

DR. DOWNEY INSTRUCTIONS FOR SURGERY

Date of Surgery: _____

Time to Arrive @ Facility: **A staff member of the facility will call you 2-3 days prior to the surgery to inform you of the time to arrive.**

To facilitate preparation for surgery the following information is provided:

Baylor SurgiCare @ Oakmont	7200 Oakmont Blvd, Fort Worth, TX 76132	817-732-3300	www.baylorsurgicare-oakmont.com
Baylor Surgical Hospital @ Fort Worth	1800 Park Place Avenue, Fort Worth, TX 76110	682-703-5618	http://bshfw.com/
Texas Health Harris Southwest Fort Worth	6100 Harris Parkway, Fort Worth, TX 76132	817-433-1845	http://TexasHealth.org/preregister
Texas Health Southlake	1545 E Southlake Blvd, Southlake, TX 76092	817-748-8722	https://mychart.texashealth.org/MyChart/Authentication/Login
Baylor Surgical Hospital @ Trophy Club	2850 TX-114, Trophy Club, TX 76262	817-837-4627	http://baylortrophyclub.com
Baylor SurgiCare @ Southlake	905 E. Southlake Blvd Southlake TX 76092	817-410-4300	http://baylorsouthlake.com

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- **A \$50 fee will be required for any FMLA/Disability/Insurance forms to be filled out PER request. Due at time of request. These will not be completed until after the surgery has been complete or if there are special circumstances.**
 - Disability placards can be provided at the physicians discretion and based on the surgery performed.
 - Please download at <http://www.txdmv.gov/motorists/disabled-parking-placards-plates>
 - **Fill ALL prescriptions (Rx) prior to surgery but do not start taking these medications until after the surgery is complete UNLESS otherwise discussed with Dr. Downey-Narcotic Policy (See End of Instruction Sheet)**
 - Do not eat or drink anything including water after midnight the night before your surgery in order to avoid any cancellations or delays.
 - If you take medications please refer to chart on this form for what you should take prior to surgery including the day of surgery.
 - Please notify the office if there is any change in your physical condition (i.e. infection, cold/flu, fever, injury).
 - Take a shower/bath the night before surgery unless you have been directed otherwise. If you have sustained an injury and have a splint on please keep dressings clean/dry/intact and protect from getting wet as directed.
 - If you have been distributed or prescribed a surgical scrub prior to surgery please follow the prescription as directed before your surgery.
 - Wear comfortable clothing the day of surgery.
 - You will need a responsible representative to drive you home after surgery/discharge from the hospital.
 - Post operative care is detailed below and will also be communicated to the person accommodating you during the surgery.
 - Have things set up at home as much as possible so that you can rest and take it easy the first few days.

Activity After Surgery:

1. You will be placed in a surgical boot and should NOT place any weight on your boot until discussed with Dr. Downey depending on what kind of surgery you have.
2. Occasionally if a major reconstruction or fracture repair you will be placed in a splint. This is a soft type of cast to help with swelling and keep everything protected. You should NOT place any weight on your splint. This will be changed in the office and exchanged with a boot after sutures are removed.
3. If weight bearing directly after surgery has been discussed with Dr. Downey then caution should be utilized in order to prevent complications. Less is more and the incision needs to heal prior to excessive weight bearing.

Rest when you feel tired. Getting enough sleep will help you recover.

You should not drive until you are instructed by Dr. Downey. If you drive while on narcotics or in a boot you are responsible for the risks/unforeseen complications even if you are not at fault.

Do not bathe for 1 or 2 days after surgery, keep your dressings intact.

There will be strike through (bleeding through the dressing) this is typically not a problem and the dressings will be changed the following week. Unless there is complete soaking of the dressing and blood dripping off the dressing please keep it elevated, apply mild/moderate pressure and wait for 1st post operative visit. If there is a concern you can always reach out to the team for medical advice.

It is best to use a bathtub vs a shower to keep the surgical dressing dry and prevent water from entering the dressing. Shower guards are **highly** recommended to prevent complications. Should the surgical dressing or padding become wet, use a hair dryer on low and blow air through the surface of the dressing to remove the moisture. If the surgical dressing gets completely soaked it is best to call for further instructions.

