

SURGERY CHECKLIST

- Surgery scheduling
- Pre-op appointment / Post-op appointment
- Labs - No fasting required; must be completed within **1 month** of surgery date.
- EKG with medical clearance required to be done within **6 months** of the surgery date. Please contact your cardiologist (if you have one) or PCP to arrange for an appointment.
- Blood thinners need to be stopped 7-10 days prior to your surgery date.
- Purchase over the counter Hibiclens antiseptic wash and Colace stool softener.
- A ride to and from surgery

The Orthopedic Specialty Center
 of Northern California
 1013 Galleria Blvd | Suite 205
 Roseville CA 95678
 2350 E Bidwell Street
 Folsom CA 95630
 Ph: 916 918 2952
 Fax: 916 918 2953

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Lab Slip

EKG Slip

Name: _____ Date: _____

Name: _____ Date: _____

- Rx**
- CBC
 - UA \bar{c} culture if indicated
 - CMP
 - PT Z01.812, D68.9, A49.9
 - INR

- Rx**
- Pre-op EKG with written Surgical Clearance

Sig  D.O.

Sig  D.O.

TOTAL JOINT REPLACEMENT WITH DR. ROBERT JAMIESON

I want to take this opportunity to thank you for allowing me to participate in your care. I know that finding a surgeon that you feel comfortable with is a big deal. I do not take the responsibility to care for you lightly. We will have a very long relationship and I want you to know that once you walked through our doors you became part of the Orthopedic Specialty Center of Northern California family. I have an open door policy and want to make sure that you have all of your questions answered before we proceed with surgery. Please feel free to ask any and all questions that you might have. We feel that we have built a very well qualified staff to also assist you and to make this process as smooth as possible for you.

PRE-OP

- This is critical to you having a successful outcome

Physical Therapy-

- Our therapists have been involved in thousands of total joint replacement cases and are dialed in to the exercises that you will need to do in order to come into the surgery in optimal condition

Pre-Op Visits

- You will have two preoperative visits
- First will be with your medical doctor to get a medical clearance. This will include initial blood work, EKG and possible chest X-ray. Your primary care physician may require more testing. Ultimately, I do not do surgery on sick patients and everyone has to have a clean bill of health before surgery.
- Second will be a pre-operative meeting with me once again. We will go over the procedure once again as well as the risks, benefits and potential complications of the surgery. We will also discuss post-operative pain control and anti-coagulation. If you have any allergies, please remind me at that time (medications, nickel, etc...) If you do not wish to receive blood for a religious or any other reason, please let me know at that time as well.

Joint Class at the Hospital

- I highly recommend going to this class. I do not make it mandatory as some surgeons do, but it will also give you great information for pre-op, hospital stay and post op course. It is provided by a nurse that has been involved with total joints for many years. The dates and times will be provided when you schedule your surgery.

Hospital Stay

- Some patients qualify for out-patient total joint replacement, but most patients will stay overnight and go home the day after surgery. We will discuss this on an individual basis in the office.
- After surgery you will go to the Post Anesthesia Care Unit (PACU) to recover for about an hour. Once stable, you will go to the Orthopedic floor for recovery. Once you get to the floor you will meet the nurse and staff that will be taking care of you. Depending on how early you get to the floor you will get up with physical therapy that day. You will have your medicines restarted on the recovery floor as well as our standard post op medications. The day after surgery you will have two rounds of physical therapy. My recommendation is to have at least two rounds of physical therapy to make sure you feel comfortable before you go home.
- Medications - you will be discharged with prescriptions for pain medications as well as one type of blood thinner (either Aspirin, Coumadin or Lovenox).

Once you are home

- Take it easy. Your motion will come. Over the first couple of weeks, just do things that you need to do. Too much activity causes an increase in swelling, and swelling causes pain, which limits what you can do.

Home Care

- Dressing - I typically put a dressing on that will be removed 5-7 days from the time of surgery, after which, make sure you keep the incision clean and dry. The Home Health nurse will often put another dressing on and that is ok.

