

DAVID S. FELDMAN, MD

ORTHOPEDIC SURGERY

Associate Director of the Paley Institute

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OUTPATIENT SURGERY

How To Prepare For Surgery

In preparation for surgery, you ordinarily, unless otherwise instructed, will be scheduled to have Pre-Admission Testing (PAT) completed prior to surgery in the Kimmel building. At this appointment, a nurse may perform a blood test and basic vital signs, unless you have already done so with your primary care provider within thirty days of the surgery date. The nurse will go over specific instructions prior to surgery including bathing and eating. You will also meet with an anesthesiologist at this appointment to discuss the process of anesthesia and postoperative pain control options. These options include but are not limited to a variety of oral medications or a nerve block to the extremity to help relieve pain for twenty four to forty eight hours post-operatively. These options may not be available to you if you are allergic to the medication, have a spinal deformity, or have hardware in your spine. Local injections to the site are often utilized as well.

Before or after your appointment, in the Kimmel building, you will go to The Paley Institute clinic to see one of the physician assistants and Dr. Feldman. They will discuss the details of the surgery including the surgical plan and address any questions or concerns you may have.

It is important that you discontinue all anti-inflammatory medications (NSAIDS), both prescription and over the counter, two weeks prior to surgery unless otherwise instructed by Dr. Feldman and team. These NSAIDS include: Advil, Aleve, Motrin, Ibuprofen, Naprosyn or Naproxen, Celebrex, Celecoxib, Voltaren, Diclofenac, Toradol, Ketorolac, Mobic, Meloxicam, etc.

In addition to NSAIDS, you should also discontinue all blood thinning medications such as aspirin (unless otherwise instructed by your medical doctor or cardiologist), multi-vitamins and any over the counter supplements at least seven days prior to your surgery date. If you have any questions regarding current medications and whether or not they can be taken prior to

surgery or any additional clinical questions for the team, please email them and they will respond as quickly as possible.

The Night Before Surgery

Jennifer Enterkin will contact you with your arrival time for surgery the next day. We instruct our patients to bathe with a specific anti-microbial soap the night prior and morning of surgery. It is a Chlorhexidine soap, also known as Hibiclens. This soap may be given to you if you have a PAT appointment at St. Mary's or it is available over-the-counter at any pharmacy.

The active ingredient, Chlorhexidine, is a broad spectrum antiseptic skin cleanser that is proven effective against a wide range of bacteria, fungi, and viruses. It has undergone extensive research and found to decrease the rate of surgical site infections.

If you plan to wash your hair, you may use your regular shampoo; be sure to rinse thoroughly. Rinse your body with warm water from the neck down. Apply hibiclens on your skin, avoid your ears, eyes, and mouth. Leave the soap on your skin for approximately two minutes, then rinse thoroughly and dry off with a towel. Do not use your regular soap after applying Hibiclens. Do not apply any lotion, or deodorants to your skin afterwards.

You must stop eating and drinking at midnight the night of your surgery. It is important to have an empty stomach the day of surgery as it reduces the possibility of complications with anesthesia. You will be able to resume your regular diet after surgery upon returning home.

The Morning of Surgery

You will arrive at the Kimmel building two hours prior to your surgery start time. Upon arrival, you will be checked in and taken to the pre-operative area where you will be given a gown and will be greeted by a nurse, anesthesia, and one of Dr. Feldman's PAs. The PA will be there to answer any last minute questions you may have and will mark your surgical site.

After Surgery

You will awake in PACU (Post-Anesthesia Care Unit) where your nurse and family will greet you. You most likely will not require any durable medical equipment (crutches, walker, etc.) following surgery. This however is on an individualized basis, and if DME is indicated, it will be provided to you before you leave the hospital. **Emily Ward** can assist with any DME you will require. Her email is eward@paleyinstitute.org.

If you had bony work done involving osteotomies (breaking of bone) you will not be able to take NSAIDS including Advil, Aleve, Motrin, Ibuprofen, Naprosyn or Naproxen, Celebrex, Celecoxib, Voltaren, Diclofenac, Toradol, Ketorolac, Mobic, Meloxicam post-operatively. However, if your surgery is a hardware removal or soft tissue procedure, you are able to take NSAIDs for pain control.