If forms are needed for your employment/disability/FMLA these will not be completed until after the surgery is performed. It is highly recommended to complete as much as possible on the form for a quick return. If the form is completely blank please expect 2-3 week(s) delay. There will be a \$25 fee for these forms each time they are needed. Please work with our staff to give them as much information as possible so these are only needed once.

If there is a reschedule on a surgery date discussed/confirmed with Dr. Downey there will be multiple delays in getting these forms to your employer due to having to re-start the process so please be patient.

We understand that circumstances change and at times circumstances arise. If there is a reschedule on a surgery date discussed/confirmed with Dr. Downey and the reschedule date is outside of 3-4 weeks from original planned surgery the process will start over due to insurance pre-certification regardless of the procedure. Please be patient with the staff in getting this information re-submitted for your new surgery date.

You will probably need to take several weeks off from work depending on your surgery and your ability to stay off of the surgical leg. How much time you need to take off depends on the type of work you do and the extent of your surgery. If you are able to perform sedentary (sitting) work you can return to work in 1-2 weeks pending your pain tolerance.

Generally, you will need to avoid heavy lifting for 3 to 8 weeks, depending on the type of surgery you have.

Incision care

You will leave the hospital with bandages under your boot/splint that are holding your foot/ankle in the correct position. Keep the surgical dressing and the bandages intact and do not touch the surgical area. Do not remove your surgical dressing and keep as clean as possible. This is a clean environment even with the bleeding through the dressing. Removing the dressing may expose pathogens that complicate your recovery or cause infection. Your surgical dressing will be removed when you return to the office after surgery.

You will be in a surgical dressing for 2 weeks and the sutures/staples will typically stay in during this time. Please be advised that you may require longer than the typical 2 weeks prior to the sutures/staples being removed. This will be determined after surgery when evaluated. It typically takes 2 weeks for incisions to heal regardless of the surgery.

Depending on the surgery after the 2 week time period when sutures/staples are removed you may be required to remain in the boot. This will be determined by Dr. Downey and will be discussed as you progress in your post operative treatment regimen.

After sutures/staples are removed you will initiate home physical therapy which will be discussed with Dr. Downey based on the surgical repair. This is important to prevent stiffness of the foot/ankle. Weight bearing will be determined and discussed as you recover.

Formal Physical Therapy is encouraged and will be discussed with Dr. Downey and will be a major component of your healing process. This will be initiated by Dr. Downey based on the surgery that has been performed.

You can use crutches/knee scooter/wheel chair to move around the house to do daily tasks. Again do not put weight on your leg until Dr. Downey says it is okay. Crutches can be distributed at the hospital/surgery center. If you would like to have crutches for your post operative treatment regimen please discuss this with Dr. Downey at the time of the surgery. Knee scooters are available for post operative treatment regimen as well. If you are interested please notify Dr. Downey. Wheel chairs are available; however typically a prescription is needed. If your insurance covers this DME then please reach out to your insurance prior to the surgery to see what your benefits cover and what location they recommend for the wheel chair. After this has been completed the prescription will be provided for you.

1. Crutches
2. Knee Scooter
3. Walker
4. Wheel Chair

Ice and elevation

For pain and swelling control it is recommended to place, put ice (in a bag) or a cold pack or a frozen bag of peas behind your knee. There is a large blood vessel that runs behind your knee and helps cool the blood as it runs down to your foot/ankle. You will not be able to put ice/cold pack directly on your foot/ankle due to the surgical dressing. If you choose to put the ice/cold pack on the surgical dressing you risk getting this area wet. The amount of time depends on your pain and amount of discomfort. It is recommended to keep this behind your knee until it thaws and then exchange with a new pack until your pain is controlled. This may be for the entire 2 week duration prior to sutures/staples being removed. If ice is chosen with a bag be sure to place a thin cloth between the ice and your skin to prevent irritation. After the sutures/staples have been removed ice/cold packs/frozen peas can be applied to the foot/ankle on an as needed basis depending on the amount of swelling that is experienced.

Swelling of the foot/ankle can occur 6 months to a year following your surgery and is dependent on the procedure you have had. The foot/ankle is furthest from your heart and becomes challenging for the vessels to reorganize their flow. Please be advised of this. Compression socks are encouraged. Ice/elevation are also encouraged during your recovery process when swelling becomes an issue.