- Shower - The dressing that I apply is waterproof, so you can shower the day you get home. Also, once the dressing comes off you can shower. No tub baths, hot tubs, pools, or soaks until I tell you it is ok to submerge the incision.
- Elevation - This applies to total knee replacement patients. Remember, in order to get swelling down, your knee has to be above the level of your heart. This means that you need to be flat on your back with your leg elevated on 4-5 pillows. I do not have a time limit on this, but it is one of the best ways to control pain and keep swelling down.
- Pain medication - Take as directed on an as needed basis for the first 4-6 weeks.
- Ice - I am ok with you using ice on and off for 20 minutes at a time. Make sure that you put something between your skin and the ice (i.e. pillow case) so you do not get frost bite on your skin.

What to watch for

- Your incision should stay dry once the dressing is removed. It may have a small amount of drainage, but should not be a significant amount. If it is, please call.
- Redness, warmth
- Pain in your calf that is abnormal from the rest of your recovery. This could be a blood clot and will need to be addressed.
- Difficulty breathing.
- If you have any concerns, please call. We have an experienced staff that can answer most of your questions and they have an open line to me if they can't answer your question. Please do not lose sleep worrying about something that we can help with.

Follow ups

- 4 week follow up from the time of surgery - This will be a check to make sure that you are doing well and that you are progressing well. I will give you a prescription for physical therapy. You can do your outpatient physical therapy at a therapy office close to your home.
- 3 Month - This is a general check to make sure that you are progressing well.
- 6 Month - We will repeat the X-rays and check your progress.
- 1 Year - Repeat X-rays and check your progress.

Risks and Complications (this is not an all-inclusive list)

- **Anesthesia** - There are no simple surgeries when it comes to anesthesia. The risks are very low, but there is a risk of breathing problems or cardiac problems, which could result in severe problems or death. Again, very uncommon and the anesthesiologist will be monitoring you at all times.
- **Infection** - This is a risk that we take very seriously. We try and decrease all of these risks in the operation room. We do the surgery in as sterile operating room as possible. You will receive antibiotics before and after the surgery. For the rest of your life I will have you take an antibiotic before any dental procedures, even cleanings. You will need to stay on top of bacterial illnesses (i.e. urinary tract infections, etc...) as these can infect your joint replacement. The risk is very low, but is very serious when it occurs.
- **Dislocation** - This is more in regards to total hip replacement. We will discuss hip dislocation precautions at length.
- **Limb-length discrepancy** - Again, more in regards to total hip replacement. I will do everything that I can during surgery to achieve stability and equal leg lengths. On a rare occasion, a leg length discrepancy may be present at the position that gives the best stability. My goal is equal leg lengths in every surgery.
- **Loosening/wear/need for further surgery** - Unfortunately, we do not have a perfect technology in total hip and knee replacements and just like your normal joint, these can wear out or have other issues that may require further surgery. We will always have an open discussion about this as we move forward.

- **Pain** - I cannot guarantee that all of your pain will go away. I will do everything I can to decrease the amount of pain that you have through medical and non-medical interventions.
- **Blood clots** - There are a couple of reasons that patients get blood clots after surgery. One is that during the surgery your leg is moved in positions that slow the blood flow in the extremity. In knee replacements, you also have a tourniquet placed. After the surgery, you are not moving as much, which causes less blood flow in your extremity and the blood can clot. We do multiple things to prevent this. One is medications. We will give you a medication to prevent blood clots. I typically use Aspirin, but it may be Warfarin or Lovenox. Please let me know if you have ever had a blood clot or have a bleeding/clotting disorder. I will also have you do foot pumps and other exercises while you are in bed that we will discuss further. You will have a machine that squeezes your calves while you are in the hospital as well.

Please remember, these replacements are mechanical devices and are not perfect. They can make clicking sounds, which is normal. Unfortunately, we do not have anything that can make us 18 again. Hip and knee replacements traditionally have great patient satisfaction and I anticipate nothing less with your surgery.

My goal is that you have a successful outcome. You will not be doing this alone. Your team consists of me, my staff, the nurses, the physical therapy and you. As everyone does their part, your outcome will be a success.