You will be discharged home with instructions for pain control and follow up. We recommend pain control with Tylenol post-operatively, which is available over-the-counter. You may follow the instructions on the label. In the case you require a prescription for pain control, it will be given to you on a written prescription at discharge or electronically sent to the pharmacy of your choice. If you are provided a narcotic medication for pain control, we recommend you begin a bowel regimen to prevent constipation. Stool-softeners such as Colace (Docusate sodium) or Miralax (Polyethylene glycol) are available over-the-counter at any pharmacy. You may follow instructions on the label.

You may have an elastic wrap, ACE-wrap, and soft web-roll wrapped around your surgical site. This may be removed forty eight hours after your surgery. You will have a bandage underneath these dressings. This bandage should be left in place for two weeks after surgery unless otherwise instructed. At home, if you find this wrap to be too tight, you may loosen it and re-apply.

At two weeks post-op, you will either have a follow up appointment in the office or will be provided with additional instructions including suture removal instructions and a kit. All of the sutures will likely be under the skin and there will be two tails on either side of the incision that will need to be trimmed at two weeks post-op. This can be done at your appointment by the staff, at your PCP office, or by yourself at home. An instruction sheet can be given and will have photos demonstrating such. The steri strips covering your incision should be left in place and will fall off on their own.

You may shower seven days after your surgery. Leave the dressing in place. If possible, do not spray the surgical site directly with water. Simply wash the area lightly with soap and water, and pat dry with a towel so as to not remove the dressing inadvertently. At two weeks post-op, the dressing will be removed and the steri-strips will eventually fall off on their own. No need to remove them, this is expected. You may shower directly over the wound at that time.

Instructions for physical therapy, if needed, will be included in your discharge summary. If there are any weight restrictions or activity limitations this will be included as well. As a general rule of thumb, there should be no high impact activities such as running or jumping for four to six weeks post-operatively.

We recommend you stay local for the first two weeks after surgery as the risk of complication is highest during this time. Therefore, we prefer you to be close in case anything arises. Once you have your two week post-op appointment, you may return home and commute to the clinic for follow up appointments. If it is not possible to return for follow up, you may be a candidate for telehealth appointments.

If after surgery you need to reach us for a medical question, we can be reached at **(561) 844-5255**. There is someone on-call 24 hours 7 days a week. After hours, the operator will contact one of the physician assistants who will return your call as soon as possible. For medical

emergencies, please call **911** and go to the nearest emergency room. If you are staying locally, St. Mary's Emergency Room is the most convenient for Dr. Feldman and his team to be involved in your care.

Resources

In the event that you have any scheduling issues with your pre-operative appointment or surgery date, please contact Dr. Feldman's Executive Assistant, **Jennifer Enterkin** at **jenterkin@paleyinstitute.org** or **(561) 844-5255 ext. 310**. All scheduling for follow up appointments should be referred to **Andrea Mower** at **amower@paleyinstitute.org** or **561-844-5255 ext. 245**.

If you have any clinical questions or concerns for the team, please email them and they will respond within a few days.

- **David Feldman, MD: dfeldman@paleyinstitute.org**
- **Aaron Huser, MD: ahuser@paleyinstitute.org**
- **Tiffany Brown, PA-C: tbrown@paleyinstitute.org**
- **Alyssa Clarke, PA-C: aclarke@paleyinstitute.org**
- **Katie Gauger, PA-C: kgauger@paleyinstitute.org**

If you need assistance with lodging, **Jessie Smith** can assist you with making lodging accommodations. Her email is **jsmith@paleyinstitute.org** or she can be reached by phone: **(561) 866-6866**.

We are happy to provide any such documentation or forms required by your school or work. Our medical assistants, **Keisha Bourne (kbourne@paleyinstitute.org)** and **Dalia Hanna (dhanna@paleyinstitute.org)** can assist with this. To speak with them, please call: **(561) 844-5255, ext. 240 and ext. 243**.

For children, **Jessie Smith**, our certified Child Life Specialist and Patient Coordinator and **Kaile-Jo Scott**, our certified Child Life Specialist, are available prior to surgery and throughout the entire process to make things a little less scary, easier to understand and even fun. If you have questions or concerns regarding your child's experience with surgery please reach out to them.

- **Jessie Smith: jsmith@paleyinstitute.org or (561) 866-6866**
- **Kaile-Jo Scott: kscott@paleyinstitute.org or (561) 334-9135**

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