Following your surgery it is advised to prop up your leg on a pillow and/or the back of your couch during the first

2 weeks. Try to keep it above the level of your heart. This will help reduce swelling and subsequently help in your recovery.

Follow-up care is a key part of your treatment and safety. Be sure to make/go to all appointments, and call your surgeon if you are having problems. It's also a good idea to know your test results and keep a list of the medications you take

Diet/Medications

Nausea

You can eat your normal diet. At times the anesthesia following surgery causes nausea. If your stomach is upset, try bland, low-fat foods like plain rice, broiled chicken, toast, and yogurt. An anti-nausea medication will be provided. This will be an as needed medication based on your recovery.

If you are Diabetic a healthy diet will assist in your post operative course. Please adhere to your diabetic nutrition guidelines as well as diabetic medications.

Constipation

You may notice that your bowel movements are not regular directly after your surgery. This is common due to the narcotics as well as the anesthetic utilized during your surgery. Try to avoid constipation and straining with bowel movements. You may want to take a fiber supplement every day as well as an over-the-counter bowel management medication.

Other Medications

Please take all medications exactly as prescribed. These medications are important to your health. Detailed information on how to take your medications is printed on your medication bottles and can also be discussed with the pharmacist when receiving your medication. As stated previously the medication can be filled anytime prior to your surgery but should not be taken until the surgery is complete unless advised by Dr. Downey.

Antibiotics will be provided for prophylactic purposes. These will be begin the day after your surgery has been completed. Dr. Downey will go over your allergies (if you have any to medications); however please notify Dr. Downey if you have had any issues with previous antibiotics to optimize your prophylaxis.

Pain medication will be provided for your recovery. Please see narcotic policy below for further details about pain medication.

If you have been placed on a blood thinner it is imperative you take this daily in order to prevent a blood clot in your leg. It should be taken with food and water in order to absorb efficiently. You will be taking the blood thinner medication until you start placing weight on the surgical foot/ankle. It is imperative that you call for a refill should you run out of medication prior to placing weight on your surgical foot/ankle. Your surgeon will advise you when it is time to start weight bearing. (Please refer to DVT information below)

If you have a fracture and are scheduled for fracture repair or if you are scheduled for a major reconstruction it is \ strongly advised to avoid taking any NSAIDs (i.e. Ibuprofen, Aleve, Advil, Naproxen, Voltaren, Mobic) prior to surgery and up to 4-6 weeks after surgery as these medications have been shown to decrease bone healing.

Do not take two or more pain medications at the same time unless you have been advised to do so by your surgeon. Many pain medications have acetaminophen (Tylenol). Too much Tylenol can be harmful.

***If you think your pain pill is making you sick to your stomach:

- Ask your surgeon for a different pain pill.
- Take your pills after meals (unless your surgeon has advised otherwise) to assist with any subtle nausea.
- Ask your surgeon for an anti-nausea medication.

If prescription refills are required, please call your pharmacy. Make it a habit to call in your medication refills a week in advance. Note: controlled substances (i.e. narcotics) cannot be refilled without a new prescription from your surgeon. These will only be distributed at the office or the day of surgery. Please refer to the Narcotic Prescription Policy for further information.

If you are concerned that you may be having a drug reaction, such as a rash, persistent nausea, vomiting or diarrhea, please contact your surgeon as soon as possible.

If you have questions about your medications, please ask your surgeon, your primary care physician, your cardiologist, your anesthesia team (pre-admission testing), a nurse, or a pharmacist.

If you take several medications please check with your surgeon what you should/should not take the day of your surgery. You can also ask the anesthesia team during your pre-admission testing (PAT) exam. Your primary care physician can advise you as well should you need preoperative clearance prior to your surgery date. Below is a simple (not comprehensive) chart to assist you.

If you have a heart condition you will need cardiac clearance prior to your surgery date. This may delay your surgery if not completed in a timely manner. Clearance will need to be provided prior to your surgery date. This will be coordinated with Dr. Downey's staff; however, the more proactive you are about getting this clearance the risk of cancellation is reduced. At times you will continue your cardiac medications up to and including the day of surgery. This decision will be referred to your cardiologist for specific details.

Vitamins

Please stop taking any herbal supplementation/vitamins to include Gingko, Ginseng, Garlic, Vitamin E, Omega-3 Fish Oil, Coenzyme Q10, Green Tea, and/or St John's Wort as these have been found to interact with your blood thinners and/or increase your bleeding rate. You can resume these supplements after your surgery has been completed.