On behalf of me and my staff, we thank you for allowing us to be a part of your care and welcome you to our family.

Dr. Robert Jamieson and staff.

PREOPERATIVE HIBICLENS BATHING INSTRUCTIONS

Before surgery it is important that you take an important role in your surgical care. To assist in the prevention of a surgical site infection, we ask that you follow these instructions to prepare your skin to be as germ free as possible.

You will need to shower with a special soap called **CHLORHEXIDINE GLUCONATE (CHG)**. A common name for this soap is called Hibiclens, but any brand name is acceptable to use.

If you are allergic to CHG or for any other reason that washing with CHG is not possible, please follow the below instructions and use antibacterial soap.

HIBICLENS PATIENT INSTRUCTIONS FOR SKIN CLEANING FOR BATHING OR SHOWERS:

1. Read the “Drug Facts” information and directions on the bottle:

- A. Hibiclens is not to be used on the head or face, keep out of eyes, ears and mouth.
- B. Hibiclens is not to be used in the genital area.
- C. Hibiclens should not be used if you are allergic to chlorhexidine gluconate or any other ingredients in this preparation.

2. Night before surgery:

- A. Wash your hair as usual with your regular shampoo. Then rinse hair and body thoroughly to remove shampoo residue.
- B. Wash your face with regular soap or water only.
- C. Wash your genital area with regular soap or water only.
- D. Thoroughly rinse your body with warm water from neck down.
- E. Turn off the water to prevent rinsing the CHG soap off too soon.
- F. Apply the minimum amount of Hibiclens necessary to cover the skin. Use Hibiclens as you would any other liquid soap. You can apply Hibiclens gently to the skin and wash gently for 5 minutes with a wash cloth. Pay special attention to the area of surgery.
- G. Turn water back on and rinse thoroughly with warm water.
- H. Do not use your regular soap after applying and rinsing Hibiclens.
- I. Pat yourself dry with a **CLEAN** towel.
- J. Do not apply lotion, powders, or perfumes to the areas cleaned with Hibiclens.
- K. Put on **CLEAN** clothes.

3. Morning of Surgery:

- A. If time permits, follow ‘Night Before Surgery’ instructions.
- B. If time is limited, just wash the area intended for surgery as the instructions above state.

Dear _____,

Please review the following dates and times which have been scheduled for you in conjunction with your upcoming surgery on _____ at _____ to be performed at:

- | | | |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Mercy Hospital of Folsom
1650 Creekside Dr
Folsom, CA 95630
916.983.7400 | <input type="checkbox"/> Sutter Roseville Medical Center
1 Medical Plaza Dr
Roseville, CA 95661
916.781.1000 | <input type="checkbox"/> Sutter Sierra Surgery Center
8 Medical Plaza, Suite 100
Roseville, CA 95661
916.677.5070 |
| <input type="checkbox"/> Mercy San Juan
6501 Coyle Ave
Carmichael, CA 95608
916.537.5000 | <input type="checkbox"/> Roseville Surgery Center
1420 E. Roseville Parkway #100
Roseville, CA 95661
916.677.2488 | <input type="checkbox"/> Sutter General Hospital
4001 J Street
Sacramento, CA 95819
916.453.4545 |
| <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient for _____ days | | |

Please arrive at the location listed above at _____. Late arrival may result in your surgery being rescheduled.

PLEASE NOTE: NOTHING TO EAT OR DRINK AFTER MIDNIGHT THE NIGHT BEFORE YOUR SURGERY.

Laboratory blood draw and urine analysis can be performed at the lab of your choice. Please bring the lab request that you were given with you to the lab. No fasting is required. Testing should be performed prior to your pre-op appointment with Dr. Jamieson.

EKG should be arranged with your primary care physician or cardiologist. Please bring the EKG request that you were given with you to your appointment. Testing should be performed prior to your pre-op appointment with Dr. Jamieson.

******TOTAL JOINT REPLACEMENT SURGERY ONLY ******

Dr. Jamieson would like you to **attend the "Total Joint" class** available at Sutter Roseville Medical Center. Please contact Janice Allen at 916.781.1119 to R.S.V.P.

