



MEDICATION INSTRUCTIONS

- If you are currently taking **ASPIRIN**, we ask that you stop **7 DAYS** prior to your day of surgery.
- If you take over-the-counter or prescribed **NON-STEROIDAL ANTI-INFLAMATORIES**, you are asked to stop them **2 DAYS** before your surgery date. Some examples of these medications are as follows: Advil, Aleve, Daypro, Feldene, Lodine, Ibuprofen, Indocin, Motrin, Naproxen, Naprosyn, Nuprin, Oruvail, Relafen, and Voltaren. This is **NOT** a complete list, so please contact your pharmacist or physician if you have any questions regarding your medication.
- If you are taking **EVISTA** you are asked to stop it **3 DAYS** before surgery.
- If you are taking **METHOTREXATE** you are asked to stop it **7 DAYS** before surgery.
- You may continue taking your regular medications as usual. If you are taking **HEART OR BLOOD PRESSURE** medication be sure to take it the morning of surgery with a sip of water.
- **GLUCOPHAGE** should be stopped **2 DAYS** before your surgery date. For instructions on your **INSULIN** please contact the doctor managing your diabetes.
- You may take **TYLENOL** for pain. If you are taking prescription pain medication that does not contain aspirin, you may continue to take it until the day of surgery.
- If you are currently taking **COUMADIN, TICLID, PERSANTINE, TRENTAL, OR PLETAL** we ask that you discontinue it **3 DAYS** prior to your scheduled surgery date unless you have otherwise been instructed by your physician.
- If you are currently taking **PLAVIX**, we ask that you discontinue it **7 DAYS** prior to your scheduled surgery date unless you have otherwise been instructed by your physician.
- If you are taking **ORAL STEROIDS**, we ask that you **DO NOT STOP** taking these medications unless otherwise instructed by your physician. Examples of these medications are as follows: Deltasone, Prednisone, Medrol, and Methylprednisolone. This is **NOT** a complete list, so please call your pharmacist or physician if you have any questions.
- If you are currently taking any of the following **HERBS** – Ginger, Garlic, Vitamin E, Omega 3 fatty acids or Gingko Biloba we ask that you stop them **TWO WEEKS** before your date of surgery.
- The Pre-Admission Surgery Nurse will instruct you regarding any medications you may need to take the day of surgery.

SURGERY CHECK-IN

Check-in with the admitting staff when you arrive. If the patient is a minor, a parent or legal guardian must sign the surgical consent form before surgery.

SURGERY INSTRUCTIONS

Read and follow these instructions prior to your surgery:

1. Do not eat or drink anything after midnight the night before your surgery, unless your physician or pre-admission nurse instructs you otherwise. This includes water, coffee, soft drinks, gum, or chewing tobacco.
2. Do not use any alcohol or recreational drugs within 48 hours of surgery.
3. It is suggested that you refrain from smoking 24 hours before surgery.
4. If you experience any change in your physical condition, such as fever, chest congestion, or skin problems at the operative site, call your surgeon's office.
5. Before you come to the hospital, take a shower or a bath using an antibacterial soap the morning of surgery.
6. Heavy mascara and false eyelashes cannot be worn to surgery because of protective eye coverings used during surgery. Nail polish and skin lotions are discouraged on the operative extremity. If necessary, make up should be worn only in moderation.
7. Contact lenses and glasses cannot be worn during surgery. Be sure to bring your container or eyeglass case to protect your lenses while you are in surgery.
8. For most surgeries, undergarments will be removed. A hospital gown will be provided for your use.
9. You may brush your teeth the morning of surgery but do not swallow any water. Remove all partial plates; dentures may be left in.
10. Male patients may shave the morning of surgery.
11. Deodorant can be worn unless you are having shoulder surgery.
12. Leave all jewelry, valuables, purses, wallets, money, and watches at home or with a family member.
13. All body piercing must be removed before surgery.

PREPARING FOR ANESTHESIA

What are the types of anesthesia?

- ** General Anesthesia produces a loss of feeling through the entire body. You will be asleep during the operation.
- ** Regional Anesthesia produces a loss of feeling to a specific area of the body.
- ** Local Anesthesia produces a loss of feeling to a smaller specific area of the body.

Just prior to your surgery, before any sedatives are given, you and the anesthesia provider will decide what type of anesthesia you will have. The anesthesia chosen for you will be based upon your physical health, the type of surgery, and your reactions to medications. Discuss these things with your Anesthesia Provider in detail to assure the best anesthesia for you.

Newer and safer drugs, along with advances in monitoring equipment, help make today's anesthesia safer than ever before.

Some of the things you should discuss with your Anesthesia Provider may include your use of medicines, food, herbals, alcohol, or other beverages taken before anesthesia. Since these may react negatively with the anesthesia drugs, be frank and open in your discussion with your Anesthesia Provider when they visit with you the day of surgery.



Pt Label

CONSENT FOR RELEASE OF INFORMATION

To facilitate my care, I hereby authorize Bone and Joint Hospital to:

Release **protected health information** [results, findings and care decisions] about my condition and progress to the following individuals / family members:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand I have the right to revoke any or all of this consent at any time by drawing a line through the names of any of the individuals to whom I have approved the release of information and initialing the change.

General information on my condition [stable, doing well, serious, etc.] will be released to anyone inquiring and my presence will be acknowledged for flower deliveries, pastoral care visits, mail delivery, etc. if I am listed in the census.

No acknowledgment of my presence in the hospital will be given if I choose not to be listed in the census.

I wish to be listed in the census: Yes No

Signed _____ Date _____

Relationship to the patient (if other) _____

Witness _____ Date _____

This release is valid for Bone and Joint Hospital and all Bone and Joint Hospital ancillary services.