You will be prescribed Vitamin C 1000mg daily in order to prevent incidence of complex regional pain syndrome post operatively and nerve pain. This will be provided on your prescription for your reference; however it is an over-the-counter medication and will not be distributed with your other medications at the pharmacy. The type and/or brand is not a factor. You can purchase at any pharmacy or grocery store with your medications.

In order to assist with bone healing and prevent osteopenia (soft, brittle bone) it is advised that you take Vitamin D 1000 I.U. daily as well as Calcium 1200 mg daily. This will be provided on your prescription for your reference; however it is an over-the-counter medication and will not be distributed with your other medications at the pharmacy. The type and/or brand is not a factor. You can purchase at any pharmacy or grocery store with your medications.

It is advised to take Vitamin C, Vitamin D, and calcium up to but not limited to 50 days after your surgery. If you are taking a multi-vitamin please check the dosage on these specific vitamins if you are taking the recommended amount please up the dosage you are taking the multi-vitamin.

All medications below can be resumed after surgery unless discussed with Dr. Downey your Primary Care Physician or your Cardiologist.

Pain Medications	Continue up to and including day of surgery with a small sip of water
Acetaminophen (Tylenol)	Continue up to and including day of surgery with a small sip of water
Aspirin	Stop 7-10 days prior to surgery
NSAIDs (Ibuprofen, Advil, Aleve, Diclofenac, Mobic, Naproxyn)	Stop 3 days prior to surgery
Clopidogrel	Stop 7-10 days prior to surgery
Digoxin	Continue up to and including day of surgery with a small sip of water
Clonidine	Continue up to and including day of surgery with a small sip of water
Beta-Blockers	Continue up to and including day of surgery with a small sip of water
Calcium Channel Blockers	Continue up to and including day of surgery with a small sip of water
Diuretics	Stop the day of surgery
ACE Inhibitors	Stop the day of surgery
Angiotensin II Receptor Blockers	Stop the day of surgery
Cholesterol Lowering Drugs	Stop 1 day prior to surgery
Inhaled Beta-Agonist	Continue up to and including day of surgery
Inhaled Ipratropium	Continue up to and including day of surgery
Inhaled Corticosteroid	Continue up to and including day of surgery
Insulin	Can take ½ dose of long acting the day of surgery, Stop short acting the day of surgery
Metformin	Stop 2 days prior to surgery
Sulfonylureas	Stop the day of surgery
Thiazolidinediones	Stop the day of surgery
Alpha-glucosidase Inhibitors	Stop the day of surgery
Effient	Stop 3 days prior to surgery
Brilienta	Stop 5 days prior to surgery
Savaysa	Stop 3 days prior to surgery
Coumadin	Stop 5 days prior to surgery
Xarelto	Stop 2 days prior to surgery
Eliques	Stop 2 days prior to surgery

DVT Prophylaxis (i.e. Blood Thinners)

A deep vein thrombosis (DVT) occurs when a blood clot develops in the large veins of the leg. Some DVTs cause no pain whereas others can be painful. Below are some risk factors that increase the risk of blood clots.

Heart Disease	Immobilization	Previous DVT
Coagulopathy	Increased Age	Obesity
Tobacco Use	History of Cancer	Surgery
Injury	Trauma	Birth Control Pills/Patch

If you experience any symptoms below it is imperative that you contact your surgeon or go immediately to the emergency department:

Swelling of the leg	Increased warmth of the leg	Pain or tenderness to the leg/ calf
Fever	Redness or discoloration of the leg	Shortness of Breath

Most DVTs can be treated early if discovered so it is imperative not to delay diagnosis when a DVT is suspected. Confirmed diagnosis involves a noninvasive ultrasound study that is quick and painless. DVTs that are not diagnosed or treated can enlarge, potentially dislodge and travel to the lungs, a condition that is called a Pulmonary Embolism (PE).

A Pulmonary Embolism (PE) is a blood clot or DVT that lodges in the arteries of the lungs. This a a life threatening condition and must be treated emergently. It shares similar risk factors as a DVT and the signs and symptoms consist of:

Shortness of Breath	Bloody Cough
Fever	Rapid Breathing
Chest Pain	

A PE can be treated when discovered; however it can cause death if not discovered or treated early. It is important to immediately contact your surgeon if you experience any of the signs and symptoms or go to the nearest emergency department.