Pre-op appointment with Dr. Jamieson in his office will be on _____ at _____.

Post-op appointment with Dr. Jamieson in his office will be on _____ at _____.

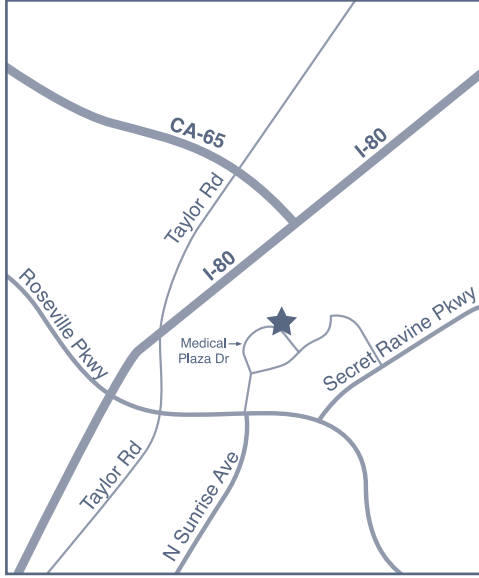
At any time if you find that you are unable to keep or complete any of the listed requirements, please call this office immediately for rescheduling.

Your insurance company will be contacted for prior authorization for your upcoming surgery. (Prior authorization does not always guarantee payment or benefits.)

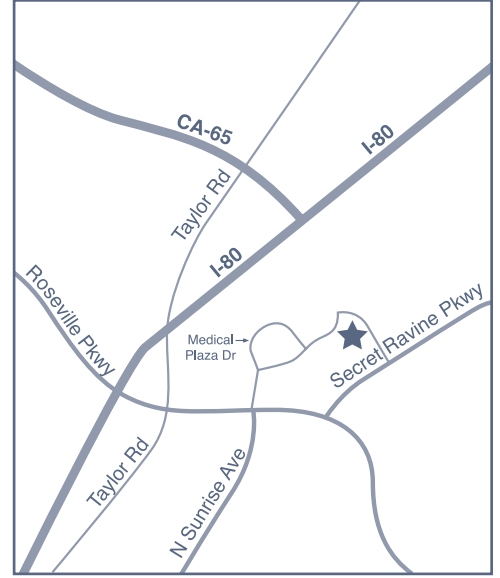
Sincerely, Dr. Jamieson and staff



Mercy Hospital of Folsom
 1650 Creekside Dr
 Folsom, CA 95630
 916.983.7400



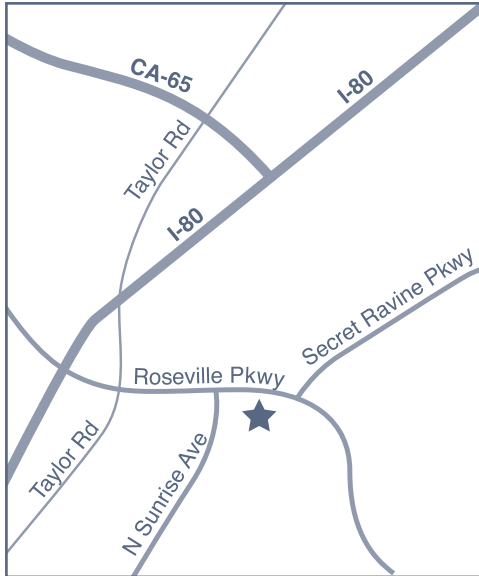
Sutter Roseville Medical Center
 1 Medical Plaza Dr
 Roseville, CA 95661
 916.781.1000



Sutter Sierra Surgery Center
 8 Medical Plaza, Suite 100
 Roseville, CA 95661
 916.677.5070



Mercy San Juan
 6501 Coyle Ave
 Carmichael, CA 95608
 916.537.5000



Roseville Surgery Center
 1420 E. Roseville Parkway #100
 Roseville, CA 95661
 916.677.2488



