

PREPARING FOR SURGERY

General Information

Surgery is usually an outpatient (same-day) procedure. Depending on your specific procedure or medical history, you may need to stay in the hospital overnight.

Insurance Authorization

Our office will obtain prior authorization from your insurance company if needed. Please understand that this may take some time to obtain, however we work on getting your surgery approved as quickly as possible. Please contact your insurance company directly regarding any questions related to your coverage or benefits.

Medical Clearance

Depending on your planned surgery and medical history, you may be required to undergo preoperative evaluation and medical clearance by your primary care physician. This is typically not required for healthy patients younger than 50 years old. If medical clearance and/or labs are needed, please have these done 1-2 weeks before surgery. You may also require additional clearance by a specialist if you meet specific criteria (below).

- Cardiologist clearance: required if you have a history of heart attack, arrhythmias (irregular heartbeats), cardiac stent, or pacemaker.
- Hematologist recommendations: this may be requested if you have a personal history of blood clots (DVT or PE) or strong family history of blood clots.

Smoking

Smoking is not only harmful to your general health, but it also significantly increases your risk of developing complications during or after surgery including infection and poor tissue/bone healing. Quitting smoking altogether or decreasing cigarette use as much as possible is highly recommended.

Medications

Stop taking anti-inflammatories (NSAIDs – ibuprofen, Advil, naproxen, Naprosyn, Aleve, Motrin, etc.) 10 days prior to surgery. These medications increase bleeding during and after surgery. You may continue to take Tylenol if you are already taking this.

Blood thinners: If you are on a blood thinner (aspirin, warfarin, Coumadin, clopidogrel, Plavix, heparin, enoxaparin, Lovenox, rivaroxaban, Xarelto, apixaban, Eliquis, Aggrenox), you **MUST** obtain specific instructions from your providing physician regarding stopping and restarting these medications. In general, these should be stopped 7-10 days prior to surgery, but please following your prescribing physician's recommendations and discuss this with Dr. Eno.

Birth control: Birth control medications may increase your risk of developing a blood clot after hip and lower extremity surgery. It is recommended that you stop birth control until you are walking normally without crutches.

Opioid medications: If you are currently taking a narcotic pain medication (hydrocodone, Norco, Vicodin, oxycodone, Percocet, Dilaudid), you should decrease its use as much as possible prior to surgery. Your body develops a tolerance to these medications and will make postoperative pain control more difficult.

Week Before Surgery

- Stop taking medications as needed (see above).
- Make arrangements with a family member or friend to drop you off and pick you up from the hospital or surgery center (Uber/Lyft/taxi is NOT allowed).
- Make arrangements to take time off of work.

Night Before Surgery

You will receive a phone call from the hospital or surgery center one to three days prior to surgery with the exact time and place to arrive for surgery. Please note that these facilities control the final schedule, and unforeseen changes or delays in your OR time may occur due to other emergent situations. We will try our best to match your scheduled time of surgery and operative time, but please try to be understanding of unpredictable changes on the day of surgery.

- Take a thorough shower using chlorhexidine (antiseptic soap) as advised by Dr. Eno.
- **NOTHING TO EAT OR DRINK AFTER MIDNIGHT PRIOR TO SURGERY!!** This includes gum, lozenges, mints, water, coffee, and juice. You must have an empty stomach coming into surgery to safely undergo anesthesia. If you take medications in the morning, check with Dr. Eno or your anesthesiologist if these should be taken on the day of surgery.

Day of Surgery

Dr. Eno will meet you in the preoperative area to check you in, mark your operative site, and answer any remaining questions you may have.

Anesthesia: Your anesthesiologist will meet you in the preoperative area and discuss your plan for the type of anesthesia you will be receiving. One or a combination of the below will be used during your surgery:

- **Regional anesthesia (nerve block):** The operative joint and limb is partially or completely numbed and immobile during surgery. Sedation throughout the procedure is also

provided so you are sleeping and do not remember the surgery, but you continue to breathe on your own. The numbing medication may last up to 12-24 hours after surgery.

- General anesthesia: You are completely asleep and require a breathing tube or mask.
- Neuraxial (spinal): Medication is injected into your back to completely numb your legs.
- Please let Dr. Eno and your anesthesiologist know if you are allergic to or have had a bad reaction to anesthesia or pain medication in the past.

What to Bring:

- Photo ID and Insurance Card(s)
- Glasses if you wear contact lenses
- Telephone numbers of family member or friend
- List of your home medications
- Small bag with personal items (if you are staying overnight)

After Surgery

Recovery Room (PACU): the anesthesia team and nursing staff will oversee your immediate postoperative care as the anesthetic medications wear off and you return to full awareness. Your vital signs and condition will be monitored until you are stable and able to safely leave the hospital or surgery center. Your family member or friend will be called to notify them that surgery is complete and when it is time to pick you up.

Postoperative instructions for your specific surgery and medications will be provided to you either at your preoperative visit or on the day of surgery.

Dr. Eno will typically call you the day after surgery to check in and answer any questions regarding your surgery.

You are not allowed to drive while taking an opioid pain medication, so please arrange for transportation to and from your post-operative visits.

Return to Work/School

Returning to work or school depends on the type of surgery you have. Many patients are able to return to work from home or desk job or school 3-7 days after surgery. Jobs that require being on your feet or lifting may require additional time off or modified duties.

Traveling/Flying After Surgery

Your risk of developing a blood clot is increased following surgery. You should avoid flying or long drives for the first six weeks after surgery or until you are fully weightbearing on your operative leg. If travel is absolutely necessary after surgery, please discuss this with Dr. Eno.