

Pre-operative Instructions – Lower Extremity Surgery

- No antibiotics, ASAs or NSAIDs **two weeks** prior to surgery.
- No over-the-counter herbal supplements **two weeks** prior to surgery.
- If you are taking a blood thinner, medication for ADD, ADHD, weight loss, narcotic addiction or any other medication not listed, please contact our patient service coordinator (PSC) for guidelines and restrictions.
- Should you develop any health changes prior to surgery, contact our PSC.
- Your diagnosis and procedure have already been explained to you. Please ask Dr. Gudeman or his staff if you have any questions regarding anything you do not understand.
- It is important to report to all assigned pre-operative tests and appointments (blood work/labs, EKG, clearance appointments) to ensure a smooth course the day of surgery. Surgery may be postponed or canceled if your tests are not completed.
- Please arrange transportation after your surgery with a family member or a friend 18 years of age or older. You will not be able to drive yourself home.
- **Please obtain crutches and bring them with you on the day of surgery.**
- You should wear loose fitting clothes the day of surgery.
- Do **not** bring any jewelry or money with you or wear any makeup or nail polish.
- **Do not eat or drink anything after midnight the night before your surgery due to anesthesia.**
- Report to the surgery center on time. Due to unforeseen circumstances, occasionally the surgery schedule changes and your surgery time could change.
- Pre-operatively, you may be given medication to help you relax.
- Unless otherwise noted, you will be discharged to go home when you are fully awake. Your prescriptions will be given to you then.
- You will need to return to the office for follow up one to two days after surgery.
- If you experience significant swelling after surgery, keep your extremity elevated above heart level and continue to ice and rest. If your pain becomes unbearable, please contact the office.

Surgery Date: _____ Arrival Time: _____ Surgery Time: _____

Place of Surgery: OrthoIndy Hospital South, 1260 Innovation Parkway, Greenwood, IN 46143

PLEASE NOTE YOUR ARRIVAL TIME