Sutter General Hospital
 4001 J Street
 Sacramento, CA 95819
 916.453.4545

EKG WITH SURGICAL CLEARANCE REQUEST

To: _____

Patient Name: _____

Date of Birth: _____ / _____ / _____
Last First

Dr. Robert Jamieson is requesting a EKG with surgical clearance for the following procedure:

Date of surgery: _____

Date needed by: _____

Today's date: _____

Surgery scheduled: _____

Requesting Physician: **The Orthopedic Specialty Center of Northern California**
1013 Galleria Blvd., Ste. 205
Roseville, CA 95678
Ph # 916-918-2952

PLEASE FAX ALL PERTINENT RESULTS TO FAX # 916-918-2953

Patient is medically cleared for surgery per Dr. _____

MD Signature

Notes: _____

Please note the following orders have already been given to the patient:

____ CBC, BMP ____ PT/INR ____ U/A

____ Other: _____

Thank you in advance for your care.

Sincerely, Dr. Jamieson and staff

CONFIDENTIAL INFORMATION FOR ADDRESSEE ONLY. Information contained in this facsimile is confidential and is intended for the addressee. This information shall not be disclosed to any other person without the patient's or sender's specific written consent, and shall not be disclosed except pursuant to applicable state and federal law.

STOP ASPIRIN 1 WEEK PRIOR TO SURGERY. STOP ANTI-INFLAMMATORY MEDICATIONS 1 WEEK PRIOR TO SURGERY. IF YOU TAKE BLOOD THINNERS PLEASE CHECK WITH YOUR PRESCRIBING PHYSICIAN AS YOU WILL NEED TO STOP THEM 5 DAYS PRIOR TO SURGERY.

*****PLEASE AVOID THESE FOODS AND MEDICATIONS 1 WEEK BEFORE AND 2 WEEKS AFTER YOUR SURGERY.*****

4 WAY COLD TABS	DAMASON-P	LICORICE ROOT	PROPOXYPHENE
ADVIL	DARVON	LORTAB ASA	REDUX
ALEVE	DAYPRO	MAGAN	RELAFEN
ALKA-SELTZER	DIET MEDICATIONS	MAGNAPRIN	RHODIS
ALOE	DISALCID	MARNAL	ROBAXISAL
AMERSOL	DOAN'S PILLS	MEASURIN	S-A-C TABLETS
ANACIN	DOLPRIN #3	MECLOMEN	SALCTO
ANAPROX	DOXAPHENE	MEDIPRIN	SALOCOL
ANEXSIA W/CODEINE	DRISTAN	MEFIC	SHARK CARTILAGE
ANODYNOS	DURAGESIC	MEPROBAMATE	SINE-OFF
APC	EASPRIN	METHOCARBAMOL	SINUTAB
ARAVA	ECHINACEA	METHROTREXATE **	SK-65
ARTHRITIS PAIN FORMULA	ECOTRIN	METABOLIFE	SOLPRIN
ASPIRIN	EMAGRIN FORTE	MIDOL	SOMA COMPOUND
AXOTAL	EMPERIN	MOBIGESIC	ST. JOHN'S WART
AZDONE	EMPRAZIL	MOMENTUM	ST JOSEPH ASPIRIN
B-A-C	EQUAGESIC	MOTRIN	SUPAC
BAYER PRODUCTS	EQUAZINE M	NAPROGESIC	SYNALOGOS-DC
BEXAPHENE	EXCEDRIN	NAPROSYN	TALWIN
BILBERRY	FAT BURNERS	NAPROXEN	TECNAL
BLACK MUSHROOMS	FELDENE	NAXEN	TOLECTIN
BRUFFEN	FENAC	NORGESIC	TRIAMINICIN
BUFFAPRIN	FIAGESIC	NORWICH	TRIGESIC
BEFFERIN	FIORGEN	NOVO-PIROCAM	TRILISATE
BUFFINOL	FIORINAL	ORPHENOGESIC	URSINUS INLAY TABS
CAMA	GARLIC (LARGE AMOUNTS)	ORUDIS	VANQUISH
CAYENNE	GARLIC TABLETS	OXYCODAN	VITAMIN E **
CEPHALGESIC	GELPIRIN TABLETS	P-A-C	VITAMIN C **
CHERACOL	GENPRIL	PC-SPECS	VOLTAREN
CHINESE FOOD (MSG)	GINGER	PABALATE	YOHIMBE
CONGESRIN	GINKO BILOBA	PEPTO-BISMOL	ZACTRIN
COPE	GOODY'S POWDER	PERCODAN	ZOMAX
CO Q-10	HEALTH FOOD SUPPLEMENTS	PERSISTIN	
CORICIDAN	HERBAL MEDICATIONS	PHENAPHEN	
CORTISONE	IBUPROFEN	PIROXICAM	
CORYPHEN	INDOCIN	PRESALIN	

