

Preparing for Surgery

Medications

1. Stop all NSAIDs (Aleve, Motrin, Ibuprofen) 5-7 days prior to surgery.
2. Patients on Aspirin can continue to take 81mg dose daily prior to surgery.
3. You may continue to take Tylenol
4. If you are on blood thinners other than Aspirin (Coumadin, Plavix, Eliquis, Xarelto etc.) you will be instructed when to stop prior to surgery by pre-op testing, primary care physician or a cardiologist. These medications affect your blood clotting and may result in increased bleeding during and after the surgery.
5. Stop all hormone replacement therapy 3 weeks before and after surgery, unless otherwise instructed. These medications can increase your risk of blood clot.
6. If you are taking medications for Rheumatoid Arthritis (or other inflammatory arthritis), please notify our office. These may have to be held for 3 weeks before and 3 weeks after surgery to reduce the risk of infection and wound healing complications.
7. If you are taking any herbal supplements, please stop them 3 weeks prior to surgery.

Important Surgical Guidelines

Mupriocin

- If you have been prescribed **Mupriocin** (Bactroban) ointment, apply to each nostril twice per day for 5 days prior to surgery. This should include the day of surgery. This medication will help to reduce risk of MRSA infection.

Showering/Hygiene preparation

- Shower with an antibacterial soap beginning 5 days prior to surgery.
- Use **Hibiclens Soap** the day before and morning of your surgery. Use as directed to help reduce possibility of a skin infection.
- **Do NOT shave any body part** from the neck down including legs and underarms
- After you shower, do not use any powder, deodorant, perfumes, lotions

Smoking

- Smoking causes breathing problems, increases the risk of medical complications, and slows recovery. Smoking can increase the risk of infection and blood clots after surgery. If you smoke, **we strongly encourage you to quit at least 6-8 weeks before surgery.**

Diabetes

- If you are a diabetic, it is important to have your blood sugars well controlled. An **optimal HA1C is below 7**. Poorly controlled diabetics will increase the risk of wound complications and infections.

Weight Management

- It is important to have an optimal Body Mass Index (BMI) prior to surgery. **BMI greater than 40 are associated with increase complications.** It is necessary to maintain a healthy body weight, this will help with the surgical procedure and will reduce risk of wound complications and infections.

Discharge Planning

- **We would like you to be discharged home after surgery.** Arrange for help. After surgery you will not be able to drive. Perhaps a family member or friend can help run errands, deliver groceries etc. If you live alone, ask someone to stay with you for a few days. This should not preclude you from being discharged home after surgery.