotic medications currently and/or are using a sling, law enforcement may cite for DUI and reckless driving citations if you are pulled-over. **DRIVING WHILE USING NARCOTIC MEDICATIONS MAY RESULT IN A DUI.** It is **NOT** recommended to drive until you are no longer taking pain medications and have *both* arms able to bear weight.

Q: Would you call in pain medication prescriptions to the pharmacy?

A. Under New York law and DEA regulations, narcotic medication prescriptions as well as refills must be placed electronically using a secure e-prescribe system. We will place electronic prescriptions for pain medications and other required medications on the day before or day of surgery. Refills of non-pain medication prescriptions can be called into any pharmacy without issue.

Q. I lost my prescriptions. Could I have a new one?

A. We are happy to provide you with prescriptions whenever possible. New York law and the DEA require us to document if a prescription is lost with a form detailing the situation. A word of caution: even with these notes and repeat prescriptions, pharmacies and insurance companies monitor for repeat prescriptions. They are authorized to refuse to fill/cover any repeat prescription or frequent refills even when appropriate paperwork is provided.

If you have any further questions or concerns, please feel free to contact the office at: (646) 665-6784. We wish you a successful surgery and a speedy recovery, and thank you for allowing us to participate in your care!

Place Patient Sticker Here

I _____, have received the Patient's Guide to Surgery. I have read this document and agree that I understand the information it contains.

Patient Signature

Date

Witness Signature

Date

Surgery Performed: _____

Summary of Findings: _____

Place Patient Sticker Here

- **Wound Care (unless otherwise instructed):**
 - Do not become alarmed if the bandage shows blood. Bleeding usually stops w/in 24 hrs.
 - You may remove your dressing after 3 days and shower, cover incisions with Band-Aids.
 - Sponge bathe for 3 days after surgery, then you may shower but **DO NOT SUBMERGE** your wound under water for 4 weeks after surgery. Reapply ace bandage after showers.
 - Ice and elevate the involved joint regularly. Knees- place pillow under ankle, NOT knee.

- **Leg/Knee Brace or Sling:** If you were fitted with a leg/knee brace or sling during surgery:
 - For hip and legs, the brace should remain on at all times except for CPM machine and supervised therapy (if applicable), or if otherwise instructed.
 - For shoulders, remove the sling to perform elbow motion and pendulums 3x daily.
 - For showers cover with an adult long leg cast cover (available online and at local pharmacies) or with a trash bag sealed with duct tape.

- **Splint/Cast:** If a cast or splint was placed at the time of surgery:
 - Check circulation: Pinch the toes/fingers & they will blanch. Color should return w/in 2-3 secs.
 - Contact us if dressing/cast is uncomfortable or wet.
 - *DO NOT* remove your splint or cast, or do physical therapy for any reason unless specifically instructed.
 - For showers cover with an adult long leg cast cover (available online and at local pharmacies) or with a trash bag sealed with duct tape.
 - Sit when showering, a plastic stool or shower seat is helpful

- **Diet:** Resume a normal diet. Begin with bland foods for 24 hrs. Avoid spicy food.

- **Medications:** As per medication worksheet (next page).

- **Followup:** In _____ days with Dr. Zacchilli. If not scheduled, call Dr. Zacchilli's office the day after surgery to schedule at (646) 665-6784.

- In case of emergency, chest pain, shortness of breath, massive bleeding, or pulseless extremity, call 911 or go to ER. For nonemergent questions call the clinic call service at (646)-665-6784.

Long-Acting Pain Medication (Schedule 2 Narcotic)

OXYCONTIN 10 mg (generic: oxycodone): 1 tablet every 12 hours for moderate to severe pain

Tablets must be swallowed whole. BROKEN, CHEWED or CRUSHED tablets lead to rapid release and absorption of a potentially **FATAL** dose.

Short-Acting Pain Medication (Schedule 2 Narcotic)

NORCO 5/325 (generic: hydrocodone/acetaminophen): 1-2 tablets every 4-6 hours for breakthrough pain,
Maximum 8 tabs/day

PERCOCET 5/325 (generic: oxycodone/acetaminophen): 1-2 tablets every 4-6 hours for breakthrough pain, M
Maximum 8 tabs/day

ADVERSE REACTIONS (NARCOTICS): drowsiness, hallucination, constipation, nausea, vomiting, dizziness, itching, headaches, dry mouth, sweating, respiratory depression/arrest, hypotension

CONTRAINDICATIONS: severe respiratory depression, acute or paralytic ileus

Anti-Nausea

ZOFRAN ODT 4 mg (generic: ondansetron hydrochloride): 1 tablet every 8 hours as needed for nausea

ADVERSE REACTIONS: drowsiness, dry mouth, tremors, convulsions

CONTRAINDICATIONS: early pregnancy, nursing mothers

Anti-Inflammatory Medication / Heterotopic Ossification prevention (may be used in addition to long & short acting meds.)

CELEBREX 200 mg: 1 tablet the night before surgery; then 1-2 tablets daily

INDOCIN 25 mg (Indomethacin, generic): 1 tablet every 8 hours

NAPROXEN SODIUM 500 mg (Aleve, generic): 1 tablet every 12 hours

Over-the-counter tablets are 220 mg; thus, 2 tablets every 12 hours (substitute)

ADVERSE REACTIONS: GI upset, ulcer, bleeding (take with food)

CONTRAINDICATIONS: ulcers, renal insufficiency

Laxative/ stool softener

Colace 100 mg: 1 tablet twice daily to prevent constipation

Dulcolax 10 mg: 1 tablet twice daily as needed for constipation

Blood Thinners

Aspirin 325 mg: 1 tablet once daily or twice daily to prevent blood clots/DVTs

Xarelto 10 mg: 1 tablet daily to prevent blood clots

ADVERSE REACTIONS: increased bleeding



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CONTRAINDICATIONS: bleeding disorder, use of other blood thinners, history of severe GI bleed