** CHECK WITH YOUR PRESCRIBING M.D. FOR MEDICATIONS OVER 400 UNITS

RECOMMENDED ANTIBIOTIC PROPHYLAXIS FOR PATIENTS WITH ORTHOPEDIC IMPLANTS

The following regime is recommended for antibiotic prophylaxis. Patients with total joint replacement will require *lifelong* antibiotic prophylaxis.

When patients with joint replacements undergo the following:

1. Invasive dental procedures (including extractions, periodontal procedures and prophylactic cleaning where bleeding is anticipated)
2. Upper or lower gastrointestinal procedures
3. Any genitourinary procedure

There is the possibility of a hematogenous bacteria (bacteria in the blood stream) resulting and may possibly seed or inoculate the total joint replacement with bacteria. This can result in an infection of the joint replacement. Treatment will typically involve major surgical intervention. Because of the risk, any bacterial infection, such as pneumonia or urinary tract infection, require prompt bacteriologic diagnosis and treatment with specific antibiotic therapy to prevent seeding of the prosthetic joint implants. Adherence to the following guidelines can significantly reduce this risk.

IT IS CRITICAL THAT YOU AVOID BACTERIAL SEEDING OF YOUR TOTAL JOINT REPLACEMENT

Hematogenous bacterial seeding of a total joint replacement represents a **serious** late complication. It is often times difficult to salvage these late infections. For these reasons antibiotic prophylaxis is recommended for at risk procedures.

RECOMMENDED ANTIBIOTIC PROPHYLACTIC REGIMES:

1. Patients **NOT allergic** to Penicillin may take Cephalexin, Cephradine or Amoxicillin: 2 grams by mouth one hour prior to procedure.
2. Patients **NOT allergic** to Penicillin but unable to take oral medications may take Cefazolin 1 gram or Ampicillin 2 grams IM/IV one hour prior to procedure.
3. Patients **allergic** to Penicillin may take Clindamycin 600mg by mouth one hour prior to procedure.
4. Patients **allergic** to Penicillin and unable to take oral medications may take Clindamycin 600mg. IM/IV one hour prior to procedure.

At this time no second doses are recommended for any of the above mentioned dosing regimes for antibiotic prophylaxis.

Please do not hesitate to contact your personal physician, your dentist, or our office if any of the above situations arise. If you have an allergy to Penicillin or Cephalosporin antibiotics, please make our office aware of these allergies.

PRESCRIPTION MEDICATION POLICY

Oral narcotic pain medications are used to control postoperative surgical pain. These medications frequently have significant side effects, including nausea, drowsiness, constipation and respiratory depression. They often interfere with other medications that you take for unrelated problems. They can also be habit forming and tolerance is common. For these reasons, narcotics must be respected and actively managed to be taken safely and effectively.

All refills requested must be submitted through your pharmacy. Plan on at least 3 days to process refills, as there are several steps in the process. Please understand that doctors must review and sign refill authorizations and as surgeons they are not in the office every day. Plan ahead for weekends and holidays, as refills are not possible outside normal business hours.

It is the policy of The Orthopedic Specialty Center of Northern California to prescribe medications for no longer than 90 days after a surgical procedure. By then, the surgical pain has resolved. Any remaining discomfort requiring medication will need to be managed by your primary care doctor or pain management specialists.

Patient signature: _____ Date: _____