If you have been placed on a blood thinner it is imperative you take this daily in order to prevent a blood clot in your leg. It should be taken with food and water in order to absorb efficiently. You will be taking the blood thinner medication until you start placing weight on the surgical foot/ankle. It is imperative that you call for a refill should you run out of medication prior to placing weight on your surgical foot/ankle. Your surgeon will advise you when it is time to start weight bearing.

Call 911 anytime you think you may need emergency care if:

- You pass out (lose consciousness).
- You have sudden chest pain and shortness of breath, or you cough up blood.
- You have severe trouble breathing.



Call your surgeon now or seek immediate medical care if:

- You perceive ANYTHING with your surgical foot/ankle to be wrong/not right/different/ changed.
- You have persistent pain that does not get better after you take pain pills, after you have iced vigorously, or after you have elevated as directed above.
- You have a fever over 100.4°F.
- You have fallen directly on your surgical foot/ankle
- Persistent bright red blood has soaked through the bandage over your incision.
- You have signs of infection, such as increasing tenderness, red streaks, or pus from your incision, or your foot feels hot to the touch.

Pager/Answering Service for Emergencies: **972-438-4636**

Office messages after hours: **972-438-4636**

Please be mindful calling after hours if NOT an emergency and please leave a detailed message regarding your concern/issue. If the pager is called and it is NOT an emergency your call will be returned the following business day.

Although Dr. Downey may not be available immediately he does check his messages throughout the day and will return your call as soon as possible if there is an URGENT/EMERGENT issue.

If it requires **IMMEDIATE** attention Dr. Downey suggests going to the nearest Emergency Room.

NARCOTIC PRESCRIPTION POLICY

Due to the alarming rate of narcotic pain medication abuse/dependence, it has become necessary for our practice to closely manage patient use of prescription narcotic pain relievers, such as:

Vicodin	Hydrocodone	Percocet	Oxycodone
Norco	Lortab	Percodan	Oxycotin
Vicoprofen	Tylenol #3	Morphine	Dilaudid

The Narcotic Prescription Policy is as follows:

- Narcotic pain management in the post-operative period may not exceed 90 days.
- Regional and National Pharmacies monitor patient use of narcotic pain medications and contact the prescribing physician(s) if a patient is receiving narcotic pain medication from more than one physician.
- If our office receives notification, from any source, that a patient is receiving narcotic pain medication from more than one physician, NO further prescriptions will be made.
- If you are under a pain management contract your narcotic pain medication will be prescribed by the pain management group. If they defer the treatment regimen to the surgeon this will need to be in writing and submitted to Precision Orthopedics & Sports Medicine.
- Under no circumstances will narcotic pain medication be prescribed beyond a 90-day period post operatively.
- If narcotic pain management is required beyond a 90 day post operatively, then a referral to a Chronic Pain Specialist will be made.
- In the event of suspected narcotic abuse, further prescriptions of narcotic pain medications will not be made.
- In the event of documented narcotic abuse, NO further prescriptions will be made and the patient may be discharged from our care.
- If there is suspicion of narcotic dependence, a referral to a Treatment Specialist may be made.
- If a patient has not been seen in this office during the preceding 3 months, no prescriptions will be written or provided to the patient without re-assessment.
- IF A REQUEST FOR A PRESCRIPTION REFILL HAS BEEN MADE BY TELEPHONE, THE PHYSICIAN MUST REVIEW YOUR CHART PRIOR TO PROVIDING THE PRESCRIPTION. THEREFORE, YOUR REQUEST MAY NOT BE PROCESSED IMMEDIATELY.
- IT IS THE POLICY OF THIS OFFICE TO COMPLETE ALL NECESSARY AND LEGITIMATE REQUESTS WITHIN 48-72 BUSINESS HOURS. IF REQUESTS ARE MADE ON FRIDAY THEY WILL NOT BE COMPLETED UNTIL THE FOLLOWING WEEK.

I have read the policy and agree to Dr. Downey & Precision Orthopedics & Sports Medicine Narcotic Prescription Policy.

Name (Print): _____

DOB: _____

Signature: _____

Date: _____

