

Alexander Orthopaedic Associates Surgical Packet

If you are in receipt of this packet, you are scheduled for surgery with one of the AOA physicians. Please take a minute to read through this packet. It contains very important information about your up-coming surgery. If you have any questions or concerns about your surgery we ask that you contact our Surgical Coordinators.

Surgical Coordinators: Jenny or Maureen at 727-547-4700 X 156

Before Surgery:

- You will go through "pre-operative testing." This consists of blood work, possible electrocardiogram (EKG), and Chest X-ray (CXR). You may also need medical clearance from your primary care physician. Your "pre-operative testing" will need to be completed within 30 days of your surgery. Therefore, our office will take care of setting up all your appointments for your "pre-operative testing." Your AOA physician will determine the amount of "pre-operative testing" you will need to complete, based on your procedure.
- You *DO NOT* need to be fasting for your "pre-operative testing" unless instructed to do so.
- You will be contacted by the facility at which your surgery is scheduled. They will ask you questions about your medical history, previous surgeries, allergies, .etc. Please give them the most up-to-date and accurate information.
- *DO NOT* take any anti-inflammatories 10 days prior to surgery (*i.e.*: *Ibuprofen, Motrin, Aleve, Advil, Naprosyn, Lodine*). You may remain on your Celebrex.
- *DO NOT* take any herbal supplements 10 days prior to surgery. (*i.e.*: *Echinacea, Ephedra, Ginko, Ginseng, Kava, St. John's Wart, Vitamin E, etc...*).
- If you are on Aspirin, Coumadin, Plavix or other blood thinners, we will let you know when to stop it prior to your surgery.

*****DO NOT schedule any dental procedures, colonoscopies, or endoscopies within 6 weeks prior to your surgery, this may increase your risk of infection.*****

Night Before Surgery:

- Have a normal dinner.
- No alcohol intake. No smoking.
- ***Nothing to eat or drink after midnight!!!!*** (If you do, your surgery will be cancelled)

Day of Surgery:

- You make take your daily medications only with a ***small sip of water***. (Blood pressure pill, cholesterol etc...)
- If you are a Diabetic who takes oral pills: skip your morning dose.
- If you are a Diabetic who is on insulin: take half of your normal dose of insulin the morning of surgery.

Arrival to Facility for Surgery:

- Plan on arriving 2-3 hours before your surgical time. Bring with you: Driver's license/ ID card, and Insurance card. Also if you have financial

responsibility to the facility, bring with you monetary means to make payment (check, cash, credit card, etc...).

- Leave all valuable (jewelry, watches, rings etc...) at home. Remove contacts, piercing, make-up and nail polish prior to your arrival.
- Wear loose fitting clothing and comfortable shoes.
- If patient is a minor: an adult must accompany the child and remain at the facility during and after surgery.

After Surgery:

- You will need someone to drive you home. Also we recommend that you have someone stay with you for 12-24 hours after your surgery.
- You will be given AOA discharge instructions from the facility.
- You should not smoke or consume alcohol for at least 24 hrs after surgery. We also recommend avoiding alcohol while you are taking pain medication.
- You will be provided a prescription for your pain medication before you leave the facility.
- One of the AOA providers will speak to your family/friend waiting for you.
- The bandage you leave surgery with should remain in place. Keep it clean and dry until your 1st post operative appointment. Do not remove the bandage. Do not apply anything to the incision site. Do not drive or operate heavy machinery for 24 hours following your surgery.

****DO NOT schedule any dental procedures, colonoscopies, or endoscopies within 6 weeks after your surgery, this may increase your risk of infection.****

Pre-Operative Testing:

Date: _____ Time: _____

Location: _____

Medical Clearance appointment:

Date: _____ Time: _____

Location: _____

Surgery:

Date: _____ Time: *The surgical facility will contact you prior to your surgery with your arrival time for surgery.*

Location: _____

1st Post- Operative appointment:

Date: _____ Time: _____ With: _____

Location: _____

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2nd Post- Operative appointment:

Date: _____ Time: _____ With:

Location: _____

Please Note:

- It is very important to keep the above dates and times. If you have a conflict please contact our office prior to your appointment/ surgery.
- If you cancel or want to change the date of your surgery, there may be a \$100 rescheduling fee associated with it.
- All patient account balances must be paid in full prior to surgery.
- All applicable deductibles and co-insurance will be collected prior to any surgical procedure. When applicable, our patient's accounts department will contact you.